

**California State University Dental Program  
2009 DENTAL COMPARISON CHART**

The plans indicated by "x" are available to eligible employees in the following categories (refer to chart on reverse side):	Delta Care USA Plan		Delta Dental of California (PPO) Plan		
	Basic Level	Enhanced Level	Basic Level	Enhanced I Level	Enhanced II Level
Units 1,2,3,4,5,6,7,9; C99; M98; M80; and FERP Annuitants		<b>X</b>			<b>X</b>
Unit 10 and Unit 11 (Teaching Associates)	<b>X</b>			<b>X</b>	
Units 8, (Excluded)E99 and Annuitants	<b>X</b>		<b>X</b>		
<b>THESE PLANS CHARGE:</b>			<b>THESE PLANS PAY:</b>		
<b>PREVENTIVE &amp; DIAGNOSTIC DENTISTRY</b>	<b>(No deductible)*</b>		<b>(No deductible)*</b>		
Prophylaxis (cleaning)	No charge - limit 2 per calendar year		75% of UCR-limit 2 per calendar year+	100% of UCR - limit 2 per calendar year	
Flouride Application	No charge - only to age 19		75% of UCR	100% of UCR	
Oral Exams	No charge		75% of UCR-limit 2 per calendar year	100% of UCR - limit 2 per calendar year	
Space Maintainers	\$10		75% of UCR (without deductible)	100% of UCR (without deductible)	
Emergency Office Visits	No charge		75% of UCR	100% of UCR	
X-Rays	No charge (full mouth X-rays: 1 set per 24 consecutive months. Bite wings: 1 set (4 films) per 6 months.		75% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for ages 18+)**	100% of UCR (Full mouth X-rays:1 set in a 3-year period. Bite wings: 1 set per calendar year for ages 18+)**	
<b>BASIC DENTISTRY</b>	<b>(No deductible)*</b>		<b>(Deductible)*</b>		
Fillings	No charge for amalgam		75% of UCR	80% of UCR	
Anesthesia	Local, no charge. General not covered.	Local-no charge; General covered only when medically necessary;	75% of UCR-limited to required anesthesia applied by dentist during oral surgery	80% of UCR-limited to required anesthesia applied by dentist during oral surgery.	
Injection of Antibiotics	Not covered.		75% of UCR	80% of UCR	
Extractions	Uncomplicated - no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	No charge.	75% of UCR	80% of UCR	
Oral Surgery	No charge.		75% of UCR	80% of UCR	
Endodontics	Root canal-\$20 anterior; \$40 bicuspid; \$60 molars	No charge.	75% of UCR	80% of UCR	
Periodontics	\$10 for curettage per quadrant; \$20 for gingivectomy per quadrant; \$80 for osseous surgery per quadrant.	No charge.	75% of UCR	80% of UCR	
Denture Relining	Office - no charge; lab-\$15	No charge.	75% of UCR	80% of UCR	
<b>PROSTHETIC DENTISTRY</b>	<b>(No deductible)*</b>		<b>(Deductible)*</b>		
Crowns	\$35-\$50 per crown + cost of precious metals	No charge, except lab cost of precious metals.	50% of UCR		80% of UCR
Prosthetic Appliance Repair	Up to \$15	No charge.	50% of UCR	50% of UCR	80% of UCR
Dentures	Full - \$60 each; partials - \$70 each	No charge.	50% of UCR	50% of UCR	80% of UCR
Bridges	\$50 per unit+cost of precious metals	No charge, except lab cost of precious metals.	50% of UCR	50% of UCR	80% of UCR
<b>Maximum Benefit for Preventive, Basic, and Prosthetic Dentistry</b>	<b>No maximum*</b>		<b>\$1500 per calendar year per person</b>	<b>\$2,000 per calendar year per person.</b>	
<b>ORTHODONTICS</b>	<b>(No deductible)*</b>		<b>(No deductible)*</b>		
	\$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.	\$1,400 maximum co-payment (for covered children up to age 23). \$1,600 maximum co-payment for adults. Plus \$350 start-up costs for 24 month treatment plan.	50% of UCR, \$1,000 maximum per patient per case (for employee, spouse and dependent children).		
<b>SPECIAL PROVISIONS, LIMITATIONS &amp; EXCLUSIONS</b>					
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.		
Pre-determination of benefits	Not required.		Not required; however, suggested for services proposed over \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review.		
Alternative to treatment provision	May be additional cost		N/A		
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	Maximum of \$100	Out of California-submit dentist's billing statement to Delta.		
Deductible	No deductible.		\$50/person to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of the deductible satisfied during the last three months of a calendar year is credited toward the next calendar year		
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.	Limited to one each 5 years.		

\*Refer to Evidence of Coverage booklet. \*\*Children under 18: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 exam in a calendar year.

**(ADDITIONAL INFORMATION ON REVERSE SIDE)**

SEPTEMBER 2008