

## The California State University Dental Plans Summary

January 1, 2011– December 31, 2011

Your CSU Dental Program consists of two types of plans:  
Delta Dental PPO and DeltaCare USA

This summary provides the most important features of each dental plan offered by the university. It is designed to help you select the plan that best suits your personal needs. The Evidence of Coverage (EOC) booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the EOC booklet and additional information about the CSU Dental Program is available online at [www.deltadentalins.com/csu](http://www.deltadentalins.com/csu), or can be obtained from the Benefits Office.

### Explanation of Plan Types

**Delta Dental PPO**, is an indemnity plan that allows you to select the dentist of your choice. Your current dentist may participate in the Delta Dental PPO Network and/or the Delta Dental Premier Network in California. If so, he/she has claim forms and will file your claim. Both you and Delta have a shared responsibility of paying the dentist for services received (see appropriate comparison chart). ***If you select a dentist from the Delta Dental PPO Network, you will pay fewer out-of-pocket expenses.*** If you choose a non-Delta dentist, you must pay entirely for services obtained and then submit a claim form with appropriate documentation to Delta Dental PPO for reimbursement. Claims should be sent to: P.O. Box 997330, Sacramento, CA 95899-7330. Refer to the EOC booklet for coverage details and plan limitations. You also may contact Delta Dental PPO customer service at 888-335-8227. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta's networks.

**DeltaCare USA**, is a prepaid dental maintenance organization, which means that all covered dental care for you and your dependents is prepaid and must be performed by DeltaCare USA panel dentists. (You may change dentists by contacting DeltaCare USA.) Under this plan, each covered dental service has a specific co-payment amount, and some services are covered at no charge. No claim forms are required, and you will receive an identification card which you show your dentist to receive benefits. All covered dental services deemed necessary by your dentist will be provided subject to plan limitations explained in the EOC booklet. You also may contact DeltaCare USA customer service at 800-422-4234.

### Changes for 2011

There are no plan changes for the 2011 plan year. Coverage levels and plan benefits will remain the same as the 2011 plan year.

# DeltaCare USA Basic and Delta Dental PPO Basic Plans Benefits Comparison

For eligible employees in the following categories: Unit 8, (Excluded) E99 (except SFSU Headstart E99), and Annuitants

	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
<b>Preventive and Diagnostic Dentistry</b> Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per calendar year No charge – only to age 19 No charge No charge \$10 No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 75% of UCR – limit 2 per calendar year+ 75% of UCR 75% of UCR – limit 2 per calendar year 75% of UCR (without deductible) 75% of UCR 75% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
<b>Basic Dentistry</b> Fillings Anesthesia	(No Deductible)* No charge for amalgam Local – no charge; General – not covered	(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR
Injection of Antibiotics Extractions	Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	75% of UCR 75% of UCR
Oral Surgery Endodontics	No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	75% of UCR 75% of UCR
Periodontics	\$10 for curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	75% of UCR
Denture Relining	Office – no charge; Lab – \$15	75% of UCR
<b>Prosthetic Dentistry</b> Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partial – \$70 each \$50 per unit + cost of precious metals Not covered	(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR 50% of UCR
<b>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</b>	No maximum*	\$1,500 per calendar year per person
<b>Orthodontics</b>	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
<b>Special Provisions, Limitations, Exclusions</b> Work in progress when you join	Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Predetermination of benefits	Not required	Not required; however, suggested for services proposed over \$100.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is subject to Delta review.
Referral to specialist	Approval is subject to review by dental consultant.	N/A
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-area emergency	Maximum of \$50	Out of California – submit dentist's billing statement to Delta Dental of California.
Deductible	No deductible	\$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.

\*Refer to the Evidence of Coverage (EOC) booklet. \*\*Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year.

There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.