

Dental Plan Summary

UC provides two dental plan choices for you and your eligible family members. Both plans cover a wide range of dental services, from routine preventive care and fillings to oral surgery, dentures, bridges, and even braces.

This is a general overview of your dental benefits. You should read carefully the complete explanation of benefits, including limitations and exclusions in your **Delta Dental PPO** or **DeltaCare® USA** (formerly PMI) Evidence of Coverage booklets.

DeltaCare® USA

DeltaCare® USA (your dental HMO option) provides you and your family with comprehensive benefits and easy referrals to specialists and even has a benefit for teeth bleaching. You must be a resident of California to enroll. The plan emphasizes preventive care, so many services are provided at no cost (see pages 2 and 3 for benefits). There is no annual plan maximum for DeltaCare® USA. Other services are provided at modest copayments to you and there are no deductibles making this plan a very affordable option to members.

When you enroll, you can select a network dentist to provide all of your basic dental services or the plan will assign you a dentist near your home. The DeltaCare® USA network consists of private practice dental facilities that have been screened by Delta Dental for quality. Throughout the year, you can change your dentist at any time by simply calling the DeltaCare Customer Service number and requesting the change.

Delta Dental PPO (available worldwide)

The Delta Dental PPO plan provides you and your family with access to the largest dentist network in the U.S. You have the freedom and flexibility to visit any licensed dentist or specialist, anywhere in the world, but you will usually have the lowest out-of-pocket costs when visiting a Delta Dental PPO dentist. When you choose a PPO dentist, your out-of-pocket costs are often lower because PPO dentists have agreed to charge Delta Dental PPO patients reduced fees. The plan also pays enhanced benefits when you visit a PPO dentist, so you pay only 20 percent of the PPO dentist's contracted fee after your deductible for such services as fillings, oral surgery, root canals and treatment of gum disease in addition to other benefit enhancements.

If you choose to visit a non-PPO Delta Dental Premier dentist, you will still enjoy user-friendly claims administration and other Delta Dental advantages but may have higher out-of-pocket expenses. The annual plan maximum is \$1,700 when visiting a PPO dentist or \$1,500 for a Premier or non-Delta Dental dentist.

If you visit a non-Delta Dental dentist, there are no cost controls, and charges in excess of Delta Dental's allowances will be your responsibility. Refer to pages 2 and 3 for an outline of benefits.

There are more than 16,250 PPO dentist locations in California and 108,000 nationwide. To see a list of Delta Dental PPO and DeltaCare® USA dentists, go to the At Your Service website and select the link for the dentist directories.

Delta Dental PPO changes for 2009

Pit and fissure sealants: For enrollees visiting a Delta Dental PPO dentist, benefits have been enhanced from 80 percent to 100 percent for sealants on first permanent molars through age 9 and second permanent molars through age 15. For enrollees visiting a Delta Dental Premier dentist or a non-Delta Dental dentist, the sealant benefit remains at 75 percent.

Who Is Eligible

Employees: You are eligible for coverage if you are a member of a UC-sponsored retirement plan.*

There are two ways to qualify for UCRP membership:

- You are appointed to work at least 50 percent time for a year or more**—or
- You work 1,000 hours in a 12-month period.

To remain eligible for dental benefits, you must maintain an average regular paid time of at least 17.5 hours per week and remain in an eligible appointment. For more information, see the *Group Insurance Eligibility Factsheet*.

You may also enroll eligible family members. Under IRS rules, your taxable income may be affected if you have health plan coverage for any person who is not declared as your dependent for income tax purposes. Due to IRS rules, this may include a child who is not declared as your tax dependent. Details are available on the At Your Service website (atyourservice.ucop.edu) or in UC's *Your Group Insurance Plans*.

