Date: August 26, 2010
To: Human Resources Directors
Benefit Officers
From: Evelyn Nazario
Assistant Vice Chancellor
Human Resources Management
Subject: Annual Benefits Open Enrollment – September/October 2010

Overview

Audience: Benefit Officers or campus designees responsible for administering benefit programs

Action Item: Notify all benefits eligible employees of their right to make a change to their benefits during open enrollment

Affected Employee Group(s)/Unit(s): Benefits eligible employees

Summary

This Technical Letter announces the annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account, Health Care Reimbursement Account, FlexCash and Tax Advantage Premium plans.

Campus designees responsible for administration of CSU benefit programs should review the Technical Letter in its entirety.

The official 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 13 through October 8, 2010. CalPERS has granted CSU an extended open enrollment period through October 15, 2010. The CSU Systemwide Benefits Office will allow each campus to make the decision as to whether or not they want to provide the extended open enrollment period to their employees. As a result of the extension, the deadline to submit open enrollment forms to CalPERS and the SCO has been extended through October 22, 2010. The effective date for all changes made during open enrollment will be January 1, 2011. Specific information about the plans is provided below.
CALPERS HEALTH PLANS

Open Enrollment and Processing Deadlines

Open enrollment health form (HBD-12) must be signed by the employee by October 15, 2010, and received by CalPERS' Health Benefit Services Division no later than October 22, 2010. The deadline to submit documents keyed via the CalPERS Automated Communications Exchange System (ACES) also is October 22, 2010, at 3:00 P.M. (Note: Although the ACES system may accept transactions keyed after the October 22, 3:00 P.M. deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1 effective date.)

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.

Health Plan Options in 2011

The following health plans will be offered in 2011:

- Blue Shield Access+ HMO
- Blue Shield Access+ Advantage HMO
- Blue Shield NetValue HMO - High Performance Physician Network
- Blue Shield NetValue Advantage 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.

Premium Changes for 2011

The CalPERS Board of Administration approved a 2011 health rate package that will increase premiums by an average of 9.1 percent.

2011 Employer Contribution Rates for Health Plans

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<tr>
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<td>$1,326</td>
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As a result of collective bargaining, the employer contribution rates for employees represented by the State Employees Trades Council (SETC – Unit 6) are:
A copy of the Basic Rate Comparison chart that contains the 2011 CSU contribution rates, monthly premiums and employee share of premium rate 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](http://www.calpers.ca.gov).

**Dependent Coverage Age Limit Increase**

Effective January 1, 2011, dependent children will be eligible to remain covered under the medical, dental and vision plans until age twenty-six (26). Dependents that lost coverage in the past because of their age will be able to re-enroll during open enrollment, provided they are under age twenty-six (26). Please reference HR/Benefits Technical Letter 2010-09 for additional information regarding this change.

**Benefit Changes for 2011**

The following health plan benefits changes are effective January 1, 2011:

- All plans - excluding prescription medications with an over-the-counter (OTC) equivalent and establishing a 50% co-insurance for discretionary drugs used to treat sexual dysfunction
- Blue Shield (Basic and Medicare) Plans – offering coverage to Santa Cruz and Santa Clara counties, and expanding access in San Mateo County
- Blue Shield (Basic and Medicare) Plans – excluding non-formulary brand prescription co-pays from out-of-pocket maximum and increasing non-formulary brand waiver co-pay
- Blue Shield (Basic) Plan – adding a $250 hospital co-pay when an outpatient hospital is used instead of an ambulatory surgery center for gastrointestinal endoscopy, spinal injection, and cataract surgery
- Blue Shield 65 Plus (Medicare) Plan – expanding coverage in San Bernardino and Riverside counties
- PERS Select/Choice/Care (Basic) Plans – encouraging use of high-quality, cost-effective hospitals for hip and knee joint replacements, and adding a $250 per-admission co-pay for bariatric surgeries not performed in a Center of Excellence (out of state only)
- PERS Select/Choice/Care (Basic and Medicare) Plans – excluding non-preferred brand prescription co-pays from the out-of-pocket maximum, and increasing non-preferred brand waiver co-pay
- PERS Choice and Select Plans – removing lifetime maximum coverage limit of $2 million
- PERS Select (Basic) Plan – increasing co-insurance for hospitals not in the PERS Select Hospital Network
- Kaiser Permanente (Medicare) Plan – increasing co-pays for more than a 30-day supply of prescription drugs

Employees should refer to the Evidence of Coverage booklets for additional information.

