

Enhanced Level II

Keep smiling

Delta Dental PPO™



Save with PPO

Although you can visit any licensed dentist, you'll save the most when you choose a dentist in the Delta Dental PPO network.¹ These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.²

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, although your savings may be less than with a PPO dentist.

When you visit a PPO dentist, your diagnostic and preventive services (like cleanings and exams) will not count towards your maximum. This waiver helps you save benefit dollars for when you really need them. This benefit does not apply if you visit a Delta Dental Premier or non-Delta Dental dentist.

To find a PPO dentist or check which network your dentist belongs to, visit deltadentalins.com/csu.



Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com/csu.



Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.



Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.³ Log in to your online account to find this date.

Save with a PPO dentist



PPO



Premier



Non-Delta Dental

¹ Your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

² You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Non-Delta Dental dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

³ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan

Benefit highlights

Delta Dental PPO™



For: California State University – Enhanced Level II (Units 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10, M80, M98, C99, FERP participants and Retiree Voluntary Enhanced II)

Group numbers: 04018, 04918

Effective date: 1/1/2025

Eligibility	You, spouse or registered domestic partner and eligible dependent children to age 26
Deductibles per calendar year*	\$50 per person; \$150 per family
Deductible waived for diagnostic & preventive services (D&P)?	Yes
Maximum per calendar year	\$2,000 per person
Maximum waived for D&P?	Yes, at PPO dentist only

Benefits and covered services[†]	Your plan covers[‡]
Diagnostic & preventive services (D&P) Exams, cleanings, x-rays, fluoride treatment, diagnostic casts, biopsies, emergency palliative treatment, specialist consultation, space maintainers	100%
Basic services Fillings, sealants, root canals, gum treatment, simple tooth extractions, oral surgery, injectable antibiotics, repair and recementation of crowns, inlays, bridges or dentures, denture relining	80%
Major services and prosthodontics Crowns, inlays, onlays, cast restorations, bridges, partial dentures, full dentures, implants	80%
Orthodontics Adults and children	50%; \$1,000 maximum

SmileWay® Wellness Benefits**

Your dental plan offers expanded coverage if you or a covered family member has been diagnosed with amyotrophic lateral sclerosis (ALS), cancer, chronic kidney disease, diabetes, heart disease, HIV/AIDS, Huntington’s disease, joint replacement, lupus, opioid misuse and addiction, Parkinson’s disease, rheumatoid arthritis, Sjögren’s syndrome, or stroke.

When you opt in, you can take advantage of expanded coverage for additional teeth and gum cleanings, which can help you maintain your oral health and overall health.

To opt in, visit www1.deltadentalins.com/smileway.

* Any part of the deductible met during the last three months of the calendar year will go toward the next year’s deductible.
† Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.
‡ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.
** This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan’s Evidence of Coverage.

Delta Dental of California
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San Francisco, CA 94105

Customer Service
800-626-3108
deltadentalins.com/csu

Claims address
P.O. Box 997330
Sacramento, CA 95899-7330

This benefit information is not intended or designed to replace or serve as the plan’s Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company’s benefits representative.