



**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 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 1-800-765-6003. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta’s networks.

**DeltaCare USA**, (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 1-800-422-4234.

**ANNUAL BENEFITS OPEN ENROLLMENT PERIOD:** September 10, 2018 through October 5, 2018 (noon) The open enrollment period covers: Health; Dental; Vision; Dependent Care Reimbursement Account (DCRA); Health Care Reimbursement Account (HCRA); FlexCash; Tax Advantage Premium (TAPP); and CSU Voluntary Benefits plans. The effective date for all changes made during open enrollment will be January 1, 2019.

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

<p><b>Delta Dental PPO</b> 800-765-6003 <a href="http://www.deltadentalins.com/csu">www.deltadentalins.com/csu</a></p>	<p><b>DeltaCare USA</b> 800-422-4234 <a href="http://www.deltadentalins.com/csu">www.deltadentalins.com/csu</a></p>
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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.**

Employee Category or Appointment	Delta Dental PPO			DeltaCare USA – See the list below for local providers**	
	Basic	Enhanced I	Enhanced II	Basic	Enhanced
Units 1, 2, 3, 4, 5, 6, 7, 9, 10 C99, M80, M98 and FERP			X		X
Unit 11		X		X	
Unit 8, E99 and Annuitants (Retirees)	X			X	

Plan Deductible and Maximums					
Calendar year deductible	\$50 per person up to a maximum of \$150 per family.			No deductible	No deductible
Maximum benefit for preventative, basic and prosthetic dentistry	\$1,500 per calendar year per person	\$2,000 per calendar year per person	\$2,000 per calendar year per person	No maximum*	No maximum*

Preventative and Diagnostic Dentistry – Not subject to annual deductible					
Prophylaxis (cleaning) limit 2 per calendar year	75%	100%	100%	100%	100%
Space maintainers	75%	100%	100%	100% with \$10 Copay	100%
X-rays	75%*	100%*	100%*	100%*	100%*

Basic Dentistry – Deductible may apply					
Endodontics/Periodontics	75%	80%	80%	100% with varied co-pay	100%
Extractions	75%	80%	80%	100% for uncomplicated	100%
Fillings	75%	80%	80%	100% for amalgam	100% for amalgam
Oral surgery	75%	80%	80%	100%	100%

Prosthetic Dentistry – Deductible may apply					
Crowns and bridges	50%	50%	80%	100% with varied co-pay per unit plus cost of precious metals/porcelain	100% with patient responsible for precious metals/porcelain
Dentures	50%	50%	80%	100% with varied co-pay	100%
Implants	50%	50%	80%	Not covered	Not covered
Orthodontics	50%, \$1,000 maximum coverage per patient			100% with \$1,400 co-pay and \$350 startup cost*	100% with \$1,400-\$1,600 co-pay and \$350 startup cost

Special Provisions			
*Exclusions or limitations may apply			
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 Maximum \$100 coverage

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**DeltaCare dentists located in Chico, CA		
Note: Provider contracts may change at any time		
<b>Chico Dental Group</b> 955 East Avenue Chico, CA 95926 (530) 893-5334 # 041931	<b>Lakeview Dental Office</b> 2571 California Park Drive, Suite 120 Chico, CA 95928 (530) 345-6888 # 007289	<b>Northern Valley Indian Health</b> 500 Cohasset Road, Suite 15 Chico, CA 95926 (530) 433-2500 # 058949
<b>Northern Valley Indian Health</b> 845 W. East Avenue Chico, CA 95926 (530) 896-9400 # 058931	<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

To search for other providers in Butte County or California please visit the website: [www.deltadentalins.com/csu](http://www.deltadentalins.com/csu).