

PRINCIPAL BENEFITS AND COVERED SERVICES

	Basic Plan	Level I Enhanced Programs	Level II Enhanced Programs
	Unit 8 Excluded (E99, Except Excluded Head Start) Retirees	Excluded Head Start (E99) Unit 10 Teaching Associates (Unit 11) Unit 12	Units 1, 2, 3, 4, 5, 6, 7 & 9 Management Personnel Plan (M80) Executives (M98), Confidentials (C99), FERP Participants
Dental Expense Benefits			
Calendar Year Deductible*	\$50 Per Person \$150 Per Family No Deductible on Diagnostic & Preventive	\$50 Per Person \$150 Per Family No Deductible on Diagnostic & Preventive	\$50 Per Person \$150 Per Family No Deductible on Diagnostic & Preventive
Calendar Year Maximum	\$1,500 Per Person	\$2,000 Per Person	\$2,000 Per Person
Diagnostic and Preventive Benefits	75%	100%	100%
- oral examination			
- prophylaxis (cleaning)			
- fluoride treatment			
- x-rays			
- study models			
- biopsy/tissue examination			
- emergency palliative treatment			
- specialist consultation			
- space maintainers			
Basic Benefits	75%	80%	80%
- oral surgery (extractions including surgical removal of teeth)			
- restorative (fillings)			
- endodontics (root canal therapy)			
- periodontics (treatment of gums and bones supporting teeth)			
- injection of antibiotics			
- repair & recementation of crowns, inlays, bridge work or dentures; or relining of dentures.			
- sealants — first molars through age 8 second molars through age 15.			
Crowns, Inlays, Onlays and Cast Restoration Benefits	50%	50%	80%
Prosthodontic Benefits	50%	50%	80%
- bridges - removable			
- partial dentures			
- full dentures			
Orthodontic Benefits	50%	50%	50%
- see services not covered (M)			
- with separate \$1,000 lifetime maximum per person			

*Any portion of the deductible satisfied during the last three months of the calendar year will be credited toward the next year's deductible.

Services Not Covered

- A)** Services for injuries or conditions which are compensable under Workers' Compensation or Employer's Liability Laws, services which are provided the eligible person by any federal or state government agency, or are provided without cost to the eligible person by any municipality, county or other political subdivision, except Medi-Cal/Medicaid benefits.
- B)** Services with respect to correction of congenital malformation, or cosmetic surgery or dentistry for purely cosmetic reasons.
- C)** Prescribed drugs, premedication or analgesia.
- D)** Experimental procedures.
- E)** All hospital costs and any additional fees charged by the dentist for hospital treatment.
- F)** Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services.
- G)** Extra-oral grafts (grafting of tissues from outside the mouth to oral tissues) or implants (materials implanted into or on bone or soft tissue) or the removal of implants.
- H)** Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.
- I)** Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth and related

- procedures. Such services include, but are not limited to, equilibration and periodontal splinting.
- J)** Prosthodontic services or any single procedure started prior to the date you or your dependents become eligible for such services under this program.
- K)** Prophylaxis, if the eligible enrollee has received two prophylaxes covered by the program in the immediately preceding eleven months.
- L)** Charges for cost of replacement and/or repair of an orthodontic appliance furnished in whole or in part under this program.
- M)** Orthodontic services (treatment of malalignment of teeth and/or jaws), except those services provided to Eligible Persons as outlined in your Evidence of Coverage and subject to limitations on orthodontic benefits and exclusions (L) above.

The preceding information is offered as a brief description of your dental program and what Delta Dental pays for services covered under the program. It 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.

INTRODUCTION

This sheet provides a brief description of important features of the Delta Dental PPO program offered by Delta Dental of California. This is not your Evidence of Coverage. Under this dental program, you may use any dentist you wish. It is to your advantage to select a dentist who is a Delta Dental dentist, since his or her fees will have been accepted in advance by Delta Dental.

More than 27,100 dentist locations participate in the Delta Dental Premier network in California. About 16,000 of these dentists are also Delta Dental PPO dentists. If you choose a Delta Dental PPO dentist, you will receive additional savings and pay less out-of-pocket for certain services.

USING THE DELTA DENTAL PPO PROGRAM

To use the program, just call the dental office of your choice and make an appointment. If you go to a Delta Dental dentist, he or she will have Delta Dental claim forms available and will submit them on your behalf. Your campus benefits representative has a complete list of Delta Dental dentists, or you may call 888-335-8227 for a list of Delta Dental dentists in your area. You can also visit Delta Dental’s CSU web site (www.deltadentalca.org/csu) to view our provider directories.

The Delta Dental PPO Program allows you to:

- change dentists at any time without preapproval;
- go to a specialist of your choice without preapproval;
- have each member of your family go to a different dentist;
- receive dental care anywhere in the world.

During your first appointment, give your dentist the following information:

- the Delta Dental group number;
- the employee’s ID number.

Delta Dental pays its dentists directly. You are responsible only for your share of the bill. A Delta Dental dentist may not charge you for amounts payable by Delta Dental. If you go to a non-Delta Dental dentist, you are responsible for the dentist’s entire bill and Delta Dental will reimburse you directly.



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UNIVERSITY**

*Highlights
of
Your
Dental
Plan
Coverage*

Group Insurance Plan

Group No.
4018 – Active & Retired
4918 – COBRA