

Date: August 15, 2007

Code: TECHNICAL LETTER
HR/Benefits 2007-11

To: Human Resources Directors
Benefits Officers

From: Bruce Gibson 
Interim Senior Director
Human Resources Administration

Subject: Annual Benefits Open Enrollment – September/October 2007

The annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), FlexCash and Tax Advantage Premium (TAPP) plans is being held September 17 through October 12, 2007. As in previous years, CalPERS has approved an extended enrollment for CSU through October 31, 2007. The effective date for all changes made during open enrollment will be January 1, 2008. Specific information about the plans is provided below.

CALPERS HEALTH PLANS

Open Enrollment and Processing Deadlines

Open enrollment health forms (HBD-12) must be signed by the employee by October 31, 2007, and received by CalPERS' Health Benefits Services Division no later than November 7, 2007. The deadline to submit documents keyed via the CalPERS Automated Communications Exchange System (ACES) also is November 7, 2007, at 3:00 P.M. (Note: Although the ACES system may accept transactions keyed after the November 7, 3:00 P.M. deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1 effective date.)

Campuses are requested to submit enrollment change requests to CalPERS on a "flow basis" rather than holding them all until the November 7, 2007 deadline. This will allow adequate processing time and ensure CSU documents are not delayed unnecessarily.

To ensure that on-going enrollment requests for newly hired faculty and staff employees are given priority processing by CalPERS during the open enrollment period, please separate (and clearly mark) these applications from the open enrollment documents. *Please remember to submit open enrollment documents on a flow basis to ensure timely processing.*

Distribution:

CSU Presidents
Interim Vice Chancellor, Human Resources
Associate Vice Presidents/Deans of Faculty
Payroll Managers

Health Plan Options in 2008

The following health plans will be offered in 2008:

- Blue Shield HMO
- Blue Shield NetValue HMO – High Performance Physician Network
- Kaiser Permanente
- PERSCare
- PERS Choice
- PERS Select – High Performance Physician Network
- Peace Officers Research Association of California (PORAC), an Association plan. To enroll in PORAC, eligible employees must belong to and pay dues to the Association. Currently, only Unit 8, Statewide University Police Association (SUPA) employees are eligible to enroll in the PORAC health plan.

CalPERS is implementing two new plans, Blue Shield NetValue HMO and PERS Select. These plans will offer participants a select network of providers at a lower monthly premium cost. Blue Shield Net Value HMO will have the same health plan and co-payment structure of Blue Shield HMO, and the PERS Select High Performance Physician Network will have the same health plan and co-payment structure of PERS Choice.

The following health plan will be discontinued in 2008:

- Western Health Advantage

New enrollments in this plan will be frozen on September 1, 2007. After this date, please do not enroll any new employees in this plan.

CalPERS HMO Health Plan Structure Changes

- Office co-payments will be waived for preventive care office visits including periodic health exams, maternity care, well baby visits, allergy testing and treatment, immunizations, hearing evaluations and pre/post natal care.
- Other office visits co-payments will increase by \$5 (from \$10 to \$15).
- Co-payments for urgent care visits will be \$15.
- Out-of-pocket maximum will be \$1,500 for individual and \$3,000 for family. Pharmacy is excluded.

Kaiser will continue to charge a co-payment for allergy testing and treatment.

Blue Shield HMO will be withdrawing from four northern California counties in 2008: Lake, Napa, Plumas and certain areas of El Dorado. Members in those areas will still have access to health care by joining another CalPERS HMO plan, if available, or a PPO plan.

2008 Employer Contribution Rates for Health Plans

	All Employees (Except R06)
Employee only	\$471
Employee + one	\$886
Employee + two or more	\$1,129

As a result of collective bargaining, the employer contribution rates for employees represented by the State Employees Trades Council (SETC – Unit 6) are:

	<u>R06 Employees</u>
Employee only	\$476
Employee + one	\$896
Employee + two or more	\$1,149

A copy of the Basic Rate Comparison chart that contains the 2008 CSU contribution rates, monthly premiums and employee out-of-pocket costs is attached.

For additional information on CalPERS health plans, please refer to the CalPERS open enrollment materials, or visit the CalPERS website at: <http://www.calpers.ca.gov>.

DENTAL PROGRAM

For 2008, the CSU continues to offer eligible employees two dental plan coverage types: an indemnity plan and a pre-paid dental health maintenance association. Please note the following updates:

Name Changes

PMI DeltaCare (PMI), the current insurance provider of prepaid dental benefits for eligible California State University (CSU) employees, has reorganized and merged into its parent company, Delta Dental Plan of California (Delta Dental). Consequently, PMI DeltaCare, has been renamed DeltaCare USA.

