

THE CALIFORNIA STATE UNIVERSITY DENTAL PLANS SUMMARY

January 1, 2013 – December 31, 2013
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, 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 typically pay a lower amount on your 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. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta's networks. You also may contact Delta Dental PPO customer service at 800-765-6003.

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 2013

The monthly premiums for the DeltaCare USA and Dental Dental PPO plans will decrease for the 2013 plan year. (Currently, premiums are paid by the CSU, with no cost to the employee.) All coverage levels and plan benefits will remain the same for the 2013 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

Plan Benefit:	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
Preventive and Diagnostic Dentistry 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 \$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% – limit 2 per calendar year+ 75% 75% – limit 2 per calendar year 75% 75% 75% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 75% 75% – limited to oral surgery and select endodontic and periodontic procedures. 75% 75% 75% 75% 75%
Prosthetic Dentistry Crowns and Bridges Prosthetic Appliance Repair Dentures Implants	(No Deductible)* \$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars Up to \$15 Full – \$60 each; Partials – \$70 each Not covered	(Deductible)* 50% 50% 50% 50%
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$1,500 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontic extractions are not covered.	(No Deductible)* 50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Pre-determination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$50 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$300. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement. \$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. 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.

DeltaCare USA Basic and Delta Dental PPO Level I Enhanced Plans Benefits Comparison

For eligible employees in the following categories: Unit 10, Unit 11 (Teaching Associates) SFSU Headstart E99, and Unit 12

Plan Benefit	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Enhanced Level I Plan Pays:
Preventive and Diagnostic Dentistry 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 \$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)* 100% – limit 2 per calendar year+ 100% 100% – limit 2 per calendar year 100% 100% 100% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics	(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 80% 80% -limited to oral surgery and select endodontic and periodontic procedures. 80% 80% 80% 80% 80%
Denture Relining		80%
Prosthetic Dentistry Crowns and Bridges Prosthetic Appliance Repair Dentures Implants	(No Deductible)* \$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars Up to \$15 Full – \$60 each; Partials – \$70 each Not covered	(Deductible)* 50% 50% 50% 50%
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontic extractions are not covered.	(No Deductible)* 50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Pre-determination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$50 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$300. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement. \$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. 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.

DeltaCare USA Enhanced and Delta Dental PPO Level II Enhanced Plans Benefits Comparison

For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9 and C99, M98, M80 and FERP Annuitants

Plan Benefit	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II Plan Pays:
Preventive and Diagnostic Dentistry 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 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)* 100% – limit 2 per calendar year+ 100% 100% – limit 2 per calendar year 100% 100% 100% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	(No Deductible)* No charge for amalgam Local – no charge; General – covered for extractions only and only when medically necessary Not covered No charge No charge No charge No charge No charge	(Deductible)* 80% 80% – limited to oral surgery and select endodontic and periodontic procedures. 80% 80% 80% 80% 80% 80%
Prosthetic Dentistry Crowns and Bridges Prosthetic Appliance Repair Dentures Implants	(No Deductible)* No charge; however, additional cost for precious metals and porcelain on molars is applicable No charge No charge Not covered	(Deductible)* 80% 80% 80% 80%
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment (only for covered children up to age 26) \$1,600 maximum co-payment for adults. Plus \$350 start-up costs for 24-month treatment plan. Orthodontic extractions are not covered.	(No Deductible)* 50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Pre-determination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$100 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$300. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement. \$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. 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.

Dental Plan Carrier Deduction Codes and Costs

Delta Dental PPO Plans

Premiums are paid by the CSU with no cost to the employee
Rates effective January 1, 2013 through December 31, 2013

Delta Dental PPO – Basic Plan		
For eligible employees in the following categories: Unit 8, Excluded (E99) and Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-004-1	\$29.90
Employee + 1	150-004-2	\$56.49
Employee + 2	150-004-3	\$113.44

Delta Dental PPO – Enhanced Level I Plan		
For eligible employees in the following categories: Unit 10, Unit 11 (Teaching Associates only), Unit 12 and E99-SFSU Headstart Only		
Coverage Level	Deduction Code	Premium
Employee Only	150-181-1	\$36.39
Employee + 1	150-181-2	\$68.84
Employee + 2	150-181-3	\$141.92

