

# DeltaCare<sup>®</sup> USA

For groups with 2-99 enrolled employees

Plan Year 2019

## California

Summary of Benefits <sup>1</sup>	Procedure Code <sup>2</sup>	Plan 10A	Plan 11A	Plan 12A	Plan 15B	Plan 48N
<b>Diagnostic</b>						
Periodic oral exam — established patient	D0120	\$0	\$0	\$0	\$0	\$0
Complete series of x-rays	D0210	\$0	\$0	\$0	\$0	\$0
<b>Preventive</b>						
Prophylaxis (cleaning) — adult	D1110	\$0	\$0	\$0	\$5	\$0
Prophylaxis (cleaning) — child	D1120	\$0	\$0	\$0	\$5	\$0
Sealant — per tooth	D1351	\$5	\$10	\$10	\$15	\$0
<b>Restorative</b>						
Amalgam (silver-colored) filling, 1 surface	D2140	\$0	\$0	\$5	\$8	\$0
Resin (tooth-colored) filling front tooth, 1 surface	D2330	\$0	\$0	\$22	\$22	\$28
back tooth, 1 surface	D2391	\$45	\$55	\$65	\$65	\$65
Crown — porcelain and precious metal	D2750	\$195	\$240	\$295	\$395	\$485
Crown — precious metal	D2790	\$170	\$210	\$260	\$395	\$485
Post and core in addition to crown	D2952	\$0	\$35	\$60	\$110	\$85
<b>Endodontics</b>						
Root canal, front tooth	D3310	\$45	\$55	\$85	\$125	\$110
Root canal, molar tooth	D3330	\$205	\$250	\$280	\$365	\$245
<b>Periodontics</b>						
Periodontal surgery, per quadrant	D4260	\$175	\$280	\$300	\$385	\$360
Periodontal scaling and root planing — four or more teeth per quadrant	D4341	\$0	\$25	\$40	\$60	\$50
Periodontal maintenance	D4910	\$0	\$15	\$30	\$45	\$50
<b>Prostodontics</b>						
Full upper denture	D5110	\$100	\$145	\$215	\$365	\$510
Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5213	\$120	\$160	\$240	\$395	\$610
<b>Oral and Maxillofacial Surgery</b>						
Extraction (removal) of a fully exposed tooth	D7140	\$0	\$5	\$8	\$14	\$18
Extraction (removal) of fully impacted tooth, completely bony	D7240	\$70	\$90	\$95	\$120	\$80
<b>Orthodontics</b>						
Pediatric services	D8070	\$1,700	\$1,700	\$1,700	\$1,900	\$2,100
Adult services	D8090	\$1,900	\$1,900	\$1,900	\$2,100	\$2,250
<b>Deductible/Annual Lifetime Maximums</b>	None					
<b>Rate Tier Options</b>	3 or 4 tier					

<sup>1</sup> 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.

<sup>2</sup> 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<sup>®</sup>.

Rates										
Plan	Regions 1-2					Region 3				
	10A	11A	12A	15B	48N	10A	11A	12A	15B	48N
<b>Option A</b>										
One Party	\$21.77	\$18.09	\$15.97	\$12.63	\$11.84	\$24.73	\$20.66	\$18.44	\$14.35	\$13.45
Two Party	\$35.92	\$29.80	\$26.31	\$20.85	\$19.52	\$40.77	\$34.09	\$30.45	\$23.65	\$22.16
Three Party +	\$53.12	\$44.09	\$38.89	\$30.80	\$28.87	\$60.31	\$50.40	\$45.07	\$34.97	\$32.78
<b>Option B</b>										
One Party	\$21.77	\$18.09	\$15.97	\$12.63	\$11.84	\$24.73	\$20.66	\$18.44	\$14.35	\$13.45
Two Party	\$39.07	\$32.38	\$28.45	\$22.66	\$21.23	\$43.99	\$36.69	\$32.62	\$25.51	\$23.91
Three Party +	\$57.79	\$47.87	\$42.01	\$33.53	\$31.41	\$65.09	\$54.27	\$48.18	\$37.75	\$35.38
<b>Option C</b>										
One Party	\$25.06	\$20.68	\$18.15	\$14.53	\$13.63	\$28.05	\$23.35	\$20.71	\$16.26	\$15.26
Two Party	\$41.33	\$34.14	\$29.92	\$23.97	\$22.46	\$46.29	\$38.49	\$34.14	\$26.85	\$25.16
Three Party +	\$61.13	\$50.50	\$44.28	\$35.44	\$33.22	\$68.48	\$56.90	\$50.50	\$39.71	\$37.22
Plan	Region 4					Region 5				
	10A	11A	12A	15B	48N	10A	11A	12A	15B	48N
<b>Option A</b>										
One Party	\$26.35	\$22.01	\$19.73	\$15.29	\$14.33	\$67.87	\$64.34	\$59.86	\$51.42	\$36.91
Two Party	\$43.47	\$36.35	\$32.61	\$25.20	\$23.62	\$111.96	\$106.14	\$98.77	\$84.81	\$60.84
Three Party +	\$64.27	\$53.72	\$48.18	\$37.29	\$34.93	\$165.61	\$157.00	\$146.10	\$125.46	\$90.01
<b>Option B</b>										
One Party	\$26.35	\$22.01	\$19.73	\$15.29	\$14.33	\$67.87	\$64.34	\$59.86	\$51.42	\$36.91
Two Party	\$46.71	\$38.92	\$34.76	\$27.09	\$25.38	\$114.28	\$108.36	\$100.81	\$86.56	\$62.10
Three Party +	\$69.08	\$57.61	\$51.36	\$40.08	\$37.54	\$169.03	\$160.25	\$149.09	\$128.05	\$91.87
<b>Option C</b>										
One Party	\$29.68	\$24.71	\$22.01	\$17.21	\$16.14	\$70.91	\$67.24	\$62.55	\$53.72	\$38.56
Two Party	\$49.00	\$40.77	\$36.30	\$28.42	\$26.62	\$117.00	\$110.93	\$103.21	\$88.63	\$63.58
Three Party +	\$72.47	\$60.27	\$53.66	\$42.04	\$39.39	\$173.04	\$164.07	\$152.65	\$131.09	\$94.05

In addition to choosing the plan design that best suits your business' needs, you may also choose from three employee participation and employer contribution options. Employers are required to provide payroll deduction for the employee's cost of coverage.

**Option A** - At least 75% employer paid for employees and dependents.

**Option B** - At least 75% employer paid for employees.

**Option C** - Less than 75% employer paid for employees.

If employer contributes 100% of the cost, 100% of eligible employees (Options A & B) and their dependents (Option A) must enroll.

**Regions 1-2** Los Angeles and Orange counties.

**Region 3** Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura counties.

**Region 4** Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Sonoma, Stanislaus, Tuolumne, Tulare and Yolo counties.

**Region 5** Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba counties.

**Rate guarantee:** Two years for groups enrolling on or before December 1, 2019.

**Broker commission:** These rates include 10% flat broker commission and any applicable miscellaneous broker compensation.