**DENTAL PROGRAM**

Dental open enrollment documents must be signed by the employee by October 15, 2010, and received by the State Controller’s Office (SCO) by October 22, 2010.

The CSU continues to offer eligible employees two dental plan coverage types which include:

1. Delta Dental PPO - an indemnity plan
2. DeltaCare USA - a pre-paid dental health maintenance association
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.deltadentalins.com/csue; 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 provided at http://www.deltadentalins.com/csue.

Premium Changes for 2011

Dental premium rates will increase for the 2011 plan year, and are listed on the “Dental Plan Carrier Deduction Codes and Costs” sheet included in this technical letter. Dental premiums will be fully paid by CSU for the 2011 plan year.

The following dental 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
- CSU Group Number

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 15, 2010, and forms must be received by the SCO by October 22, 2010. Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollment is processed accurately. Mistake of fact corrections (i.e., incorrect plan chosen) should be submitted to Benefits office no later than February 2011.

The deduction codes for the 2011 plan year are as follows:

DCRA: Administration: 375-001; Enrollment: 380-024
HCRA: Administration: 375-001; Enrollment: 378-024

The minimum monthly contribution for each plan is $20 per month ($240 annually), up to a maximum 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.

Changes to the HCRA/DCRA Plans

Effective January 1, 2011, Over-the-Counter (OTC) medications will only be considered a qualified medical expense if an individual has a prescription for the medication. Additional communication regarding changes to these plans will be available in a future technical letter.
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 15, 2010, and received by the SCO by October 22, 2010. Enrollment in the FlexCash plan will become effective January 1, 2011.

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 signed by October 15, 2010. All TAPP documents must be clearly marked “TAPP” and CalPERS Health Benefits Division must receive them no later than October 22, 2010.

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 open enrollment form.

CMS Processing Instructions

This open enrollment technical letter provides information regarding annual changes to Medical (new rates), Dental (new rates) and HCRA/DCRA for 2011; therefore, there is impact to CMS baseline for Benefits. Additional communication will be provided in a future CMS communication.

Questions regarding this technical letter may be directed to Human Resources Management at (562) 951-4411. This Technical Letter is available on Human Resources Management’s Web site at: http://www.calstate.edu/HRAdm/memos.shtml.

EN/dg

Attachments
## 2011 CalPERS Health Benefits Program
### Basic Plan Rate Comparison

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<tr>
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### CSU Contribution:

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

Rev. 8/27/2010
The California State University Dental Plans Summary

January 1, 2011– December 31, 2011
Your CSU Dental Program consists of two types of plans:
Delta Dental PPO and DeltaCare USA

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

Explanation of Plan Types

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

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

Changes for 2011

There are no plan changes for the 2011 plan year. Coverage levels and plan benefits will remain the same as the 2011 plan year.
DeltaCare USA Basic and Delta Dental PPO Basic Plans Benefits Comparison
For eligible employees in the following categories: Unit 8, (Excluded) E99 (except SFSU Headstart E99), and Annuitants