Outline of Benefits and Services

January through December 2009

	DELTA DENTAL PPO PLAN (Includes PPO and Premier network)	DELTACARE® USA PLAN¹ (Services are only covered when you use your DeltaCare® USA provider.)
SERVICE AREA	Worldwide ²	California only
PREVENTIVE DENTISTRY	No deductible	Copayments apply as noted
Cleaning of teeth—Prophylaxis cleanings	100% (up to 2 times in a calendar year; additional cleanings by report). Third cleaning available for pregnant women.	No charge up to 2 times in any 12-month period. Additional cleanings when necessary: \$45 copayment for adults, \$35 copayment for children.
Oral examinations	100% (one routine and two non-routine exams per calendar year)	No charge
Emergency office visit for pain relief	100%	No charge
Topical fluoride treatment	100% (includes cleaning; up to 2 times in a calendar year through age 13)	No charge (up to 2 times in any 12-month period through age 18)
Space maintainers	100% (through age 12)	No charge
X-rays (full mouth, bitewings, other films)	100% (full mouth x-rays limited to 1 set in 5 years unless necessary)	No charge (full mouth x-rays limited to 1 set in any 12-month period)
Pit and fissure sealants (under age 16 only)	100% PPO/75% Premier network for first permanent molars through age 9 and second permanent molars through age 15	No charge for first permanent molars through age 9 and second permanent molars through age 15
BASIC DENTISTRY	Deductible applies	Copayments apply as noted
Fillings	80% PPO/75% Premier network	No charge for standard benefit
Anesthesia ³	80% PPO/75% Premier network (general anesthesia for covered oral surgery)	Local—no charge. General and intravenous sedation—no charge; limited to medically necessary extractions
Prosthetic appliance repair	80% PPO/75% Premier network	No charge
Extractions	80% PPO/75% Premier network	No charge if uncomplicated (not covered if done only for orthodontics)
Oral surgery	80% PPO/75% Premier network	\$15 copayment for impactions; other covered services at no charge
Endodontics	80% PPO/75% Premier network	\$20 copayment for each canal; other covered services at no charge
Periodontics	80% PPO/75% Premier network	\$100 copayment per quadrant for surgery (mucogingival and osseous gingival); \$150 copayment for soft tissue graft procedures; periodontal maintenance: no charge for 1 in each 6-month period; additional maintenance when necessary: \$55 copayment
Denture relining and rebase	80% PPO/75% Premier network	Relining—no charge (limited to 1 in any 12-month period). Rebase—\$20 copay.
MAJOR DENTISTRY	Deductible applies	Copayments apply as noted
Crowns	50%	\$50 per unit copayment (\$100 extra charge for precious metals)
Inlays/onlays	50%	No charge for standard benefit
TMJ DISORDER BENEFITS	50% up to \$500 for all benefits in a lifetime (not applied to calendar year maximum). Deductible applies.	No charge
PROSTHETIC DENTISTRY	Deductible applies	Copayments apply as noted
Standard, full, or partial dentures	50%	Upper—\$65 copayment per denture. Lower—\$65 copayment per denture (extra charge for precious metals) Removable partial denture with flexible base—\$115
Bridges	50%	\$50 per unit copayment (\$100 extra charge for precious metals)

After an annual deductible of \$50 per person⁴

	DELTA DENTAL PPO PLAN	DELTACARE® USA PLAN ¹
TOTAL BENEFIT (Total benefit for preventive, basic, major dentistry, and prosthetic dentistry.)	\$1,700 PPO/\$1,500 Premier network	No maximum
ORTHODONTICS	No deductible	Copayments apply as noted
Who is eligible for service	All covered family members	All covered family members
Benefit	Maximum of \$1,500 for each eligible patient under age 23 and \$500 for each eligible patient age 23 and older.	\$1,000 copayment (plan covers 36 months of usual and customary treatment—a monthly office visit fee of \$75 applies after the 36 months)
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Only services that you receive on or after your effective date of coverage are covered.	Only services received from a DeltaCare® USA provider on or after your effective date of coverage are covered. ⁵
Predetermination of benefits	If services are expected to be \$400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.	Before any work is done, ask your DeltaCare® USA dentist what the charges will be. If you have any questions about what will be covered, call DeltaCare® USA.
Alternate treatment provision	If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.	If you select a treatment plan different from that customarily provided by DeltaCare® USA, you will pay the applicable copayment, plus the additional cost of the alternate treatment.
Replacement of crowns, dentures, partial dentures, and bridges	Not covered if crown or prosthetic appliance is less than 5 years old	Not covered if crown or prosthetic appliance is less than 3 years old
Out-of-area emergencies	Coverage applies worldwide.	Plan pays up to \$100 in any 12-month period for pain relief when you are more than 25 miles from your dentist's office.
Teeth Bleaching	Not covered	\$125 copayment per arch. External bleaching is limited to one bleaching tray per arch per 36-month period; bleaching gel for two weeks of patient self treatment.

