

DeltaCare[®] USA Plan Benefits

For businesses with 2-99 enrolled employees

11A

California

Sample Procedures Description ¹	Procedure Code ²	Plan 11A
		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	\$0 \$0 \$55 \$240 \$210 \$35
Endodontics Root canal - front tooth Root canal - molar tooth	D3310 D3330	\$55 \$250
Periodontics Periodontal surgery, per quadrant Periodontal scaling and root planing — four or more teeth per quadrant Periodontal maintenance	D4260 D4341 D4910	\$280 \$25 \$15
Prosthodontics Full upper denture Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5110 D5213	\$145 \$160
Oral & Maxillofacial Surgery Extraction (removal) of a fully exposed tooth Extraction (removal) of a fully impacted tooth, completely bony	D7140 D7240	\$5 \$90
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-2016 descriptors or nomenclature, which are under copyright by the American Dental Association[®].

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