

DENTAL - EMPLOYER SPONSORED or VOLUNTARY

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

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

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