

Date: August 19, 2009

Code: TECHNICAL LETTER
HR/Benefits 2009-08

To: Human Resources Directors
Benefit Officers

From: Evelyn Nazario 
Assistant Vice Chancellor
Human Resources Management

Subject: Annual Benefits Open Enrollment – September/October 2009

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 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 14 through October 9, 2009. As in previous years, CalPERS has approved an extended enrollment for CSU through October 23, 2009. **The effective date for all changes made during open enrollment will be January 1, 2010.** 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 16, 2009, and received by CalPERS' Health Benefit Services Division no later than October 23, 2009. The deadline to submit

Distribution:

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

documents keyed via the CalPERS Automated Communications Exchange System (ACES) also is October 23, 2009, at 3:00 P.M. (Note: Although the ACES system may accept transactions keyed after the October 23, 3:00 P.M. deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1 effective date.)

In consideration of CalPERS' three (3) day per month furlough schedule, campuses are requested to submit enrollment change requests to CalPERS on a "flow basis" rather than holding them all until the October 23, 2009 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.*

Health Plan Options in 2010

The following health plans will be offered in 2010:

- Blue Shield Access+ 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.

Premium Changes for 2010

The CalPERS Board of Administration approved a 2010 health rate package that will increase overall premiums by 2.9 percent.

2010 Employer Contribution Rates for Health Plans

	All Employees (Except R06)
Employee only	\$493
Employee + one	\$936
Employee + two or more	\$1,202

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	\$498
Employee + one	\$946
Employee + two or more	\$1,222

A copy of the Basic Rate Comparison chart that contains the 2010 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>.

Benefit Changes for 2010

The following health plan benefits changes are effective January 1, 2010:

- New Medicare Advantage plan (65 Plus) offered by Blue Shield will be replacing Blue Shield's Supplemental to Medicare in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, Madera, and Santa Barbara counties.
- Blue Shield NetValue (Basic & Supplemental to Medicare) will be available in Imperial, San Francisco, San Luis Obispo, and parts of San Mateo counties.
- Kaiser Permanente (Basic) has eliminated chiropractic benefits.
- PERS Select / PERS Choice / PERS Care (Basic) has expanded benefits for transplants.
- PORAC (Basic) added coverage for HIV testing and expanded benefits for transplants.

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 16, 2009, and received by the State Controller's Office (SCO) by October 23, 2009.

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/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 provided at <http://www.deltadentalins.com/csu>

There is no increase in dental premiums for the 2010 plan year. The premiums continue to be fully paid by the CSU. 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 16, 2009, and forms must be received by the SCO by October 23, 2009. **Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollment is processed accurately.**

The deduction codes for the 2010 plan year are as follows:

DCRA: Administration: 375-001; Enrollment: 380-023

HCRA: Administration: 375-001; Enrollment: 378-023

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.

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 16, 2009, and received by the SCO by October 23, 2009. Enrollment in the FlexCash plan will become effective January 1, 2010.

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 16, 2009. All TAPP documents must be clearly marked "TAPP" and CalPERS Health Benefits Division must receive them no later than October 23, 2009.

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 and HCRA/DCRA for 2010; 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

**2010 CalPERS Health Benefits Program
 Basic Plan Rate Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2009			2010		
			Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.	Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.
BLUE SHIELD	Employee Only	2051	\$505.02	\$27.02	\$22.02	\$517.09	\$24.09	\$19.09
	Employee + 1 Dependent	2052	\$1,010.04	\$101.04	\$91.04	\$1,034.18	\$98.18	\$88.18
	Employee + 2 or more	2053	\$1,313.05	\$146.05	\$126.05	\$1,344.43	\$142.43	\$122.43
BLUE SHIELD NETVALUE	Employee Only	0421	\$446.40	\$0.00	\$0.00	\$447.82	\$0.00	\$0.00
	Employee + 1 Dependent	0422	\$892.80	\$0.00	\$0.00	\$895.64	\$0.00	\$0.00
	Employee + 2 or more	0423	\$1,160.64	\$0.00	\$0.00	\$1,164.33	\$0.00	\$0.00
KAISER PERMANENTE	Employee Only	561	\$471.87	\$0.00	\$0.00	\$494.99	\$1.99	\$0.00
	Employee + 1 Dependent	562	\$943.74	\$34.74	\$24.74	\$989.98	\$53.98	\$43.98
	Employee + 2 or more	563	\$1,226.86	\$59.86	\$39.86	\$1,286.97	\$84.97	\$64.97
PERS-CARE	Employee Only	2781	\$742.41	\$264.41	\$259.41	\$831.50	\$338.50	\$333.50
	Employee + 1 Dependent	2782	\$1,484.82	\$575.82	\$565.82	\$1,663.00	\$727.00	\$717.00
	Employee + 2 or more	2783	\$1,930.27	\$763.27	\$743.27	\$2,161.90	\$959.90	\$939.90
PERS CHOICE	Employee Only	2221	\$477.70	\$0.00	\$0.00	\$487.25	\$0.00	\$0.00
	Employee + 1 Dependent	2222	\$955.40	\$46.40	\$36.40	\$974.50	\$38.50	\$28.50
	Employee + 2 or more	2223	\$1,242.02	\$75.02	\$55.02	\$1,266.85	\$64.85	\$44.85
PERS SELECT	Employee Only	0451	\$448.67	\$0.00	\$0.00	\$454.87	\$0.00	\$0.00
	Employee + 1 Dependent	0452	\$897.34	\$0.00	\$0.00	\$909.74	\$0.00	\$0.00
	Employee + 2 or more	0453	\$1,166.54	\$0.00	\$0.00	\$1,182.66	\$0.00	\$0.00
PORAC*	Employee Only	2071	\$484.00	\$6.00		\$484.00	\$0.00	
	Employee + 1 Dependent	2072	\$906.00	\$0.00		\$906.00	\$0.00	
	Employee + 2 or more	2073	\$1,151.00	\$0.00		\$1,151.00	\$0.00	
KAISER (OUT OF STATE)	Employee Only	Codes vary by region	\$660.32	\$182.32	\$177.32	\$724.69	\$231.69	\$226.69
	Employee + 1 Dependent		\$1,320.64	\$411.64	\$401.64	\$1,449.38	\$513.38	\$503.38
	Employee + 2 or more		\$1,716.83	\$549.83	\$529.83	\$1,884.19	\$682.19	\$662.19

