

# Your Smile, Your Choice

Delta Dental PPO<sup>SM</sup> & DeltaCare<sup>®</sup> USA



Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care. Your options are:

## Delta Dental PPO<sup>1</sup>

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

## DeltaCare USA

Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.<sup>2</sup> Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.<sup>3</sup>

Turn the page for more details to help you choose the best plan for your needs.

<sup>1</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>2</sup> In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

<sup>3</sup> Refer to your plan booklet for more information about covered services, deductibles and maximums.



# Compare Plan Features

	Delta Dental PPO	DeltaCare USA
<b>Can I go to any dentist?</b>	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. <sup>2</sup>
<b>What procedures are covered?</b>	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
<b>Are there deductibles and maximums?</b>	Yes, most plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums. <sup>4</sup>
<b>Am I covered for treatment I began under a different employer-sponsored dental plan?</b>	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. <sup>5</sup> Orthodontic treatment may be an exception to this rule.
<b>What if I started orthodontic treatment under my previous dental plan?</b>	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
<b>What happens if I need to see a specialist?</b>	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. <sup>6</sup>
<b>What is my out-of-area coverage?</b>	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
<b>How do I change my dentist?</b>	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. <sup>7</sup>
<b>Do I need to fill out claims?</b>	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. <sup>8</sup>

<sup>1</sup> In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

<sup>2</sup> Except in Texas; please refer to your plan booklet for details.

<sup>3</sup> Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

<sup>4</sup> In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

<sup>5</sup> You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

## PRODUCT ADMINISTRATION

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc.

**THE CALIFORNIA STATE UNIVERSITY DENTAL PROGRAM OVERVIEW**

Plan Year: January 1, 2018 – December 31, 2018

The California State University Dental Program consists of two types of plans: Delta Dental PPO and DeltaCare USA. This overview 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**

- This 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 Dental 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.
- Since you are not assigned to a specific dentist, you will not receive an identification card. Simply inform the particular dental office you seek services at that you are covered under the Delta Dental PPO plan through California State University.
- 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,**

- This is a prepaid dental maintenance organization plan, which means that all covered dental care for you and your dependents is prepaid and must be performed by the DeltaCare USA panel dentist that you are assigned. (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 under this plan.
- You will receive an identification card and welcome letter. The welcome letter will show the name of your contract dentist.
- 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 2018**

The monthly premiums for both Delta Dental PPO and DeltaCare USA plans will decrease for the 2018 plan year. Please note that premiums for the dental plans are currently paid by the CSU, with no cost to the employee. All coverage levels and plan benefits will remain the same for the 2018 plan year.

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

For eligible employee in the following categories: Unit 8, (Excluded) E99 and Annuitants

Plan Benefit:	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
<b>PREVENTIVE AND DIAGNOSTIC DENTISTRY</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	75% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	75%
Oral Exams	No charge	75% – limit 2 per calendar year
Space Maintainers	\$10	75%
Emergency Office Visits	No charge	75%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	75% (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>	<b>No Deductible*</b>	<b>Deductible*</b>
Fillings	No charge for amalgam	75%
Anesthesia	Local – no charge; General – not covered	75% – limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	75%
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	75%
Oral Surgery	No charge	75%
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	75%
Periodontics	\$10 for scaling/root planning per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	75%
Denture Relining	Office – no charge; Lab – \$15	75%
<b>PROSTHETIC DENTISTRY</b>	<b>No Deductible*</b>	<b>Deductible*</b>
Crowns and Bridges	\$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars	50%
Prosthetic Appliance Repair	Up to \$15	50%
Dentures	Full – \$60 each; Partials – \$70 each	50%
Implants	Not covered	50%
<b>ORTHODONTICS</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Orthodontics	\$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.	50% -\$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 root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
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	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$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.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
<b>MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY</b>	<b>No maximum*</b>	<b>\$1,500 per calendar year per person</b>

\*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 Benefits Comparison

For eligible employees in the following categories: Unit 11 (Teaching Associates) and Unit 13

Plan Benefit	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Enhanced Level I Plan Pays:
<b>PREVENTIVE AND DIAGNOSTIC DENTISTRY</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	100% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	100%
Oral Exams	No charge	100% – limit 2 per calendar year
Space Maintainers	\$10	100%
Emergency Office Visits	No charge	100%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	100% (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>	<b>No Deductible*</b>	<b>Deductible*</b>
Fillings	No charge for amalgam	80%
Anesthesia	Local – no charge; General – not covered	80% -limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	80%
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	80%
Oral Surgery	No charge	80%
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	80%
Periodontics	\$10 for scaling/root planning per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	80%
Denture Relining	Office – no charge; Lab – \$15	80%
<b>PROSTHETIC DENTISTRY</b>	<b>No Deductible*</b>	<b>Deductible*</b>
Crowns and Bridges	\$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars	50%
Prosthetic Appliance Repair	Up to \$15	50%
Dentures	Full – \$60 each; Partials – \$70 each	50%
Implants	Not covered	50%
<b>ORTHODONTICS</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Orthodontics	\$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontics extractions are not covered.	50% - \$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 root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
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	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$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.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
<b>MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY</b>	<b>No maximum*</b>	<b>\$2,000 per calendar year per person</b>

\*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, 10, and C99, M98, M80 and FERP Annuitants

Plan Benefit	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II Plan Pays:
<b>PREVENTIVE AND DIAGNOSTIC DENTISTRY</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	100% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	100%
Oral Exams	No charge	100% – limit 2 per calendar year
Space Maintainers	No charge	100%
Emergency Office Visits	No charge	100%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	100% (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>	<b>No Deductible*</b>	<b>Deductible*</b>
Fillings	No charge for amalgam	80%
Anesthesia	Local – no charge; General – covered for extractions only and only when medically necessary	80% – limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	80%
Extractions	No charge	80%
Oral Surgery	No charge	80%
Endodontics	No charge	80%
Periodontics	No charge	80%
Denture Relining	No charge	80%
<b>PROSTHETIC DENTISTRY</b>	<b>No Deductible*</b>	<b>Deductible*</b>
Crowns and Bridges	No charge; however, additional cost for precious metals and porcelain on molars is applicable	80%
Prosthetic Appliance Repair	No charge	80%
Dentures	No charge	80%
Implants	Not covered	80%
<b>ORTHODONTICS</b>	<b>No Deductible*</b>	<b>No Deductible*</b>
Orthodontics	\$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.	50% - \$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 root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
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 \$100	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$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.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
<b>MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY</b>	<b>No maximum*</b>	<b>\$2,000 per calendar year per person</b>

\*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