As a result of the merger, Delta Dental has assumed most of the administrative responsibilities of DeltaCare USA. Therefore, the previous PMI group plan numbers "2M74 – 2M80," have been eliminated and replaced with a nine digit code that should be used when contacting the DeltaCare USA. The new group plan number structure under DeltaCare USA is as follows:

DeltaCare USA Group Numbers			
DeltaCare USA -Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8), CMA Operating Engineers (Unit 10), Excluded (E99), Teaching Associates (Unit 11), and SFSU Headstart Employees (Unit 12)	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), Management Personnel Plan (M80), Confidential (C99), Physicians (Unit 1), CSUEU (Units 2,5,7,9), Faculty (Unit 3), Academic Support (Unit 4), and Skilled Crafts (Unit 6)	02034-0005	02034-0006	02034-0007
FERP Annuitants	02034-0008	N/A	02034-0007

In addition, the Delta Dental Comprehensive Dental Plan will now be referred to as Delta Dental PPO.

Please note that there are no changes to the existing CSU benefit plan design and there is no rate increase in 2008 for DeltaCare USA and Delta Dental PPO coverage. The premiums continue to be fully paid by the CSU.

Dental open enrollment documents must be signed by the employee by October 31, 2007, and received by the State Controller's Office (SCO) by November 7, 2007.

Evidence of Coverage booklets for both plans will be updated appropriately and distributed to campuses in time for the open enrollment period. The Dental Administrative Guide will be updated accordingly and released at a later date.

In addition, the following documents have been updated and provided as attachments to this technical letter:

- Dental Plans Summary
- Basic Plans Benefits Comparison
- DeltaCare USA Basic and Delta Dental PPO Enhanced Level I Benefits
- DeltaCare USA Enhanced and Delta Dental PPO Enhanced Level II Benefits
- Delta Dental PPO Premium Rates
- DeltaCare USA Premium Rates
- Dental COBRA Rates
- CSU Group Numbers

Participating dentists in the Delta Dental Premier and PPO networks, applicable only to Delta Dental PPO, can be identified by accessing the Delta Dental Website at <http://www.deltadentalca.org/csu>; or employees can request a list by contacting Delta Dental.

Employees enrolled in DeltaCare USA will continue to select dentists from DeltaCare USA's exclusive list of providers, which is also available at <http://www.deltadentalca.org/csu>.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)
and HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

The deadline to enroll in the DCRA and/or HCRA plans for this annual open enrollment period is October 31, 2007, and forms must be received by the SCO by November 7, 2007. **Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollment is processed accurately.**

The deduction codes for the 2008 plan year are as follows:

DCRA: Administration: 375-001; Enrollment: 380-021.

HCRA: Administration: 375-001; Enrollment: 378-021.

The minimum monthly contribution for each plan is \$20 per month (\$240 annually), up to a maximum monthly contribution amount of \$416.66 (\$5,000 annually). As a reminder, employees who wish to continue participation in the DCRA and/or HCRA plan(s) must re-enroll annually during open enrollment.

FLEXCASH

There is no change to the FlexCash plan. The benefit levels for FlexCash remain \$128 per month for cash in lieu of medical coverage and \$12 per month for cash in lieu of dental coverage; \$140 per month for both. FlexCash is available to all CSU employees eligible for medical and dental coverage if they have other, non-CSU coverage.

Employees planning to remain in FlexCash are not required to complete enrollment forms during open enrollment. For those employees who plan to enroll or make changes to their existing enrollment, open enrollment documents

for FlexCash must be signed by the employee by October 31, 2007, and received by the SCO by November 7, 2007. Enrollment in the FlexCash plan will become effective January 1, 2008.

As a reminder, lecturers and coaches who are appointed for at least six (6) weighted teaching units (0.4 time base) for one semester or two consecutive quarters may enroll in the FlexCash plan. When enrolling newly eligible employees, campuses are to follow the normal enrollment criteria and effective date of coverage under the existing FlexCash Enrollment Authorization Form.

Please note: Campuses must continue to monitor ongoing benefits eligibility for AB 211 employees. If an employee enrolled in FlexCash drops below a 0.4 time base, the FlexCash deduction must be cancelled.

