

CSEA is pleased to sponsor two dental plans from Delta Dental. These plans are designed for our members who are not eligible for group coverage through their district or who are retired.

### DELTA DENTAL PPO

The Delta Dental PPO offers the advantages of a fee-for-service program, with comprehensive benefits and user-friendly claims administration. You achieve the broadest coverage with the lowest out-of-pocket costs when using one of the 16,200 PPO dentists in California. An initial waiting period applies for major services. Coverage is available in most states.

### DELTACARE USA

This DeltaCare USA option is a dental HMO product featuring cost-effective and comprehensive benefits when using a DeltaCare USA dentist (6,640 in California). Participants receive a schedule of benefits and copayments, so they know in advance their financial responsibility. Coverage is available in California only.

Continuing CSEA members and newly eligible members may enroll in these plans. A newly eligible member is a member who has been laid-off within the last 60 days, new CSEA members and newly retired CSEA members.

Note: Members initially enrolling in the Delta Dental PPO plan will have the 12-month waiting period for major procedures even if they are transferring from another Delta Dental plan or other provider.

DUAL CHOICE DENTAL PLAN OPTIONS FOR CSEA MEMBERS	DELTA DENTAL PPO (DENTAL PPO) Covered benefit percentages when visiting any licensed dentist		DELTACARE USA (DENTAL HMO) Copayment when visiting network dentist (no coverage outside of California; copayment range depends on procedure)
	PPO dentist	Non-PPO dentist	
<b>Benefits (1st year)</b> Diagnostic/preventative Basic (sealants, simple restoration, extraction)	100% 80/20	50/50 50/50	no cost \$2 - \$80
<b>Additional Benefits (2nd year*)</b> Basic - misc. restorations Basic - oral surgery Basic - Endodontics <small>*Covered only following 12 months of continuous enrollment</small>	80/20 80/20 80/20	50/50 50/50 50/50	\$2 - \$15 no cost - \$80 no cost - \$150
<b>Basic - periodontics</b> Crowns, cast restorations Prosthodontics Orthodontics (adult and children) <small>**Covered only following 12 months of continuous enrollment</small>	50/50 50/50 50/50	50/50 50/50 50/50	\$12 - \$250 no cost - \$140 \$10 - \$140 \$1,600 children/ \$1,800 adults + \$350 startup fee
<b>Deductible</b> Per patient per calendar year (This program has no deductible for diagnostic and preventative benefits regardless of whether treatment is provided by a PPO dentist or a non-PPO dentist.)	\$50	\$50	None
<b>Program Maximum</b> Orthodontic Maximum	\$1,000	\$1,000	N/A

Delta Dental PPO Plan	Monthly Rates
Member Only	\$ 49.52
Member + One	\$ 89.05
Member + Family	\$159.40

DeltaCare USA	Monthly Rates
Member Only	\$35.98
Member + Family	\$71.33

Visit [cseainsure.com](http://cseainsure.com) for more information on your dental benefits and for exclusive savings and promotions for Delta members.

Or call us today at  
**877.492.3862.**

## CSEA DENTAL PLANS

Please select the plan that is right for you:

**Delta Dental of California PPO**

I am enrolling:  Myself Only 50931/50932/52083/1001  
 Myself + One 50931/50996/52083/1002  
 Myself + Family 50931/50997/52083/1003

**DeltaCare USA (Please choose a dental office from [www.deltadentalins.com](http://www.deltadentalins.com)).**

I am enrolling:  Myself Only 50935/50936/52083/1001  
 Myself + Family 50935/50994/52083/1002

DeltaCare USA Facility # \_\_\_\_\_ (Please list here if multiple Facility # \_\_\_\_\_)

**List only the individuals who are to be insured below**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Telephone \_\_\_\_\_

Spouse: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

If you have more children, enclose information on a separate sheet of paper. Child must be under the age of 26.  
 DeltaCare USA Facility # \_\_\_\_\_ (Please list here if multiple Facility # \_\_\_\_\_)

Child: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Child: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Child: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

**1. Select Payment Option:**

**Annual Check** – Enclosed is my annual payment made payable to: CSEA Insurance Programs  
 **Monthly Electronic Funds Transfer (EFT)** – If you select this option be sure to include a check for your first monthly premium payment as well as a voided check as explained below.

I request and authorize Mercer Health & Benefits Administration LLC to make monthly withdrawals against the account specified on the attached voided check and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this CSEA Dental Insurance Plan. (Enclose a VOIDED check.)

**X** \_\_\_\_\_  
 Authorized Signature for Automatic Deductions \_\_\_\_\_ Date \_\_\_\_\_

**2.** I authorize Delta Dental of California or DeltaCare USA or any participating dental office to release dental records for myself or any covered family member to any Delta Dental company for plan administration purposes.

I understand that I must be a member in good standing at CSEA in order to apply for and retain this coverage and that verification of my membership is hereby authorized.

**X** \_\_\_\_\_  
 Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed Application to:  
 CSEA Insurance Plans, PO Box 10374, Des Moines, IA 50306-8809



**DID YOU REMEMBER TO:**

- Provide all required information on your Application?
- Sign and date it?
- Include your payment?

Detach the application and place it in an envelope and mail to:

**CSEA Insurance Plans  
PO Box 10374  
Des Moines, IA 50306-8809**



**CSEA AND MERCER CONSUMER:  
COMMITTED TO YOUR WELL-BEING**

Dear CSEA Member,

Your continuing membership opens the door to valuable services designed to protect you and your family. One example is the Dental Plan. You can read about and enroll for it using this brochure.

In this brochure you can learn how you can take advantage of valuable dental care at low group rates. Generally, these are well below what you would pay on your own for this essential coverage for yourself and your family.

To enroll, simply complete and tear off the attached form. If you would like more information, call Mercer Consumer at 1-877-492-3862 from 6 a.m. to 4:30 p.m. PT Monday-Friday.



**About Our Role and Compensation**

Mercer Health & Benefits Administration LLC facilitates the placement of insurance coverage on behalf of our clients. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request. You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and entering the security code E4485541 for the PPO plan or E6385541 for the HMO plan or call us at 1-888-206-5088 for specific details.

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PPO GL# 3303091 • HMO GL# 3303093  
PPO Pol# 00919 • HMO Pol # 72001-0142  
In CA d/b/a Mercer Health & Benefits  
Insurance Services LLC

**DELTA DENTAL**



**Dental Plans for  
Active and Retired  
CSEA Members**



security officers • administrative assistants • ac  
• child care workers • library clerks • compute  
peace officers • electricians • equipment wor  
• mail clerks • mechanics • office workers • pa  
bus drivers • truck drivers • gardeners • photo  
• purchasing agents • receptionists • registr  
secretaries • grounds keepers • plumbers • co  
• bilingual assistants • welders • warehouse wo  
carpenters • admission clerks • custodians • p