CSU The California State University

Plan Level Eligibility and Comparison of Dental Plans for CSU Retirees

CSU employees that retire from a benefits eligible position within 120 days of separation are eligible for **basic dental plan or the buy-up option** coverage.

Plan Benefit	DeltaCare USA (must reside in CA) Group Plan#:72034-0004 Basic Plan Charges	DeltaCare USA (must reside in CA) Group Plan#: 72034-10004 Enhanced Plan Charges	Delta Dental PPO Group Plan #: 4018-2071 Basic Plan Pays*	Delta Dental PPO-Voluntary Enhanced II Group Plan#: 4018-12071 Enhanced Level II Plan Pays*
Preventative and Diagnostic Dentistry	**(No Deductible)**	**(No Deductible)**	**(No Deductible)**	**(No Deductible)**
Prophylaxis (cleaning) & Oral Exams	No charge-limit 2 per calendar year	No charge-limit 2 per calendar year	75%- limit 2 per calendar year*	100%- limit 2 per calendar year*
Emergency Office Visits	No charge	No charge	75%	100%
X-rays	No charge	No charge	75%	100%
Basic Dentistry	**(No Deductible)**	**(No deductible)**	**(Deductible)**	**(Deductible)**
Filings	No charge for amalgam	No charge for amalgam	75%	80%
Anesthesia	Local- no charge; General- not covered	Local- no charge; General- covered for extraction only and only when medically necessary	75%- limited to oral surgery and select endodontic and periodontics procedures	80%-limited to oral surgery and select endodontic and periodontics procedures
Extractions	Uncomplicated-no charge $15-$25 for bony impactions (not covered for orthodontia)	No charge	75%	80%
Oral Surgery	No charge	No charge	75%	80%
Endodontics	Root canal- $20 anterior, $40 bicuspid, $60 molars	No charge	75%	80%
Periodontics	$10 per quadrant for Scaling/Root Planning (limit 4 in a 12 month period) $80- Osseous surgery per quadrant	No charge	75%	80%
Denture Relining	Office- no charge; Lab- $15	No charge	75%	80%
Prosthetic Dentistry	**(No Deductible)**	**(No Deductible)**	**(Deductible)**	**(Deductible)**
Crowns and Bridges	$35-$50 per unit; plus additional cost for precious metals and porcelain on molars	No charge; however, additional cost for precious metals and porcelain on molars is applicable	50%	80%
Prosthetics Appliance Repair	Up to $15	No charge	50%	80%
Dentures	Full-$60 each; Partials- $70 each	No charge	50%	80%
Implants	Not covered	Not covered	50%	80%
Maximum Benefit for Preventative, Basic and Prosthetic Dentistry	**No maximum**	**No maximum**	**$1,500 per calendar year per person**	**$2,000 per calendar year per person**
Deductible	**$0 Deductible**	**$0 deductible**	**$50 per calendar year per person; Maximum $150 per family per calendar year**	**$50 per calendar year per person; Maximum $150 per family per calendar year**

The preceding information is not all inclusive. The information is offered only as a brief description of your dental program, what Delta Dental pays for services covered under the program and is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage for the program. If you have specific questions regarding benefit structure, limitations or exclusions consult your Evidence of Coverage or call Delta Dental PPO at (800) 626-3108 or Delta Care USA at (844) 519-8751.

* When visiting a PPO dentist, diagnostic and preventative services (like cleanings and exams) will not count against your annual maximum. Also, once you have opted in to the SmileWay Wellness Benefit, higher risk retirees with specific diagnosed conditions that contribute to gum disease, may benefit from additional periodontal cleanings covered at 100%.