TAX ADVANTAGE PREMIUM PLAN (TAPP)

There is no change in the Tax Advantage Premium Plan (TAPP) this year. Employees planning to remain in the TAPP plan, are not required to complete enrollment forms during open enrollment. For those employees who plan to enroll in or cancel TAPP participation, completed documents must be received by October 31, 2007. All TAPP documents must be clearly marked "TAPP" and CalPERS Health Benefits Division must receive them no later than November 7, 2007.

VOLUNTARY LIFE INSURANCE

Although Standard does not offer a formal open enrollment period for Voluntary Life Insurance, eligible employees can enroll in the benefit at any time during employment. If an employee chooses to enroll after the first sixty (60) days of hire or eligibility, the employee must submit a completed medical questionnaire along with the enrollment form.

CMS Processing Instructions

Because this Open Enrollment communication identifies changes for Medical (new/discontinued plans and new rates); Dental (plan name changes); and HCRA/DCRA (new deduction codes), there is impact to CMS baseline for Benefits. Additional information will be provided in a future CMS communication.

Questions regarding this technical letter may be directed to La Sonja Bush in Human Resources Administration at (562) 951-4411. This document is available on the Human Resources Website at:
<http://www.calstate.edu/HRAdm.memos.shtml>.

BG/lab

Attachments

**2008 CalPERS Health Benefits Program
 Basic Plan Rate Comparison**

HEALTH PLAN	Eligible Dependents	Plan Code	Total Mo. Premium	2007		Total Mo. Premium	2008	
				Employee Mo. Ded.	Unit 6 Mo. Ded.		Employee Mo. Ded.	Unit 6 Mo. Ded.
BLUE SHIELD	Employee Only	2051	\$436.11	\$0.00	\$0.00	\$479.47	\$8.47	\$3.47
	Employee + 1 Dependent	2052	\$872.22	\$49.22	\$39.22	\$958.94	\$72.94	\$62.94
	Employee + 2 or more	2053	\$1,133.89	\$91.89	\$71.89	\$1,246.62	\$117.62	\$97.62
BLUE SHIELD NETVALUE	Employee Only	0421				\$430.25	\$0.00	\$0.00
	Employee + 1 Dependent	0422				\$860.50	\$0.00	\$0.00
	Employee + 2 or more	0423				\$1,118.65	\$0.00	\$0.00
KAISER PERMANENTE	Employee Only	561	\$401.69	\$0.00	\$0.00	\$436.25	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$803.38	\$0.00	\$0.00	\$872.50	\$0.00	\$0.00
	Employee + 2 or more	563	\$1,044.39	\$2.39	\$0.00	\$1,134.25	\$5.25	\$0.00
PERS-CARE	Employee Only	2781	\$761.88	\$322.88	\$317.88	\$742.41	\$271.41	\$266.41
	Employee + 1 Dependent	2782	\$1,523.76	\$700.76	\$690.76	\$1,484.82	\$598.82	\$588.82
	Employee + 2 or more	2783	\$1,980.89	\$938.89	\$918.89	\$1,930.27	\$801.27	\$781.27
PERS CHOICE	Employee Only	2221	\$450.67	\$11.67	\$6.67	\$477.70	\$6.70	\$1.70
	Employee + 1 Dependent	2222	\$901.34	\$78.34	\$68.34	\$955.40	\$69.40	\$59.40
	Employee + 2 or more	2223	\$1,171.74	\$129.74	\$109.74	\$1,242.02	\$113.02	\$93.02
PERS SELECT	Employee Only	0451				\$462.55	\$0.00	\$0.00
	Employee + 1 Dependent	0452				\$925.10	\$39.10	\$29.10
	Employee + 2 or more	0453				\$1,202.63	\$73.63	\$53.63
PORAC*	Employee Only	2071	\$439.00	\$0.00		\$452.00	\$0.00	
	Employee + 1 Dependent	2072	\$822.00	\$0.00		\$847.00	\$0.00	
	Employee + 2 or more	2073	\$1,045.00	\$3.00		\$1,076.00	\$0.00	
WESTERN HEALTH ADVANTAGE**	Employee Only	2821	\$395.85	\$0.00	\$0.00	DISCONTINUED		
	Employee +1 Dependent	2822	\$791.70	\$0.00	\$0.00			
	Employee +2 or more	2823	\$1,029.21	\$0.00	\$0.00			
KAISER (OUT OF STATE)	Employee Only	Codes vary by region	\$577.82	\$138.82	\$133.82	\$625.52	\$154.52	\$149.52
	Employee + 1 Dependent		\$1,155.64	\$332.64	\$322.64	\$1,251.04	\$365.04	\$355.04
	Employee + 2 or more		\$1,502.33	\$460.33	\$440.33	\$1,626.35	\$497.35	\$477.35

CSU Contribution:	2007		2008	
	Gov't Code Section 22871	Unit 6	Gov't Code	Unit 6
Employee Only	\$439	\$444	\$471	\$476
Employee +1 Dependent	\$823	\$833	\$886	\$896
Employee +2 or more	\$1,042	\$1,062	\$1,129	\$1,149

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.