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<th>Delta Dental PPO of California Basic Plan Pays:</th>
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<td>(No Deductible)*</td>
<td>(No Deductible)*</td>
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<td>Fluoride Application</td>
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<td>75% of UCR – limit 2 per calendar year+</td>
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<td>Oral Exams</td>
<td>No charge – only to age 19</td>
<td>75% of UCR</td>
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<td>Space Maintainers</td>
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<td>75% of UCR (without deductible)</td>
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<tr>
<td>X-rays</td>
<td>No charge</td>
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<td>No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)</td>
<td>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***)</td>
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<td>(Deductible)*</td>
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<td>75% of UCR</td>
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<tr>
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<td>Denture Relining</td>
<td>Office – no charge; Lab – $15</td>
<td>75% of UCR</td>
</tr>
<tr>
<td><strong>Prosthetic Dentistry</strong></td>
<td>(No Deductible)*</td>
<td>50% of UCR</td>
</tr>
<tr>
<td>Crowns</td>
<td>$35-$50 per crown + cost of precious metals</td>
<td>50% of UCR</td>
</tr>
<tr>
<td>Prosthetic Appliance Repair</td>
<td>Up to $15</td>
<td>50% of UCR</td>
</tr>
<tr>
<td>Dentures</td>
<td>Full – $60 each; Partial – $70 each</td>
<td>50% of UCR</td>
</tr>
<tr>
<td>Bridges</td>
<td>$50 per unit + cost of precious metals</td>
<td>50% of UCR</td>
</tr>
<tr>
<td>Implants</td>
<td>Not covered</td>
<td>50% of UCR</td>
</tr>
<tr>
<td><strong>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</strong></td>
<td>No maximum*</td>
<td>50% of UCR</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td>(No Deductible)*</td>
<td>$1,500 per calendar year per person</td>
</tr>
<tr>
<td></td>
<td>$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.</td>
<td>(No Deductible)* 50% of UCR. $1,000 maximum per patient per case (for employees, spouse and dependent children).</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Only covers charges for services the member receives on and after effective date of coverage.</td>
</tr>
<tr>
<td></td>
<td>(Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)</td>
<td>Not required; however, suggested for services proposed over $100.</td>
</tr>
<tr>
<td></td>
<td>Not required</td>
<td>If dentist determines alternative treatment is necessary, approval is subject to Delta review.</td>
</tr>
<tr>
<td></td>
<td>May be additional cost.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Approval is subject to review by dental consultant.</td>
<td>No exclusion against replacing missing teeth.</td>
</tr>
<tr>
<td></td>
<td>No exclusion against replacing missing teeth.</td>
<td>Out of California – submit dentist’s billing statement to Delta Dental of California.</td>
</tr>
<tr>
<td></td>
<td>Maximum of $50</td>
<td>$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.</td>
</tr>
<tr>
<td></td>
<td>No deductible</td>
<td>Limited to one each 5 years.</td>
</tr>
<tr>
<td>Special Provisions, Limitations, Exclusions</td>
<td>Limited to one each 5 years.</td>
<td>Limited to one each 5 years.</td>
</tr>
<tr>
<td>Work in progress when you join</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predetermination of benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative to treatment provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-area emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic replacements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Preventive and Diagnostic Dentistry</th>
<th>DeltaCare USA Basic Plan Charges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis (cleaning)</td>
<td>(No Deductible)*</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>No charge – limit 2 per calendar year</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>No charge – only to age 19</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>No charge</td>
</tr>
<tr>
<td>Emergency Office Visits</td>
<td>$10</td>
</tr>
<tr>
<td>X-rays</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Dentistry</th>
<th>Delta Dental PPO of California Enhanced Level I Plan Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>(No Deductible)*</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>No charge for amalgam</td>
</tr>
<tr>
<td>Injection of Antibiotics</td>
<td>Local – no charge; General – not covered</td>
</tr>
<tr>
<td>Extractions</td>
<td>Not covered</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Uncomplicated – no charge; $15-$25 for bony impactions (not covered for orthodontia)</td>
</tr>
<tr>
<td>Endodontics</td>
<td>No charge</td>
</tr>
<tr>
<td>Periodontics</td>
<td>$10 for curretage per quadrant</td>
</tr>
<tr>
<td></td>
<td>$20 for gingivectomy per quadrant</td>
</tr>
<tr>
<td></td>
<td>$80 for osseous surgery per quadrant</td>
</tr>
<tr>
<td></td>
<td>Office – no charge; Lab – $15</td>
</tr>
</tbody>
</table>

