

DeltaCare[®] USA Plan Benefits

For businesses with 2-99 enrolled employees

12A

California

Sample Procedures Description ¹	Procedure Code ²	Plan 12A
		Patient Copayment
Employer Contribution		0% to 100%
Diagnostic Periodic oral exam — established patient Complete series of x-rays	D0120 D0210	\$0 \$0
Preventive Prophylaxis cleaning - adult Prophylaxis cleaning - child Sealant - per tooth	D1110 D1120 D1351	\$0 \$0 \$10
Restorative Amalgam (silver-colored) filling, 1 surface Resin (tooth-colored) filling, front tooth, 1 surface Resin (tooth-colored) filling, back tooth, 1 surface Crown — porcelain and precious metal Crown — precious metal Post and core in addition to crown	D2140 D2330 D2391 D2750 D2790 D2952	\$5 \$22 \$65 \$295 \$260 \$60
Endodontics Root canal - front tooth Root canal - molar tooth	D3310 D3330	\$85 \$280
Periodontics Periodontal surgery, per quadrant Periodontal scaling and root planing — four or more teeth per quadrant Periodontal maintenance	D4260 D4341 D4910	\$300 \$40 \$30
Prosthodontics Full upper denture Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5110 D5213	\$215 \$240
Oral & Maxillofacial Surgery Extraction (removal) of a fully exposed tooth Extraction (removal) of a fully impacted tooth, completely bony	D7140 D7240	\$8 \$95
Orthodontics Pediatric services Adult services	D8070 D8090	\$1,700 \$1,900
Deductible/Annual Lifetime Maximums		None
Rate Tier Options		2, 3 or 4 tier

¹ Subject to limitations and exclusions. This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

² Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association[®].

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