

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.