

# Delta Dental Individual & Family™

## DeltaCare® USA

### Sample of Covered Services<sup>1</sup>

<b>Eligibility</b>		
Primary enrollee, spouse (includes domestic partner), eligible dependent children up to age 26.		
<b>Copayments for common procedures<sup>2</sup></b>	<b>Procedure code<sup>2</sup></b>	<b>Copayment amount<sup>3</sup></b>
<b>Diagnostic and preventive (D&amp;P)</b>		
Periodic oral exam – established patient	D0120	\$0
Comprehensive oral evaluation – new or established patient	D0150	\$0
Periapical x-ray of tooth's root	D0220	\$0
Periapical x-ray of tooth's root, each additional image	D0230	\$0
Bitewing x-rays (4 images)	D0274	\$0
Prophylaxis (cleaning) – adult	D1110	\$20
Prophylaxis (cleaning) – child	D1120	\$20
Sealant – per tooth	D1351	\$22
<b>Basic services</b>		
Amalgam (silver-colored) filling, 1 surface	D2140	\$25
Resin (tooth-colored) filling, front tooth, 1 surface	D2330	\$65
Resin (tooth-colored) filling, back tooth, 1 surface	D2391	\$70
Crown – porcelain and precious metal	D2750	\$425
Crown – precious metal	D2790	\$425
Post and core in addition to crown	D2952	\$85
<b>Endodontics</b>		
Root canal, front tooth	D3310	\$240
Root canal, premolar tooth	D3320	\$350
Root canal, molar tooth	D3330	\$400
<b>Periodontics</b>		
Periodontal surgery, per quadrant	D4260	\$650
Periodontal scaling and root planing – 4 or more teeth per quadrant	D4341	\$80
Periodontal maintenance	D4910	\$65
<b>Prosthodontics</b>		
Full upper denture	D5110	\$495
Partial upper denture – cast metal framework with resin denture bases (with clasps, rests and teeth)	D5213	\$565
<b>Oral surgery</b>		
Extraction of a fully exposed tooth	D7140	\$40
Extraction of a fully impacted tooth, completely bony	D7240	\$210
<b>Orthodontics</b>		
Comprehensive orthodontic treatment, pediatric services	D8070	Enrollee pays 75% of contract orthodontist's filed fees
Comprehensive orthodontic treatment, adult services	D8090	
<b>Teeth whitening</b>		
External bleaching for home application, per arch; includes materials and fabrications of custom trays	D9975	\$125

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan Policy. The sample copayments provided herein do not constitute a full description of the benefits. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan. Consult the Policy for complete plan information, including full limitations and exclusions. You can access the plan Policy by visiting [deltadentalins.com/shopping/delta/get-a-quote](http://deltadentalins.com/shopping/delta/get-a-quote), entering some basic information and then selecting the desired plan. Click the “Disclosure Form/Contract” button at the bottom of the page to view the Policy.

<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 interpreted as CDT-2019 descriptors or nomenclature, which are under copyright by the American Dental Association.

<sup>3</sup> Enrollee pays 75% of contract filed fees if referable services are provided by a contract specialist.