Keenan

Chabot-Las Positas Community College District

| Summary of Dental Plans | Current | Current |
|---|--|--|
| Effective Date | 7/1/2023 | 7/1/2023 |
| Carrier Name | Delta Dental | Delta Dental |
| Plan Name | РРО | PPO Buy Up |
| Eligible Class | Eligible Employees | Eligible Employees |
| | Schedule of Benefits | Schedule of Benefits |
| General Plan Information | | |
| Annual Plan Maximum | \$2,000 (\$2,200 for PPO dentists) | \$4,000 (\$4,400 for PPO dentists) |
| Diagnostic and Preventive Services | | |
| Diagnostic and Preventive | 70-100% | 70-100% |
| Oral Exams | 70-100% twice per year | 70-100% twice per year |
| Full Mouth X-Rays | 70-100% once every 5 years | 70-100% once every 5 years |
| Cleaning and Scaling | 70-100% once every 24 months | 70-100% once every 24 months |
| Prophylaxis Treatments | 70-100% twice per year | 70-100% twice per year |
| Fluoride Treatments | 70-100% twice per year | 70-100% twice per year |
| Space Maintainers | 70-100% | 70-100% |
| Sealants | 70-100% dependent children under age 14 | 70-100% dependent children under age 14 |
| Basic Services | | |
| Basic | 70-100% | 70-100% |
| Oral Surgery: Extractions and Other Surgical Procedures | 70-100% | 70-100% |
| Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings) | 70-100% | 70-100% |
| Endodontic Treatment | 70-100% | 70-100% |
| Periodontic Treatment | 70-100% | 70-100% |
| Re-linings and Re-basings of Existing Removable Dentures | 50% | 50% |
| Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework | 70-100% | 70-100% |
| Major Services | | |
| Major | 50% | 50% |
| | 70-100% service on the same tooth, once every five | 70-100% service on the same tooth, once every five |
| Crowns, Jackets and Cast Restoration Benefits | years. | years. |
| Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures) | 50% once every five years | 50% once every five years |
| Orthodontia Services | | |
| Orthodontia | 80% | 50% |
| Adults and Dependent Children | Covered | Covered |
| Maximums | \$500 per calendar year | \$1,000 per calendar year |

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.