

Sacramento City Unified School District
 Delta Dental/Premier Access Dental Benefit Plan Compare
 Effective: January 1 2018

	Delta Dental CU11E&2 Plan		
Benefit Category	PP)	Premier	Plan
Annual Calendar Year Limit	\$1,700 (CO Net. or 2)	\$1,700 (Premier Net. or 2)	
Diagnostics / Preventive <i>Incl des Oral Exams / Monthly (anoramic 7-Ra+s Misc- 7-ra+s (ro, h+axis / oride</i>	70%-100%	70%-100%	70% - 100% Based on UCR
Basic Services <i>Incl des Sealants, O, ace Maintainers, Restorations, Emergenc+ (alternative Endodontics, (eriodontics, Oral O r)er+</i>	70%-100%	70%-100%	70% - 100% Based on UCR
Major Services <i>Incl des Implants, Cro. ns, Brid)es, Am, lants: ent res</i>	70%-100%	70%-100%	70% - 100% Based on UCR
Denture Repair / Reline / Base	70%-100%	70%-100%	70% - 100% Based on UCR
Orthodontics	Not Covered	Not Covered	Not Covered
Orthodontic Lifetime Maximum	\$0	\$0	\$0
Child Orthodontics	0%	0%	0%
Waiting Period for Major Coverage	None	None	None
Waiting Period for Orthodontic	None	None	None

Premier Access Dental		
PC& Plan	PP) *	Plan (***)
	\$3,000	
100%	100%	100% Based on UCR (***)
100%	100%	100% Based on UCR (***)
70%	60%	100% Based on UCR (***)
70%	60%	60% Based on UCR (***)
Not Covered	Not Covered	Not Covered
\$0	\$0	\$0
0%	0%	0%
None	None	None
None	None	None

* (Premier Access does not) guarantee all services can be rendered by a contracted (CN or CO, provider-
 ** Maximum Covered / Co-Cost Share
 *** Member may be subject to a deductible and co-insurance for an out-of-network specialist