

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)	\$1,700 (CO Net. or 2)
Diagnostic / Preventive	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes Oral Exams / Monthly (anoramic 7-Radiographs Misc. 7-Radiographs (ro, h-axis) / X-rays</i>			
Basic Services	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes Sealants, O, ace Maintainers, Restorations, Emergencies (ambulatory) Endodontics (Endodontics Oral Surgery)</i>			
Major Services	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes Implants, Crowns, Bridges, Amputations, Prostheses</i>			
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	\$3,000
	100%	100% Based on UCR (***)
	100%	100% Based on UCR (***)
	70%	60% Based on UCR (***)
	70%	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 / Excluded -
 *** Member may be subject to a deductible and co-insurance for a portion of net. or 20, specialist-