| Denture Relining                    | (No Deductible)*                                         |
| Prosthetic Dentistry                | $35-$50 per crown + cost of precious metals              |
| Crowns                              | Up to $15                                                |
| Prosthetic Appliance Repair         | Full – $60 each; Partial – $70 each                      |
| Dentures                            | $50 per unit + cost of precious metals                   |
| Bridges                             | Not covered                                              |
| Implants                            |                                                        |

| Orthodontics                        |                                                        |
| Maximum Benefit for Preventive, Basic and Prosthetic Dentistry |                                                        |
| 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              |                                                        |

*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

<table>
<thead>
<tr>
<th>Preventive and Diagnostic Dentistry</th>
<th>DeltaCare USA Enhanced Plan Charges:</th>
<th>Delta Dental PPO of California Enhanced Level II Plan Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis (cleaning)</td>
<td>(No Deductible)* No charge – limit 2 per calendar year</td>
<td>(No Deductible)*</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>No charge – only to age 19</td>
<td>100% of UCR – limit 2 per calendar year+</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>No charge</td>
<td>100% of UCR</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>No charge</td>
<td>100% of UCR – limit 2 per calendar year</td>
</tr>
<tr>
<td>Emergency Office Visits</td>
<td>No charge</td>
<td>100% of UCR without deductible</td>
</tr>
<tr>
<td>X-rays</td>
<td>No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)</td>
<td>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**)</td>
</tr>
</tbody>
</table>

| Basic Dentistry                     | (No Deductible)* No charge for amalgam | (Deductible)*                                  |
|-------------------------------------| Local – no charge; General – covered for extractions only and only when medically necessary | 80% of UCR                                      |
| Fillings                            | Not covered                           | 80% of UCR                                     |
| Anesthesia                          | No charge                             | 80% of UCR                                     |
| Endodontics                         | No charge                             | 80% of UCR                                     |
| Periodontics                        | No charge                             | 80% of UCR                                     |
| Denture Relining                    | No charge                             | 80% of UCR                                     |

| Prosthetic Dentistry                | (No Deductible)* No charge, except lab cost of precious metals | (Deductible)*                                  |
|-------------------------------------| Local – no charge; General – covered for extractions only and only when medically necessary | 80% of UCR                                      |
| Crowns                              | Not covered                           | 80% of UCR                                     |
| Prosthetic Appliance Repair         | No charge                             | 80% of UCR                                     |
| Dentures                            | No charge                             | 80% of UCR                                     |
| Bridges                             | No charge                             | 80% of UCR                                     |
| Implants                            | No charge                             | 80% of UCR                                     |

<table>
<thead>
<tr>
<th>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</th>
<th>Orthodontics</th>
<th>Special Provisions, Limitations, Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Provisions, Limitations, Exclusions</th>
<th>(No Deductible)* $2,000 per calendar year per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in progress when you join</td>
<td>(No Deductible)*</td>
</tr>
<tr>
<td>Predetermination of benefits</td>
<td>50% of UCR. $1,000 maximum per patient per case (for employees, spouse and dependent children).</td>
</tr>
<tr>
<td>Alternative to treatment provision</td>
<td></td>
</tr>
<tr>
<td>Referral to specialist</td>
<td></td>
</tr>
<tr>
<td>Missing teeth</td>
<td></td>
</tr>
<tr>
<td>Out-of-area emergency</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>Prosthetic replacements</td>
<td></td>
</tr>
</tbody>
</table>

*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.