NOTE: Other limitations and exclusions may apply. See the Delta Dental PPO or DeltaCare® USA booklet.

¹ Binding arbitration: When you enroll in DeltaCare® USA, you agree to settle any dispute, grievance, or controversy involving the plan by neutral arbitration.

² Nationwide—Delta Dental PPO, Delta Dental Premier and non-Delta dentists (licensed); Worldwide—Coverage available only from non-Delta dentists (licensed).

³ Disabled members may receive anesthesia for any covered dental service if needed to receive treatment. Preauthorization is required.

⁴ Combined for basic and major dentistry, TMJ disorder benefits, and prosthetic dentistry.

⁵ Exception: DeltaCare® USA may cover orthodontia treatment in progress for new enrollees/dependents if treatment meets specific DeltaCare® USA criteria.

DEFINITIONS

Any 12-month period: Represents 12 continuous months of coverage. This is not necessarily a calendar year.

By report: The dentist submits relevant information to the Delta Dental Plan. If Delta determines an additional cleaning is clinically necessary, they will cover it.

Copayment: A fee you pay for a service.

Deductible: An annual amount you must pay for some services before the plan starts paying benefits for those or other services.

Endodontics: Treatment involving tooth pulp (root canals, for example).

Extractions: Removal of teeth.

Non-routine exam: An exam for an emergency (for example, an injury or infection) or an exam for a specific dental problem (for example, a toothache or an exam to evaluate the need for oral surgery).

Orthodontics: Treatment to correct position or alignment of teeth (braces, for example).

Periodontics: Treatment for diseases of mouth and gum tissue.

Prosthetics: Replacements for teeth (dentures or bridges, for example).

Routine exam: An initial exam with a new dentist or a periodic exam with your existing dentist intended to generally assess your dental health.

Retirees: You are eligible for coverage only if you were eligible for and enrolled in dental coverage when you retired and you elected to continue your dental plan into retirement.

At retirement, your dental coverage is limited to the plan in effect and eligible family members enrolled at the time of retirement. If eligible, you may transfer to a different UC-sponsored plan during a period of initial eligibility (PIE) or during the next announced Open Enrollment. You may also enroll other eligible family members in your dental plan at these times. Note: If you enroll certain eligible family members, the UC/employer contribution for the additional coverage may be taxable income to you.

Cost for 2009

All plan members pay a certain percentage or copayment for some services (see chart on pages 2 and 3). In addition, the UC/employer contribution is subject to state appropriation, and may change or be discontinued in future years.

Employees: UC pays 100 percent of your monthly dental plan premium.

Retirees: For most retirees, UC pays the entire monthly dental plan premium. However, if you have graduated eligibility benefits, you must pay part of your dental premium. The amount you must pay will be shown on your Open Enrollment statement.

For More Information

If you have questions or need more information, you may call Delta Dental or DeltaCare® USA directly. If you need a Delta Dental claim form, please call the plan.

Employees: You may also call your Benefits Office, or the person in your department who handles benefits, if you have a question or need a publication.

Retirees: You may also call the UC Customer Service Center (1-800-888-8267) if you have a question or need a publication.

Delta Dental PPO	1-800-777-5854
DeltaCare® USA	1-800-422-4234

To find UC forms or publications, or to find links to the dental plan websites, visit the At Your Service website (atyourservice.ucop.edu). To see a list of Delta or DeltaCare® USA dentists, visit their websites.

* A UC-sponsored retirement plan means UCRP or another defined benefit plan to which UC contributes.

** Or your appointment form shows that your ending date is for funding purposes only and that your employment is intended to continue for more than a year.

By authority of the Regents, University of California Human Resources and Benefits, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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