

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

	Delta Dental CU11E&2 Plan		
Benefit or Service	PP)	Premier	Plan or (
Annual Calendar Year Limit	\$700 (CO Net. or 2) \$1,000 (Premier Net. or 2)		
Diagnostic / Preventive <i>Includes Oral Exams / Monthly ( panoramic 7-Radiation Misc- 7-radiation (ro, h-axis) / oride</i>	70%-100%	70%-100%	70% - 100% Based on UCR
Basic Services <i>Includes Sealants, O, ace Maintainers, Restorations, Emergencies (alternative Endodontics, Endodontics, Oral Surgery)</i>	70%-100%	70%-100%	70% - 100% Based on UCR
Major Services <i>Includes Anesthesia, Cro. ns, Bridges, Implants: 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
2, J 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& Benefit or ( *	PP) *	Plan or ( ***
\$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 / Excluded -  
 \*\*\* Member may be subject to a deductible and co-insurance for an out of net. or 20, specialist-