CSU The California State University

DeltaCare USA Basic and Delta Dental PPO Basic Plans Benefits Comparison

For eligible employee in the following categories: Unit 8, (Excluded) E99 and Annuitants

Plan Benefit:	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
PREVENTIVE AND DIAGNOSTIC DENTISTRY	No Deductible*	No Deductible*
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	75% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	75%
Oral Exams	No charge	75% – limit 2 per calendar year
Space Maintainers	$10	75%
Emergency Office Visits	No charge	75%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	75% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
BASIC DENTISTRY	No Deductible*	Deductible*
Fillings	No charge for amalgam	75%
Anesthesia	Local – no charge; General – not covered	75% – limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	75%
Extractions	Uncomplicated – no charge; $15-$25 for bony impactions (not covered for orthodontia)	75%
Oral Surgery	No charge	75%
Endodontics	Root canal – $20 anterior, $40 bicuspid, $60 molars	75%
Periodontics	$10 for scaling/root planning per quadrant $20 for gingivectomy per quadrant $80 for osseous surgery per quadrant	75%
Denture Relining	Office – no charge; Lab – $15	75%
PROSTHETIC DENTISTRY	No Deductible*	Deductible*
Crowns and Bridges	$35-$50 per unit; plus additional cost for precious metals and porcelain on molars	50%
Prosthetic Appliance Repair	Up to $15	50%
Dentures	Full – $60 each; Partials – $70 each	50%
Implants	Not covered	50%
ORTHODONTICS	No Deductible*	No Deductible*
Orthodontics	$1,400 maximum co-payment plus $350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontic extractions are not covered.	50% -$1,000 maximum per patient per case (for employees, spouse and dependent children).
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Not covered. (Examples: in-progress root canals, 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 $300.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is subject to Delta review.
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	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	$50/person up to maximum of $150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY	No maximum*	$1,500 per calendar year per person

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are 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 examination in a calendar year.