Delta Dental PPO – Enhanced Level II Plan		
For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M80, M98 and FERP Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-007-1	\$45.05
Employee + 1	150-007-2	\$84.98
Employee + 2	150-007-3	\$166.03

Dental Plan Carrier Deduction Codes and Costs

DeltaCare USA – DHMO Plan

Premiums are paid by the CSU with no cost to the employee
Rates effective January 1, 2013 through December 31, 2013

DeltaCare USA – Basic DHMO Plan		
For eligible employees in the following categories:		
Units 8, 10, 11 (Teaching Associates only), 12, Excluded (E99) and Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-012-1	\$20.31
Employee + 1	150-012-2	\$33.51
Employee + 2	150-012-3	\$49.54

DeltaCare USA – Enhanced DHMO Plan		
For eligible employees in the following categories:		
Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M80, M98 and FERP Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-013-1	\$26.98
Employee + 1	150-013-2	\$44.54
Employee + 2	150-013-3	\$65.87

**CALIFORNIA STATE UNIVERSITY DENTAL PROGRAM
DELTA DENTAL PPO AND DELTACARE USA GROUP PLAN NUMBERS**

DELTA DENTAL PPO	Group Plan Numbers		
Delta Dental PPO - Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8)	4018-2041	4018-2141	4918-2091
Excluded (E99), except SFSU Headstart E99 employees	4018-4051	4018-4151	4918-2091
CalSTRS Annuitants	4018-2061	N/A	4918-2091
CalPERS Annuitants	4018-2071	N/A	4918-2091
Delta Dental PPO - Enhanced Level I	Active	Direct-Pay	COBRA
CMA Operating Engineers (Unit 10)	4018-2081	4018-2181	4918-3091
Teaching Associates Only (Unit 11)	4018-3051	4018-3151	4918-3091
SFSU Headstart Employees (Unit 12 and SFSU Headstart E99)	4018-5011	4018-5111	4918-3091
Delta Dental PPO - Enhanced Level II	Active	Direct-Pay	COBRA
Executive (M98)	4018-4011	4018-4111	4918-4091
Management Personnel Plan (M80)	4018-4011	4018-4111	4918-4091
Confidential (C99)	4018-4011	4018-4111	4918-4091
Physicians (Unit 1)	4018-2011	4018-2111	4918-4091
CSUEU (Units 2, 5, 7, 9)	4018-2021	4018-2121	4918-4091
Faculty (Unit 3)	4018-3011	4018-3111	4918-4091
Academic Support (Unit 4)	4018-3021	4018-3121	4918-4091
Skilled Crafts (Unit 6)	4018-2031	4018-2131	4918-4091
FERP Annuitants	4018-3031	N/A	4918-4091

DELTACARE USA Plan	Group Plan Numbers			
DeltaCare USA - Basic	Active	Direct-Pay	COBRA	COBRA Subsidy
Public Safety (Unit 8)	02034-0001	02034-0002	02034-0011	02034-0013
CMA Operating Engineers (Unit 10)	02034-0001	02034-0002	02034-0011	02034-0013
Teaching Associates (Unit 11)	02034-0001	02034-0002	02034-0011	02034-0013
SFSU Headstart Employees (Unit 12)	02034-0001	02034-0002	02034-0011	02034-0013
Excluded (E99), including SFSU Headstart (E99)	02034-0001	02034-0002	02034-0011	02034-0013
CalPERS Annuitants	02034-0004	N/A	02034-0011	02034-0013
CalSTRS Annuitants	02034-0009	N/A	N/A	N/A
DeltaCare USA - Enhanced	Active	Direct-Pay	COBRA	COBRA Subsidy
Executive (M98)	02034-0005	02034-0006	02034-0012	02034-0014
Management Personnel Plan (M80)	02034-0005	02034-0006	02034-0012	02034-0014
Confidential (C99)	02034-0005	02034-0006	02034-0012	02034-0014
Physicians (Unit 1)	02034-0005	02034-0006	02034-0012	02034-0014
CSUEU (Units 2, 5, 7, 9)	02034-0005	02034-0006	02034-0012	02034-0014
Faculty (Unit 3)	02034-0005	02034-0006	02034-0012	02034-0014
Academic Support (Unit 4)	02034-0005	02034-0006	02034-0012	02034-0014
Skilled Crafts (Unit 6)	02034-0005	02034-0006	02034-0012	02034-0014
FERP Annuitants	02034-0008	N/A	02034-0012	02034-0014