

Delta Dental

Cuesta Community College	Plan A Group # 6736 - 0001	Plan B Group # 6736-0003
Eligibility:	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26.	
Deductible (waived for Diagnostic & Preventive)	No Deductible	
Maximum	In Network: \$1,900 per person Out of Network: \$1,700 per person	In Network: \$2,400 per person Out of Network: \$2,200 per person
Cleanings/Waiting Period:	Two cleanings/year with no waiting period	
Benefits and Covered Services*	PPO Dentists** / Non-PPO Dentists**	PPO Dentists** / Non-PPO Dentists**
Diagnostic & Preventive (excluded from maximum)	100% / 100%	100% / 100%
Basic Services	100% / 100%	100% / 100%
Endodontics	100% / 100%	100% / 100%
Periodontics	100% / 100%	100% / 100%
Oral Surgery	100% / 100%	100% / 100%
Major Services	100% / 100%	100% / 100%
Prosthodontics	80% / 80%	80% / 80%
Implants	Not covered	Not covered
Orthodontics - adults and dependent children	50% / 50%	50% / 50%
Orthodontic Calendar Year Maximum:	\$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
Eligibility:	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26.	
Deductible (waived for Diagnostic & Preventive)	No Deductible	
Maximum	In Network: \$2,900 per person Out of Network: \$2,700 per person	In Network: \$3,500 per person Out of Network: \$3,300 per person
Cleanings/Waiting Period:	Two cleanings/year with no waiting period	
Benefits and Covered Services*	PPO Dentists** / Non-PPO Dentists**	PPO Dentists** / Non-PPO Dentists**
Diagnostic & Preventive (excluded from maximum)	100% / 100%	100% / 100%
Basic Services	100% / 100%	100% / 100%
Endodontics	100% / 100%	100% / 100%
Periodontics	100% / 100%	100% / 100%
Oral Surgery	100% / 100%	100% / 100%
Major Services	100% / 100%	100% / 100%
Prosthodontics	80% / 80%	80% / 80%
Implants	Covered at 80%	Covered at 80%
Orthodontics - adults and dependent children	50% / 50%	50% / 50%
Orthodontic Calendar Year Maximum:	\$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.