



## Employer Group Plans Adult Dental Summary

Provided and underwritten by DeltaCare® USA

<b>Optional Dental Coverage \$18.05 per member per month</b>	
<b>Adult Dental (Ages over 19)</b>	<b>Member Cost Share</b>
Oral Exam	\$0 Copay
Preventive – Cleaning	
Preventive – X-ray	
Sealants per Tooth	
Topical Fluoride Application	
Space Maintainers - Fixed	
Amalgam Fill – 1 Surface	
Root Canal - Molar Tooth <small>(excluding final restoration)</small>	\$245
Gingivectomy per Quad	\$165
Extraction – Erupted Tooth or Exposed Root <small>(elevation and/or forceps removal)</small>	\$18
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

### Have Questions?

Sales Department | 1-888-681-3888 | [sales@balancebycchp.com](mailto:sales@balancebycchp.com)  
445 Grant Avenue, San Francisco, CA 94108



## Employer Group Plans Pediatric Dental Summary

(Included in Plan)

Provided and underwritten by DeltaCare® USA

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	\$300
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

### How to Contact Us?

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