

Employer Group: CSU Fullerton Auxiliary Services, Inc.

Group Number: CSU0112

Plan Year: January 1 – December 31

Annual Maximum: \$1,500 Per Person/Plan Year

Annual Deductible: \$50 Per Person/Plan Year

This Plan pays benefits based upon the actual dollars you spend on all treatment each plan year, which include all preventive, basic or major services.

Your coverage amounts are calculated from the following tier table:

Benefit Coverage	Plan Pays	Employee Pays
Deductible \$50	\$0.00	\$50.00
100% of next \$300	\$300.00	\$0.00
75% of the next \$400	\$300.00	\$100.00
50% of the remaining \$1800	\$900.00	\$900.00
Total Cost of Care: \$2550	Total: \$1500	Total: \$1050

Your benefits include:

1 Exam allowed every 12 months, 2 Cleanings allowed every 12 months, 1 Bitewing X-ray allowed every 12 months

Orthodontic Benefits:

Orthodontic services are covered within the above table up to a lifetime maximum of \$1500 per person and are available to all covered persons.

You also have access to the Dental Health Alliance (DHA) PPO Network:

While you may see any provider, this plan has access to the Dental Health Alliance (DHA) network. When you visit a DHA Network provider, your dental fees will be up to 30% less than an out of network provider. Visit **DirectDentalPlans.com**, click on the dental tab and then choose the DHA Network link to find a DHA dentist in your area.

Your complete benefit description can be found in the Summary Plan Description (SPD) document.

Questions? Contact Direct Dental Administrators:

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