**Plan available in Northern California only.

The California State University Dental Plans Summary

January 1, 2007– December 31, 2008

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.deltadentalca.org/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 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.

Definition of Terms

Below are definitions of dental plan terminology:

Endodontics Treatment involving tooth pulp, such as a root canal.

Extractions Removal of teeth.

Oral Surgery Extractions and certain surgical procedures, including pre/post-operative care.

Orthodontics Treatment to correct position or alignment of teeth, such as braces.

Periodontics Treatment of gums and bones supporting teeth.

Prophylaxis Scaling and cleaning of teeth.

Prosthetics Replacement for teeth, such as crowns, dentures, or bridges.

Co-payment A fee the member pays for a service.

Indemnity Plan Where the member has free choice of dentists. A claim form is required.

Prepaid Plan Members use dentist contracting with the plan. No claim forms are required.

UCR UCR (Usual, Customary, and Reasonable) applies to the Delta Dental plan only. This is the fee that a Delta dentist usually charges for a particular service, or the fee that is customarily charged by Delta dentists in the geographical area.

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:
<p>Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays</p>	<p>(No Deductible)* No charge – limit 2 per 12 months 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.)</p>	<p>(No Deductible)* 75% of UCR – limit 2 per 12 months+ 75% of UCR 75% of UCR – limit 2 per 12 months 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 12 months for age 18 and over.**)</p>
<p>Basic Dentistry Fillings Anesthesia</p> <p>Injection of Antibiotics Extractions</p> <p>Oral Surgery Endodontics</p> <p>Periodontics</p>	<p>(No Deductible)* No charge for amalgam Local – no charge; General – not covered</p> <p>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</p>	<p>(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR</p> <p>75% of UCR 75% of UCR</p> <p>75% of UCR</p>
<p>Denture Relining</p>	<p>(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</p>	<p>75% of UCR</p> <p>(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR</p>
<p>Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges</p>	<p>No maximum*</p>	<p>\$1,500 per calendar year per person</p>
<p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p>	<p>(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.</p>	<p>(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).</p>
<p>Orthodontics</p>	<p>Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)</p> <p>Not required</p> <p>May be additional cost.</p> <p>Approval is subject to review by dental consultant.</p> <p>No exclusion against replacing missing teeth.</p> <p>Maximum of \$50</p> <p>No deductible</p>	<p>Only covers charges for services the member receives on and after effective date of coverage.</p> <p>Not required; however, suggested for services proposed over \$100.</p> <p>If dentist determines alternative treatment is necessary, approval is subject to Delta review.</p> <p>N/A</p> <p>No exclusion against replacing missing teeth.</p> <p>Out of California – submit dentist’s billing statement to Delta Dental of California.</p> <p>\$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.</p> <p>Limited to one each 5 years.</p>
<p>Special Provisions, Limitations, Exclusions Work in progress when you join</p> <p>Predetermination of benefits</p> <p>Alternative to treatment provision</p> <p>Referral to specialist</p> <p>Missing teeth</p> <p>Out-of-area emergency</p> <p>Deductible</p> <p>Prosthetic replacements</p>	<p>Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)</p> <p>Not required</p> <p>May be additional cost.</p> <p>Approval is subject to review by dental consultant.</p> <p>No exclusion against replacing missing teeth.</p> <p>Maximum of \$50</p> <p>No deductible</p> <p>Limited to one each 5 years.</p>	<p>Only covers charges for services the member receives on and after effective date of coverage.</p> <p>Not required; however, suggested for services proposed over \$100.</p> <p>If dentist determines alternative treatment is necessary, approval is subject to Delta review.</p> <p>N/A</p> <p>No exclusion against replacing missing teeth.</p> <p>Out of California – submit dentist’s billing statement to Delta Dental of California.</p> <p>\$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.</p> <p>Limited to one each 5 years.</p>

