

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. Please remember that if you need major dental work (for example, a crown, dentures, a bridge, or oral surgery), **you should read carefully the complete explanation of benefits, limitations, and exclusions in your Delta Dental or PMI booklet.** Whenever you have a question about whether a dental procedure will be covered, you and/or your dentist should contact your dental plan *before* you begin treatment.

Delta Dental Plan

The **Delta Dental Plan** provides worldwide coverage from any dentist you choose.

Most California and New Mexico dentists belong to Delta. If you choose a Delta provider (PPO or Premier), the plan pays for services as described on pages 2 and 3. Almost all preventive dentistry is covered in full. For other services, you pay a \$50 annual deductible per person and a coinsurance of 20 percent to 50 percent of the charges. Delta dentists file claims for you.

At any time, you can ask your dentist to submit a predetermination request to Delta prior to treatment to find out the amount Delta will pay. For *any* claim over \$400, you should ask for a predetermination of costs to be sure of Delta's coverage level.

Delta will pay a maximum of \$1,500 per person in a calendar year, regardless of the dentist you use. However, when a Delta Dental PPO dentist is used, the annual plan maximum is \$1,700. A separate limit applies to benefits for temporomandibular joint (TMJ) dysfunction (page 2) and orthodontics (page 3).

Two Provider Networks

Delta Dental PPO (preferred provider organization) and Delta Dental Premier (managed fee-for-service program); For either network:

- Your dentist is paid for each service provided.
- You may be responsible for a deductible or copayment for certain services as well as amounts above your annual maximum.
- Delta pays its portion directly to your dentist; then Delta sends you a notice explaining your portion of the bill, if any, and you pay the dentist only that amount. The percentage you pay is based on dentist fees pre-approved by Delta.

All Delta dentists participate in the Delta Premier plan; however, not all Delta dentists participate in the PPO plan. **You will maximize your benefits when you visit a PPO dentist.** PPO dentists are a select group of Delta dentists who agree to provide treatment to PPO patients at reduced fees, which means your share of the bill (copayments and other fees) will likely be lower. You can find the Delta Dental PPO dentists by visiting the special UC Delta Dental website (a link is available on the At Your Service website) or by calling Delta Dental directly.

If you prefer to see a non-Delta dentist, you pay the dentist directly, then file claims with Delta, and Delta cannot assure you what percentage of the charged fee may be covered. You receive the best benefits when you visit an in-network dentist.

Delta Dental enhancements for 2007: When a Delta Dental PPO dentist is used, the annual plan maximum increases from \$1,500 to \$1,700.

PMI Dental Plan

The **PMI Dental Health Plan (available in California only)** is your other option. PMI has provided Californians with prepaid dental services since 1968. All PMI dentists are also Delta Premier dentists.

Dental services are covered only when you visit your PMI provider. See pages 2 and 3 for benefits. The plan emphasizes preventive care—many services cost nothing, while copayments apply to others. There are no deductibles or annual maximums, and you don't file claims.

When you enroll, you can select a PMI dentist or PMI will assign you to a participating dentist near your home. To change this initial assignment, call or write PMI. Later on, you may change your dentist by contacting PMI and explaining why you want to change. Please note that dentists may join or leave the PMI network throughout the year, and that such changes are not grounds for a member to transfer to Delta Dental midyear.

PMI: No plan changes in 2007.

Outline of Benefits and Services

January through December 2007

	DELTA DENTAL	PMI DENTAL PLAN ¹ (Services are only covered when you use your PMI 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)	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)	80% PPO/75% Premier 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	No charge for standard benefit
Anesthesia ³	80% PPO/75% Premier (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	No charge
Extractions	80% PPO/75% Premier	No charge if uncomplicated (not covered if done only for orthodontics)
Oral surgery	80% PPO/75% Premier	\$15 copayment for impactions; other covered services at no charge
Endodontics	80% PPO/75% Premier	\$20 copayment for each canal; other covered services at no charge
Periodontics	80% PPO/75% Premier	\$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	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 Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)	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	PMI DENTAL PLAN ¹
TOTAL BENEFIT (Total benefit for preventive, basic, and major dentistry; and prosthetic dentistry.)	\$1,500 per person per calendar year (\$1,700 if a Delta Dental PPO dentist is used)	No maximum
ORTHODONTICS	No deductible	Copayments apply as noted
Who is eligible for service	All covered family members	All covered family members
Benefit	50% up to \$1,500 in a lifetime for dependent children as defined in eligibility provisions; up to \$500 in a lifetime for adults (not applied to calendar year maximum)	\$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 PMI 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 PMI dentist what the charges will be. If you have any questions about what will be covered, call PMI.
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 PMI, 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 or PMI booklet.

- ¹ Binding arbitration: When you enroll in PMI, 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: PMI may cover orthodontia treatment in progress for new enrollees/dependents if treatment meets specific PMI 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.

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.

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*.

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 2007

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 PMI 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:	1-800-777-5854
PMI:	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 PMI 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.

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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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