

DENTAL – EMPLOYER SPONSORED OR VOLUNTARY

DeltaCare® USA			
Plan Type	HMO		
Plan Name	Bronze	Silver	Gold
Exam & Diagnostics			
Office Exam	\$5	100%	100%
Initial Oral Exam	100%	100%	100%
Periodic Oral Exam	100%	100%	100%
Teeth Cleaning	100%	100%	100%
Bite-Wing X-Ray	100%	100%	100%
Oral Surgery			
Removal of Uncomplicated Single Tooth	\$45	\$5	100%
Removal of Impacted Tooth-Partially Bony	\$65	\$75	\$70
Removal of Impacted Tooth-Completely Bony	\$80	\$95	\$90
Restorative			
Cavities-Amalgam, 1 Surface	100%	\$5	100%
Cavities-Amalgam, 2 Surfaces	100%	\$10	100%
Endodontics			
Single Root Canal	\$110	\$85	\$55
Bi-Root Canal	\$195	\$150	\$120
Molar Root Canal	\$245	\$280	\$250
Periodontics			
Gingivectomy-Per Tooth	\$50	\$80	\$80
Periodontal Scaling and Root Planning (quadrant)	\$40	\$30	\$20
Crowns			
Porcelain	\$410	\$195	\$140
Full Cast Noble Metal	\$465	\$200	\$150
Orthodontics			
Children (maximum age 18)	\$2,100	\$1,700	\$1,700
Adult	\$2,250	\$1,900	\$1,900
Prosthetics			
Complete Upper or Lower Denture (each)	\$510	\$215	\$145
Partial Upper or Lower Denture (each)	\$535	\$180	\$120
Waiting Periods	None	None	None

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.