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays in a 12-month period.
 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	(No Deductible)*	(No Deductible)*
Prophylaxis (cleaning)	No charge – limit 2 per 12 months	100% of UCR – limit 2 per 12 months+
Fluoride Application	No charge – only to age 19	100% of UCR
Oral Exams	No charge	100% of UCR – limit 2 per 12 months
Space Maintainers	\$10	100% of UCR (without deductible)
Emergency Office Visits	No charge	100% of UCR
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% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per 12 months for age 18 and over.**)
Basic Dentistry	(No Deductible)*	(Deductible)*
Fillings	No charge for amalgam	80% of UCR
Anesthesia	Local – no charge; General – not covered	80% of UCR – limited to required anesthesia applied by dentist during oral surgery.
Injection of Antibiotics	Not covered	80% of UCR
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	80% of UCR
Oral Surgery	No charge	80% of UCR
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	80% of UCR
Periodontics	\$10 for curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	80% of UCR
Denture Relining	Office – no charge; Lab – \$15	80% of UCR
Prosthetic Dentistry	(No Deductible)*	(Deductible)*
Crowns	\$35-\$50 per crown + cost of precious metals	50% of UCR
Prosthetic Appliance Repair	Up to \$15	50% of UCR
Dentures	Full – \$60 each; Partials – \$70 each	50% of UCR
Bridges	\$50 per unit + cost of precious metals	50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)*	(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.	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	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 in a 12-month period.
 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

	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 12 months 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% of UCR – limit 2 per 12 months+ 100% of UCR 100% of UCR – limit 2 per 12 months 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 12 months 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% 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
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges	(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals	(Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% 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 (for covered children up to age 23). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.	(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 \$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 \$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 in a 12-month period. 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, 2007 through December 31, 2008

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	\$ 26.95
Employee + 1	150-004-2	\$ 50.91
Employee + 2	150-004-3	\$102.24

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	\$ 32.80
Employee + 1	150-181-2	\$ 62.05
Employee + 2	150-181-3	\$127.89

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	\$ 40.59
Employee + 1	150-007-2	\$ 76.58
Employee + 2	150-007-3	\$149.62

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, 2007 through December 31, 2008

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	\$ 17.53
Employee + 1	150-012-2	\$ 28.92
Employee + 2	150-012-3	\$ 42.75

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	\$ 23.29
Employee + 1	150-013-2	\$ 38.45
Employee + 2	150-013-3	\$ 56.85

CSU DELTA DENTAL PPO AND DELTACARE USA COBRA RATES

Dental Plan	Eligible Group	Enrollment	Premium
Delta Dental PPO Basic	Public Safety (Unit 8)	One Party	\$ 27.49
	Excluded (E99), except SFSU Headstart E99 employees	Two Party	\$ 51.93
	CalSTRS Annuitants	Three +	\$104.28
	CalPERS Annuitants		
Delta Dental PPO Enhanced Level I	CMA Operating Engineers (Unit 10)	One Party	\$ 33.46
	Teaching Associates (Unit 11)	Two Party	\$ 63.29
	SFSU Headstart Employees (Unit 12)	Three +	\$130.45
	SFSU Headstart E99 employees		
Delta Dental PPO Enhanced Level II	Executive (M98)	One Party	\$ 41.40
	Management Personnel Plan (M80)	Two Party	\$ 78.11
	Confidential (C99)	Three +	\$152.61
	Physicians (Unit 1)		
	CSUEU (Units 2, 5, 7, 9)		
	Faculty (Unit 3)		
	Academic Support (Unit 4)		
Skilled Crafts (Unit 6)			
FERP Annuitants			

Dental Plan	Eligible Group	Enrollment	Premium
DeltaCare USA Basic	Public Safety (Unit 8)	One Party	\$ 17.88
	CMA Operating Engineers (Unit 10)	Two Party	\$ 29.50
	Teaching Associates (Unit 11)	Three +	\$ 43.61
	SFSU Headstart Employees (Unit 12)		
	Excluded (E99), including SFSU Headstart E99 employees		
	CalSTRS Annuitants CalPERS Annuitants		
DeltaCare USA Enhanced	Executive (M98)	One Party	\$ 23.76
	Management Personnel Plan (M80)	Two Party	\$ 39.22
	Confidential (C99)	Three +	\$ 57.99
	Physicians (Unit 1)		
	CSUEU (Units 2, 5, 7, 9)		
	Faculty (Unit 3)		
	Academic Support (Unit 4)		
Skilled Crafts (Unit 6)			
FERP Annuitants			

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