



2017

**DENTAL PLANS** OFFERED AND CONTRACTED THROUGH DELTA DENTAL

Plan Name	Large Group Dental High	Large Group Dental Mid	Large Group Dental Low	Small Group (Adult) Dental	DeltaCare USA Pediatric Dental Plan (Embedded)
<b>Plan ID</b>	DL03	DL02	DL01	DS01	DP12
<b>Diagnostic Services</b>					
Periodic oral examinations	No charge	No charge	No charge	No charge	No charge
X-rays	No charge (up to four)	No charge (up to four)	No charge (up to three)	No charge	No charge
<b>Preventive Services</b>					
Teeth cleaning (prophylaxis)	No charge	No charge	No charge	No charge	No charge
Topical fluoride	No charge	No charge	No charge	No charge	No charge
<b>Restorative Services: Filling – Permanent</b>					
Amalgam-four (+) surfaces: primary or permanent	No charge	No charge	\$68	No charge	\$45
Crown: porcelain fused to predominantly base metal	\$140	\$280	\$410	\$410	\$300
<b>Oral Surgery Services</b>					
Extraction of erupted tooth or exposed root	\$5	\$8	\$70	\$18	\$65
Surgical removal of erupted tooth	\$25	\$50	\$115	\$30	\$120
Removal of impacted tooth: full bony	\$90	\$110	\$160	\$80	\$160
<b>Endontic Services</b>					
Root canal: anterior	\$55	\$110	\$300	\$110	\$195
Root canal: bicuspid	\$120	\$200	\$365	\$195	\$235
Root canal: molar	\$250	\$350	\$470	\$245	\$300
<b>Periodontic Services</b>					
Gingivectomy: one to three teeth per quadrant	\$80	\$85	\$50	\$50	\$50
Gingivectomy: four or more contiguous teeth per quadrant	\$130	\$145	\$175	\$165	\$150
Scaling/root planing: one to three teeth per quadrant	\$20	\$45	\$60	\$40	\$30
<b>Prosthetic Services</b>					
Complete denture	\$145	\$335	\$600	\$510	\$300
Partial denture - resin base	\$120	\$295	\$440	\$535	\$300
<b>Orthodontic Services (medically necessary)</b>					
Comprehensive Treatment - Child (ages 13-18)	\$1,700	\$1,900	\$2,100	N/A	\$1,000
Comprehensive Treatment - Adult (age 19+)	\$1,900	\$2,100	\$2,250	\$2,900	N/A
<b>Other Services</b>					
Office visit: after hours	\$25	\$35	\$45	\$35	\$45
Local anesthesia	No charge	No charge	No charge	No charge	\$15

This is only a summary. For a complete list of dental services copayments or in the event of any discrepancies in information, please review the applicable benefit documents to determine coverage and costs.