



PREMIER ACCESS

555 University Ave., Suite 182
Sacramento, CA 95825

Region 1 (919-925, 935-939, & 952-961)

Association Name: **PACE**
 Eligible Groups: **Members of PACE who have 5 - 99 employees**
 Minimum Contribution: **75% Employee / 0% Dependents**
 Minimum Participation: **75% of ALL eligible employees**

RATES

Tier	Premier Plus Plan Custom Plan #5			Premier PPO PLAN Custom 1/114			Premier PPO Plan 18/124		
	No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia	
Single EE	\$17.80	\$17.80		\$30.10	\$30.10		\$43.10	\$43.10	
EE + 1	\$36.50	\$38.60		\$61.70	\$63.80		\$88.40	\$90.50	
EE + 2 or more	\$57.00	\$65.50		\$96.30	\$104.80		\$137.90	\$146.40	
	PCN	PPO	Non- Network*	PCN	PPO	Non- Network**	PCN	PPO	Non- Network**
CLASS I - Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLASS II - Basic	90%	80%	80%	90%	80%	50%	100%	90%	80%
CLASS III - Major	60%	25%	25%	60%	50%	50%	70%	60%	50%
Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$50
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Child Orthodontia***	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Benefit Waiting Periods	None	None	None	None	None	None	None	None	None

*Non-network benefits for Plan #5 limited to the Maximum covered fee schedule.

** Non-network benefit limited to UCR.

*** Orthodontia is not available for groups under 25 employees unless the group has current orthodontia coverage and there is no lapse in coverage.

Please note, endodontics & periodontics are covered as a major service in Plan #5 and as a basic service in plans 1/114 & 18/124.

Groups with 25+ enrolled employees may select 2 plans. For groups with less than 25 employees, one plan may be chosen.



PREMIER ACCESS

555 University Ave., Suite 182
Sacramento, CA 95825

Region 2 (900-918, 926-931)

Association Name: **PACE**
 Eligible Groups: **Members of PACE who have 5 - 99 employees**
 Minimum Contribution: **75% Employee / 0% Dependents**
 Minimum Participation: **75% of ALL eligible employees**

RATES

Tier	Premier Plus Plan Custom Plan #5			Premier PPO PLAN Custom 1/114			Premier PPO Plan 18/124		
	No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia	
Single EE	\$18.70	\$18.70		\$31.60	\$31.60		\$45.30	\$45.30	
EE + 1	\$38.30	\$40.40		\$64.80	\$66.90		\$92.90	\$95.00	
EE + 2 or more	\$59.80	\$68.30		\$101.10	\$109.60		\$145.00	\$153.50	
	PCN	PPO	Non- Network*	PCN	PPO	Non- Network**	PCN	PPO	Non- Network**
CLASS I - Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLASS II - Basic	90%	80%	80%	90%	80%	50%	100%	90%	80%
CLASS III - Major	60%	25%	25%	60%	50%	50%	70%	60%	50%
Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$50
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Child Orthodontia***	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Benefit Waiting Periods	None	None	None	None	None	None	None	None	None

*Non-network benefits for Plan #5 limited to the Maximum covered fee schedule.

** Non-network benefit limited to UCR.

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PREMIER ACCESS

555 University Ave., Suite 182
Sacramento, CA 95825

Region 3 (940 - 951)

Association Name: **PACE**
 Eligible Groups: **Members of PACE who have 5 - 99 employees**
 Minimum Contribution: **75% Employee / 0% Dependents**
 Minimum Participation: **75% of ALL eligible employees**

RATES

Tier	Premier Plus Plan Custom Plan #5			Premier PPO PLAN Custom 1/114			Premier PPO Plan 18/124		
	No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia		No Ortho Rate	Includes Orthodontia	
Single EE	\$19.50	\$19.50		\$33.10	\$33.10		\$47.40	\$47.40	
EE + 1	\$40.00	\$42.10		\$67.90	\$70.00		\$97.20	\$99.30	
EE + 2 or more	\$62.40	\$70.90		\$105.90	\$114.40		\$151.70	\$160.20	
	PCN	PPO	Non-Network*	PCN	PPO	Non-Network**	PCN	PPO	Non-Network**
CLASS I - Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLASS II - Basic	90%	80%	80%	90%	80%	50%	100%	90%	80%
CLASS III - Major	60%	25%	25%	60%	50%	50%	70%	60%	50%
Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$50
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Child Orthodontia***	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Benefit Waiting Periods	None	None	None	None	None	None	None	None	None

*Non-network benefits for Plan #5 limited to the Maximum covered fee schedule.

** Non-network benefit limited to UCR.

*** Orthodontia is not available for groups under 25 employees unless the group has current orthodontia coverage and there is no lapse in coverage.

Please note, endodontics & periodontics are covered as a major service in Plan #5 and as a basic service in plans 1/114 & 18/124.

Groups with 25+ enrolled employees may select 2 plans. For groups with less than 25 employees, one plan may be chosen.



PACE Program

1/114

Benefit	Premier Choice Network	Preferred Provider Network	NON-Network Provider
CLASS I			
Oral Exams			
Prophylaxis	100%	100%	100%
Fluoride			
X-rays			
CLASS II			
Emergency (Palliative)			
Space Maintainers			
Restorations			
Oral Surgery	90%	80%	50%
Sealants			
Periodontics			
Endodontics			
CLASS III			
Inlays and Crowns			
Dentures			
Bridges	60%	50%	50%
Repairs			
Other Prosthetics			
Calendar Year Deductible	\$50	\$50	\$50
Waived for Class I	Yes	Yes	Yes
Calendar Year Maximum	\$1,000	\$1,000	\$1,000

* Allowed charge limited to UCR

>Please see plan documents regarding waiting periods and late entrant penalty



PACE Program

18/124

Benefit	Premier Choice Network	Preferred Provider Network	NON-Network Provider
CLASS I			
Oral Exams			
Prophylaxis	100%	100%	100%
Fluoride			
X-rays			
CLASS II			
Emergency (Palliative)			
Space Maintainers			
Restorations			
Oral Surgery	100%	90%	80%
Sealants			
Periodontics			
Endodontics			
CLASS III			
Inlays and Crowns			
Dentures			
Bridges	70%	60%	50%
Repairs			
Other Prosthetics			
Calendar Year Deductible	\$0	\$0	\$50
Waived for Class I	Yes	Yes	Yes
Calendar Year Maximum	\$1,500	\$1,500	\$1,500

* Allowed charge limited to UCR

>Please see plan documents regarding waiting periods and late entrant penalty



PACE Program

PLUS Plan 5

Benefit	Premier Choice Network	Preferred Provider Network	NON-Network Provider*
CLASS I			
Oral Exams	100%	100%	100% of Fee Schedule
Prophylaxis			
Fluoride			
X-rays			
CLASS II			
Emergency (Palliative)	90%	80%	80% of Fee Schedule
Space Maintainers			
Restorations			
Oral Surgery			
Sealants			
CLASS III			
Inlays and Crowns	60%	25%	25% of Fee Schedule
Dentures			
Bridges			
Repairs			
Periodontics			
Endodontics			
Other Prosthetics			
Calendar Year Deductible			
Waived for Class I	Yes	Yes	Yes
Calendar Year Maximum	\$1,000	\$1,000	\$1,000

* Non-Network Providers are limited to the Maximum allowable Charge, per the Fee Schedule. Charges exceeding the Fee Schedule will be the member's responsibility.

>Please see plan documents regarding waiting periods and late entrant penalty