CSU Contribution:	2009		2010	
	Gov't Code	Unit 6	Gov't Code	Unit 6
Employee Only	\$478	\$483	\$493	\$498
Employee +1 Dependent	\$909	\$919	\$936	\$946
Employee +2 or more	\$1,167	\$1,187	\$1,202	\$1,222

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

The California State University Dental Plans Summary

January 1, 2009– December 31, 2010
Your CSU Dental Program consists of two types of plans:
Delta Dental PPO and DeltaCare USA

This summary provides the most important features of each dental plan offered by the university. It is designed to help you select the plan that best suits your personal needs. The Evidence of Coverage (EOC) booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the EOC booklet 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 2010

There are no plan changes for the 2010 plan year. Coverage levels and plan benefits will remain the same as the 2009 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

	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per calendar year No charge – only to age 19 No charge No charge \$10 No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 75% of UCR – limit 2 per calendar year+ 75% of UCR 75% of UCR – limit 2 per calendar year 75% of UCR (without deductible) 75% of UCR 75% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR 75% of UCR 75% of UCR 75% of UCR
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$70 each \$50 per unit + cost of precious metals Not covered	(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR 50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$1,500 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$50 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. Out of California – submit dentist's billing statement to Delta Dental of California. \$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. Limited to one each 5 years.

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year.

There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

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

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

	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Enhanced Level I Plan Pays:
Preventive and Diagnostic Dentistry	(No Deductible)* No charge – limit 2 per calendar year No charge – only to age 19 No charge \$10 No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry	(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curretage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Prosthetic Dentistry	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$70 each \$50 per unit + cost of precious metals Not covered	(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR 50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions		
Work in progress when you join	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 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

	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II Plan Pays:
<p>Preventive and Diagnostic Dentistry</p> <p>Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays</p> <hr/> <p>Basic Dentistry</p> <p>Fillings Anesthesia</p> <p>Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining</p> <hr/> <p>Prosthetic Dentistry</p> <p>Crowns Prosthetic Appliance Repair Dentures Bridges Implants</p> <hr/> <p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p> <p>Orthodontics</p> <hr/> <p>Special Provisions, Limitations, Exclusions</p> <p>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>(No Deductible)*</p> <p>No charge – limit 2 per calendar year No charge – only to age 19 No charge No charge No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)</p> <hr/> <p>(No Deductible)*</p> <p>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</p> <hr/> <p>(No Deductible)*</p> <p>No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals Not covered</p> <hr/> <p>No maximum*</p> <hr/> <p>(No Deductible)*</p> <p>\$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.</p> <hr/> <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 \$100</p> <p>No deductible</p> <p>Limited to one each 5 years.</p>	<p>(No Deductible)*</p> <p>100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)</p> <hr/> <p>(Deductible)*</p> <p>80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery.</p> <p>80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR</p> <hr/> <p>(Deductible)*</p> <p>80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR</p> <hr/> <p>\$2,000 per calendar year per person</p> <hr/> <p>(No Deductible)*</p> <p>50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).</p> <hr/> <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 per calendar year.

There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

Dental Plan Carrier Deduction Codes and Costs

Delta Dental PPO

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

Rates effective January 1, 2009 through December 31, 2010

Delta Dental PPO - Basic

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

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

Delta Dental PPO - Enhanced Level I

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

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

Delta Dental PPO - Enhanced Level II

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

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

Dental Plan Carrier Deduction Codes and Costs

DeltaCare USA

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

Rates effective January 1, 2009 through December 31, 2010

DeltaCare USA - Basic

For eligible employees in the following categories:

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

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

DeltaCare USA - Enhanced

For eligible employees in the following categories:

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

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

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

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

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