Dental Plan General Information

Plan Description
CSU offers two dental plans for employees to choose from: Delta Dental Basic and Delta Dental Plus. Both plans are self-insured and administered, including claims processing, by Delta Dental of Colorado.

Following is a Summary of the Dental Benefits which outlines the specific benefits of each plan.

Enrollment/Changes
Refer to Enrollment and Changes in the Administrative Provisions section.

Coverage
Dental coverage is not required. Please review the following Summary of Dental Benefits to determine which plan, if any, is best for you and your family.

Premiums
Refer to the Premium Summary section for rates.

Termination of Coverage
Refer to Termination of Coverage in the Administrative Provisions section for eligibility and rights to continue insurance.

Delta Dental on the Web
(Subscriber Connection www.deltadentalco.com)
- Print ID Card
- Find a Dentist
- Check on Claim Status
- View Benefits
- Print Explanation of Benefits (EOB)

Claims Payments
For both dental plans, claims must be submitted within 12 months from the date of service. If submitted after 12 months, the plan will not make payment.

Dental Providers
You may obtain care from any licensed dentist. Neither dental plan requires the use of network dental providers. The Delta Dental Basic plan does not have an associated network. The Delta Dental Plus Plan has two networks (PPO and Premier). You will receive the best benefits by choosing a PPO dentist.

Coordination of Benefits
Delta Dental Basic
This dental reimbursement plan is always considered the secondary payer when a covered employee or dependent is also covered by another dental insurance plan.

Payments will only be processed after a determination has been made by the other dental plan. This Plan will provide Benefits, which together with the other Plan will not exceed 100% of the allowable expenses.

Delta Dental Plus
When employees and/or dependents are covered by this plan and another dental plan, coordination of benefits will be administered in the following manner. For children covered as dependents on this plan and as dependents on a spouse, domestic partner or a civil union partner’s plan, the plan of the individual whose birthday falls first in the calendar year will be the primary payer. In the case of spouses, domestic partners or civil union partner’s plan where coverage is other than as a dependent will be the primary payer.

If this plan is Secondary, this plan will provide Benefits which together with the other plan will not exceed 100% of the allowable expense of this plan’s maximum benefit.

Note: Please refer to the official plan document for Coordination of Benefit rules for custody arrangements.

Pre-Determination of Benefits
Pre-determination of benefits is recommended for any expensive dental services. The typical guideline for obtaining a predetermination of benefits is approximately $400. This will allow you to determine in advance whether a proposed service is covered under the plan and, if covered, the extent of any deductibles and other out of pocket expenses.

Health Care Flexible Spending Accounts
Many unreimbursed dental expenses are considered eligible expenses for a Flexible Spending Account (FSA). Please refer to the FSA section for details.