



**There are two types of dental plans available to CSU State employees. Premiums for the employee and their eligible dependents are paid by the CSU with no cost to the employee.**

**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. Since you are not assigned a specific dentist, you will not receive an identification card. Both you and Delta Dental 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. Refer to the EOC booklet for coverage details and plan limitations. You may also contact Delta Dental PPO customer service at 1-800-626-3108. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta’s networks.

**DeltaCare USA HMO**, (Available to CA Residents Only) 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 will receive an identification card and welcome letter. The welcome letter will show the name of your contract dentist. (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. All covered dental services deemed necessary by your dentist will be provided subject to plan limitations explained in the EOC booklet. You may also contact DeltaCare USA customer service at 1-844-519-8751.

**If you have a specific question about a plan’s coverage, benefits, or participating providers, please contact the plan directly.**

Delta Dental (PPO) 800-626-3108 <a href="https://www1.deltadentalins.com/group-sites/csu/ppo.html">https://www1.deltadentalins.com/group-sites/csu/ppo.html</a>	DeltaCare USA (HMO) 844-519-8751 <a href="https://www1.deltadentalins.com/group-sites/csu/deltacare.html">https://www1.deltadentalins.com/group-sites/csu/deltacare.html</a>
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**If there is a discrepancy between this information and the official plan documents/contracts, the official documents will always govern. This information is provided as a courtesy and is a brief summary of benefits only. Full Evidence of Coverage (EOC) booklets are available at plan websites.**

Benefits Eligible Unit 11 Employees will be offered Delta Dental (PPO) or DeltaCare USA (HMO) Enhanced I coverage. Please contact [benefits@csuchico.edu](mailto:benefits@csuchico.edu) for details.

	<b>Delta Dental (PPO) Enhanced II</b>	<b>DeltaCare USA (HMO) Enhanced</b> See the list below for local providers
<b>Plan Deductible and Maximums</b>		
Calendar year deductible	\$50 per person up to a maximum of \$150 per family	No deductible
Maximum benefit for preventative, basic and prosthetic dentistry	\$2,000 per calendar year per person**	No maximum*
<b>Preventative and Diagnostic Dentistry – Not subject to annual deductible</b>		
Prophylaxis (cleaning) limit 2 per calendar year	100%	100%
Space maintainers	100%	100%
X-rays	100%*	100%*
<b>Basic Dentistry – Deductible may apply</b>		
Endodontics/Periodontics	80%	100%
Extractions	80%	100%
Fillings	80%	100% for amalgam
Oral surgery	80%	100%
<b>Prosthetic Dentistry – Deductible may apply</b>		
Crowns, bridges	80%	100% with patient responsible for precious metals
Dentures	80%	100%
Implants	80%	Not covered
Orthodontics (adults and children)	50%, \$1,000 maximum coverage per patient	100% with \$1,400-\$1,600 co-pay and \$350 startup cost
<b>Special Provisions, Limitations, Exclusions*</b>		
Work in progress when you join	Only covers charges for service the member receives on and after the effective date of coverage	Not covered (Examples: in-progress root canals, teeth prepped for crowns, etc.)
Out-of-area emergency care	PPO dentists available nationwide. May submit non-PPO dentist billing statement for reimbursement	Maximum \$50 coverage
*Refer to the Evidence of Coverage (EOC) booklet available at plan website. If there is a discrepancy between this information and the official plan documents/contracts, the official documents will always govern. This information is provided as a courtesy and is a brief summary of benefits only.		
**When visiting a PPO dentist, diagnostic and preventative services (like cleaning and exams) will not count against the annual maximum. Waiver does not apply if you visit a Delta Dental Premier or non-Delta Dental dentist.		
<b>DeltaCare USA dentists located in Chico, CA</b> Note: Provider contracts may change at any time		
<b>Chico Modern Dentistry</b> 241 W. East Avenue, Suite 1 Chico, CA 95926 (530) 332-8972 #064433	<b>Smile Makers</b> 2647 Forest Avenue Chico, CA 95928 (530) 879-1888 # 005531	
<b>Western Dental Services</b> 2471 Cohasset Road, Suite 170 Chico, CA 95926 (530) 894-9040 # 036359	<b>Western Dental Services</b> 1010 Mangrove Avenue, Suite A/B Chico, CA 95926 (530) 342-7500 # 063325	<b>There are no local pediatric dentists with DeltaCare HMO</b>
To search for other providers in Butte County or California please visit the website: <a href="https://www1.deltadentalins.com/group-sites/csu.html">https://www1.deltadentalins.com/group-sites/csu.html</a>		