

Employer Group Plans Adult Dental Summary

Provided and underwritten by DeltaCare® USA

Optional Dental Coverage \$18.05 per member per month	
Adult Dental (Ages over 19)	Member Cost Share
Oral Exam	\$0 Copay
Preventive – Cleaning	
Preventive – X-ray	
Sealants per Tooth	
Topical Fluoride Application	
Space Maintainers - Fixed	
Amalgam Fill – 1 Surface	\$28
Root Canal - Molar	\$245
Gingivectomy per Quad	\$165
Extraction – Single Tooth or Exposed Root	\$45
Extraction – Complete Bony	\$80
Porcelain with Metal Crown	\$465
Medically Necessary Orthodontics	\$2,900
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

How to Contact Us?

Sales Department | 1-888-681-3888 | sales@balancebycchp.com
445 Grant Avenue | San Francisco, CA 94108



Employer Group Plans Pediatric Dental Summary

(Included in Plan)

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Pediatric Dental (Ages 0-18)	Member Cost Share
Oral Exam	\$0 Copay
Preventive – Cleaning	
Preventive – X-ray	
Sealants per Tooth	
Topical Fluoride Application	
Space Maintainers - Fixed	
Amalgam Fill – 1 Surface	\$25
Root Canal - Molar	\$365
Gingivectomy per Quad	\$150
Extraction – Single Tooth or Exposed Root	\$65
Extraction – Complete Bony	\$160
Porcelain with Metal Crown	\$300
Medically Necessary Orthodontics	\$1,000
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

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