

**Sacramento City USD**  
**Delta Dental/Premier Access Dental Benefit Plan Compare**  
**Effective: January 1 - December 31, 2024**

	Delta Dental		
Network	PPO	Premier	Non-Network
<b>Annual Calendar Year Maximum</b>	\$1,700 PPO Network/\$1,500 Premier Network		
<b>Diagnostic &amp; Preventive</b>	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes: Oral Exams, Full Mouth Panoramic X-Rays, Misc. X-rays, Prophylaxis, Fluoride</i>			
<b>Basic Services</b>	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes: Sealants, Space Maintainers, Restorations, Emergency (Palliative), Endodontics, Periodontics, Oral Surgery</i>			
<b>Major Services</b>	70%-100%	70%-100%	70% - 100% Based on UCR
<i>Includes: Inlays, Crowns, Bridges, Implants, Dentures</i>			
<b>Denture Repair, Reline, Rebase</b>	70%-100%	70%-100%	70% - 100% Based on UCR
<b>TMJ</b>	Not Covered	Not Covered	Not Covered
<b>Orthodontics</b>			
Orthodontic Lifetime Maximum	\$500	\$500	\$500
Adult/Child Orthodontics	50%	50%	50%
<b>Waiting Period for Major Coverage</b>	None	None	None
<b>Waiting Period for Orthodontic</b>	None	None	None

Premier Access Dental		
PCN Network *	PPO *	Non-Network ***
	\$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
\$2,500	\$2,500	\$2,500
50%	50%	50%
None	None	None
None	None	None

\* Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider.

\*\* Allowed Charge Limited to Covered Fee Schedule.

\*\*\* Member may be subject to a deductible and co-insurance for an out of network Specialist.