

THE CALIFORNIA STATE UNIVERSITY DENTAL PLANS SUMMARY

January 1, 2012 – December 31, 2012
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 2012

The monthly premiums for the DeltaCare USA and Dental Dental PPO plans will decrease for the 2012 plan year. (Currently, premiums are paid by the CSU, with no cost to the employee.) All coverage levels and plan benefits will remain the same for the 2012 plan 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

Plan Benefit	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II 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 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>	<p>(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**)</p>
<p>Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining</p>	<p>(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</p>	<p>(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</p>
<p>Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants</p>	<p>(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals Not covered</p>	<p>(Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR</p>
<p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p>	<p>No maximum*</p>	<p>\$2,000 per calendar year per person</p>
<p>Orthodontics</p>	<p>(No Deductible)* \$1,400 maximum co-payment (for covered children up to age 26). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.</p>	<p>(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).</p>
<p>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</p>	<p>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.</p>	<p>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.</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.