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.
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, 2011 through December 31, 2011

<table>
<thead>
<tr>
<th>Delta Dental PPO - Basic</th>
<th>For eligible employees in the following categories:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit 8, Excluded (E99) and Annuitants</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Deduction Code</td>
</tr>
<tr>
<td>Employee Only</td>
<td>150-004-1</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>150-004-2</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>150-004-3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delta Dental PPO - Enhanced Level I</th>
<th>For eligible employees in the following categories:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit 10, Unit 11 (Teaching Associates only), Unit 12 and E99-SFSU Headstart Only</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Deduction Code</td>
</tr>
<tr>
<td>Employee Only</td>
<td>150-181-1</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>150-181-2</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>150-181-3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delta Dental PPO - Enhanced Level II</th>
<th>For eligible employees in the following categories:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M80, M98 and FERP Annuitants</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Deduction Code</td>
</tr>
<tr>
<td>Employee Only</td>
<td>150-007-1</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>150-007-2</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>150-007-3</td>
</tr>
</tbody>
</table>
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, 2011 through December 31, 2011

### DeltaCare USA - Basic
For eligible employees in the following categories:
Units 8, 10, 11 (Teaching Associates only), 12, Excluded (E99) and Annuitants

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Deduction Code</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>150-012-1</td>
<td>$19.73</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>150-012-2</td>
<td>$32.54</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>150-012-3</td>
<td>$48.11</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Deduction Code</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>150-013-1</td>
<td>$26.20</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>150-013-2</td>
<td>$43.26</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>150-013-3</td>
<td>$63.97</td>
</tr>
</tbody>
</table>
## DELTA DENTAL PPO

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Active</th>
<th>Direct-Pay</th>
<th>COBRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO - Basic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Safety (Unit 8)</td>
<td>4018-2041</td>
<td>4018-2141</td>
<td>4918-2091</td>
</tr>
<tr>
<td>Excluded (E99), except SFSU Headstart E99 employees</td>
<td>4018-4051</td>
<td>4018-2151</td>
<td>4918-2091</td>
</tr>
<tr>
<td>CalSTRS Annuitants</td>
<td>4018-2061</td>
<td>N/A</td>
<td>4918-2091</td>
</tr>
<tr>
<td>CalPERS Annuitants</td>
<td>4018-2071</td>
<td>N/A</td>
<td>4918-2091</td>
</tr>
<tr>
<td>Delta Dental PPO - Enhanced Level I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMA Operating Engineers (Unit 10)</td>
<td>4018-2081</td>
<td>4018-2181</td>
<td>4918-3091</td>
</tr>
<tr>
<td>Teaching Associates Only (Unit 11)</td>
<td>4018-3051</td>
<td>4018-3151</td>
<td>4918-3091</td>
</tr>
<tr>
<td>SFSU Headstart Employees (Unit 12 and SFSU Headstart E99)</td>
<td>4018-5011</td>
<td>4018-5111</td>
<td>4918-3091</td>
</tr>
<tr>
<td>Delta Dental PPO - Enhanced Level II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive (M98)</td>
<td>4018-4011</td>
<td>4018-4111</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Management Personnel Plan (M80)</td>
<td>4018-4011</td>
<td>4018-4111</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Confidential (C99)</td>
<td>4018-2051</td>
<td>4018-2151</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Physicians (Unit 1)</td>
<td>4018-2011</td>
<td>4018-2111</td>
<td>4918-4091</td>
</tr>
<tr>
<td>CSUEU (Units 2, 5, 7, 9)</td>
<td>4018-2021</td>
<td>4018-2121</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Faculty (Unit 3)</td>
<td>4018-3011</td>
<td>4018-3111</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Academic Support (Unit 4)</td>
<td>4018-3021</td>
<td>4018-3121</td>
<td>4918-4091</td>
</tr>
<tr>
<td>Skilled Crafts (Unit 6)</td>
<td>4018-2031</td>
<td>4018-2131</td>
<td>4918-4091</td>
</tr>
<tr>
<td>FERP Annuitants</td>
<td>4018-3031</td>
<td>N/A</td>
<td>4918-4091</td>
</tr>
</tbody>
</table>

## DELTACARE USA Plan

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