

Delta Dental

Cuesta Community College	Plan A Group # 6736 - 0001	Plan B Group # 6736-0003
<i>Eligibility:</i>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26.	
<i>Deductible (waived for Diagnostic & Preventive)</i>	\$50 per person, \$150 per family, each calendar year	
<i>Maximum</i>	In Network: \$1,400 per person Out of Network: \$1,200 per person	In Network: \$2,000 per person Out of Network: \$1,800 per person
<i>Cleanings/Waiting Period:</i>	Two cleanings/year with no waiting period	
Benefits and Covered Services*	PPO Dentists** / Non-PPO Dentists**	PPO Dentists** / Non-PPO Dentists**
<i>Diagnostic & Preventive (excluded from maximum)</i>	100% / 100%	100% / 100%
<i>Basic Services</i>	100% / 100%	100% / 100%
<i>Endodontics</i>	100% / 100%	100% / 100%
<i>Periodontics</i>	100% / 100%	100% / 100%
<i>Oral Surgery</i>	100% / 100%	100% / 100%
<i>Major Services</i>	100% / 100%	100% / 100%
<i>Prosthodontics</i>	80% / 80%	80% / 80%
<i>Implants</i>	Not covered	Not covered
<i>Orthodontics - adults and dependent children</i>	50% / 50%	50% / 50%
<i>Orthodontic Calendar Year Maximum:</i>	\$500 for adult and/or dependent children	\$1,000 dependent children only

Cuesta Community College	Plan C Group # 6736-01001	Plan D Group # 6736-01003
<i>Eligibility:</i>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26.	
<i>Deductible (waived for Diagnostic & Preventive)</i>	\$50 per person, \$150 per family, each calendar year	
<i>Maximum</i>	In Network: \$2,400 per person Out of Network: \$2,200 per person	In Network: \$3,000 per person Out of Network: \$2,800 per person
<i>Cleanings/Waiting Period:</i>	Two cleanings/year with no waiting period	
Benefits and Covered Services*	PPO Dentists** / Non-PPO Dentists**	PPO Dentists** / Non-PPO Dentists**
<i>Diagnostic & Preventive (excluded from maximum)</i>	100% / 100%	100% / 100%
<i>Basic Services</i>	100% / 100%	100% / 100%
<i>Endodontics</i>	100% / 100%	100% / 100%
<i>Periodontics</i>	100% / 100%	100% / 100%
<i>Oral Surgery</i>	100% / 100%	100% / 100%
<i>Major Services</i>	100% / 100%	100% / 100%
<i>Prosthodontics</i>	80% / 80%	80% / 80%
<i>Implants</i>	Covered at 80%	Covered at 80%
<i>Orthodontics - adults and dependent children</i>	50% / 50%	50% / 50%
<i>Orthodontic Calendar Year Maximum:</i>	\$500 for adult and/or dependent children	\$1,000 dependent children only

Note: Effective January 1, 2012: There is a two-year enrollment commitment. You will not be allowed to cancel coverage until you have been on the plan for two years. If you do cancel your coverage, you will not be allowed to re-enroll for two years.

* Limitations or waiting periods may apply for some benefits: some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists; Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Important notice: This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please contact Delta Dental at 866-499-3001.