Dental Plan Comparisons

Plan Benefits	Classified and Management	Certificated	Certificated, Classified and Management Employees	
	Delta Dental	Delta Dental	Premier Access PPO*	
			In-Network	Out-of-Network
	Member Responsibility			
Annual Deductible *(waived for Diagnostic and Preventive Services)*				
• Individual/Family	$0/$0	$0/$0	$0/$0	$0/$0
Annual Maximum Benefit	$1,500 Premier Provider $1,700 PPO Provider	$1,500 Premier Provider $1,700 PPO Provider	Plan pays up to $3,000	Plan pays up to $3,000
Diagnostic and Preventive Services				
• Oral Exams, Routine Cleanings, X-Rays, Fluoride Treatment	30 - 0%	30 - 0%	No charge	100% of allowed charge**
Basic Services				
• Fillings *(amalgam)*	30 - 0%	30 - 0%	No charge	Fees above allowed charge**
• Fillings *(porcelain/ceramic)*	30 - 0%	30 - 0%	No charge	Fees above allowed charge**
• Endodontics *(root canals)*	30 - 0%	30 - 0%	No charge	Fees above allowed charge**
• Oral Surgery	30 - 0%	30 - 0%	No charge	Fees above allowed charge**
• Periodontics *(gum treatment)*	30 - 0%	30 - 0%	No charge	Fees above allowed charge**
Major Services				
• Crowns, Inlays, Onlays, Cast Restorations	30 - 0%	30 - 0%	30%	40% of allowed charge**
• Prosthodontics *(Dentures, Bridges)*	50%	50%	30%	40% of allowed charge**
Orthodontics				
• Child *(to age 19)*	50%	50%	50%	50%
• Adult	50%	50%	50%	50%
• Lifetime Maximum	$500	$1,100	$2,500	$2,500

* Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider. You may be subject to a deductible or coinsurance for an out of network Specialist.

** Limited to covered fee schedule

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.