



CSEA EMPLOYEE BENEFIT FUND DENTAL PLAN

FOR ECMC AND TERRACE VIEW

CSEA EBF NETWORK	SINGLE	FAMILY
Annual Maximum	\$2000	\$2850
Deductible	\$0	\$0
Dependent Age Limit	N/A	26
Cleanings	3x per year	3x per year
Procedures OUTSIDE of maximum	3x cleanings per year \$500 implant allowance 2x per year	3x cleanings per year \$1000 implant allowance 2x per year
NETWORK COVERAGE	In-Network	In-Network
<ul style="list-style-type: none"> Preventative Care Basic Care Major Care Orthodontia 	Providers accept CSEA fee schedule as full payment	
OUT OF NETWORK COVERAGE	Fee Schedule	
<ul style="list-style-type: none"> Preventative Care Basic Care Major Care Orthodontia 		
Ortho Age Limit	N/A	19
Ortho Lifetime Maximum	N/A	<u>In-Network</u> No Lifetime Max <u>Out-of-Network</u> Fee Schedule Max