

The California State University Dental Plans Summary

January 1, 2009– December 31, 2010

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 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 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. 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.

Changes for 2009

Implants will be covered on the Delta Dental PPO plan. Beginning January 1, 2009, implants will be covered under the prosthodontic benefit level (50% Basic and Enhanced Level I; 80% Enhanced Level II) and will be subject to the plan's prosthodontic limitation (once every five years), as well as the plan's annual maximum and deductible. As an alternative to partial and full dentures and bridges, dental implants and related procedures offer you an additional choice to replace lost teeth. Implant procedures include:

- Surgical placement of the implant (and removal, if necessary)
- Implant-supported prosthetics (crowns)
- Any repair and/or recementation

Prior to seeking services to obtain an implant, you are encouraged to obtain a pre-determination of benefits from Delta Dental PPO to fully understand Delta Dental's and your share of the cost(s) relating to this service.

Please note: this additional benefit is not available on the DeltaCare USA plan.

Frequency of Dental Examinations, Cleanings and Bitewing X-rays Now Based on Calendar Year Cycle for Delta Dental PPO and DeltaCare USA. Effective January 1, 2009, benefits for cleanings, examinations and bitewing x-rays will apply to a calendar year frequency rather than a rolling 12-month period. This means that any time during the calendar year, Delta Dental PPO and DeltaCare USA will pay for the following diagnostic and preventative:

- Two examinations
- Two cleanings
- Two sets of bitewing x-rays for children to age 18 or one set of bitewing x-rays for adults age 18 or over.

When the new benefit period begins on January 1, 2009, any cleanings, examinations and/or bitewing x-rays that were paid for on your or your dependents' behalf in 2008, will **not** affect your eligibility to receive those same services in 2009. For example, if you have a cleaning in November, 2008, that cleaning will not count as one of the two cleanings provided under the plan in 2009, even if your first cleaning in 2009 is less than six months from the November 2008 cleaning.

With the new calendar method of determining the eligibility for these benefits, it will become easier for you to manage your dental care.

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:
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% 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**)
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 curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR 75% of UCR 75% of UCR 75% of UCR
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$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
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 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress orthodontics, root canals started, 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 \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. Out of California – submit dentist’s billing statement to Delta Dental of California. \$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. 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

	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% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (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 curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Denture Relining	(No Deductible)* Office – no charge; Lab – \$15	80% of UCR
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$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
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 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress orthodontics, root canals started, 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 \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. Out of California – submit dentist’s billing statement to Delta Dental of California. \$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. 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

Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays
<hr/> Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining
<hr/> Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants
<hr/> Maximum Benefit for Preventive, Basic and Prosthetic Dentistry
<hr/> Orthodontics
<hr/> Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements

DeltaCare USA Enhanced Plan Charges:

(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.)
<hr/> (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
<hr/> (No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals Not covered
<hr/> No maximum*
<hr/> (No Deductible)* \$1,400 maximum co-payment (for covered children up to age 23). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.
<hr/> Not covered. (Examples: in-progress orthodontics, root canals started, 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.

Delta Dental PPO of California Enhanced Level II Plan Pays:

(No Deductible)* 100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
<hr/> (Deductible)* 80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
<hr/> (Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
<hr/> \$2,000 per calendar year per person
<hr/> (No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
<hr/> Only covers charges for services the member receives on and after effective date of coverage.
Not required; however, suggested for services proposed over \$100.
If dentist determines alternative treatment is necessary, approval is subject to Delta review.
N/A
No exclusion against replacing missing teeth.
Out of California – submit dentist’s billing statement to Delta Dental of California.
\$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.
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

Premiums are paid by the CSU with no cost to the employee

Rates effective January 1, 2009 through December 31, 2010

Delta Dental PPO - Basic

For eligible employees in the following categories:

Unit 8, Excluded (E99) and Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-004-1	\$ 29.08
Employee + 1	150-004-2	\$ 54.93
Employee + 2	150-004-3	\$ 110.31

Delta Dental PPO - Enhanced Level I

For eligible employees in the following categories:

Unit 10, Unit 11 (Teaching Associates only), Unit 12 and E99-SFSU Headstart Only

Enrollment	Deduction Code	Premium
Employee Only	150-181-1	\$ 35.39
Employee + 1	150-181-2	\$ 66.95
Employee + 2	150-181-3	\$ 138.00

Delta Dental PPO - Enhanced Level II

For eligible employees in the following categories:

Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M98, M80 and FERP Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-007-1	\$ 43.80
Employee + 1	150-007-2	\$ 82.64
Employee + 2	150-007-3	\$ 161.44

Dental Plan Carrier Deduction Codes and Costs

DeltaCare USA

Premiums are paid by the CSU with no cost to the employee

Rates effective January 1, 2009 through December 31, 2010

DeltaCare USA - Basic

For eligible employees in the following categories:

Units 8, 10, 11 (Teaching Associates only), 12, Excluded (E99) and Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-012-1	\$ 18.64
Employee + 1	150-012-2	\$ 30.75
Employee + 2	150-012-3	\$ 45.46

DeltaCare USA - Enhanced

For eligible employees in the following categories:

Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M98, M80 and FERP Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-013-1	\$ 24.76
Employee + 1	150-013-2	\$ 40.88
Employee + 2	150-013-3	\$ 60.45

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	4018-2151	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)	4018-2051	4018-2151	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
Public Safety (Unit 8)	02034-0001	02034-0002	02034-0003
CMA Operating Engineers (Unit 10)	02034-0001	02034-0002	02034-0003
Excluded (E99), including SFSU Headstart (E99)	02034-0001	02034-0002	02034-0003
Teaching Associates (Unit 11)	02034-0001	02034-0002	02034-0003
SFSU Headstart Employees	02034-0001	02034-0002	02034-0003
CalPERS and CalSTRS Annuitants	02034-0004	N/A	02034-0003
DeltaCare USA -Enhanced	Active	Direct-Pay	COBRA
Executive (M98)	02034-0005	02034-0006	02034-0007
Management Personnel Plan (M80)	02034-0005	02034-0006	02034-0007
Confidential (C99)	02034-0005	02034-0006	02034-0007
Physicians (Unit 1)	02034-0005	02034-0006	02034-0007
CSUEU (Units 2, 5, 7, 9)	02034-0005	02034-0006	02034-0007
Faculty (Unit 3)	02034-0005	02034-0006	02034-0007
Academic Support (Unit 4)	02034-0005	02034-0006	02034-0007
Skilled Crafts (Unit 6)	02034-0005	02034-0006	02034-0007
FERP Annuitants	02034-0008	N/A	02034-0007

