

DeltaCare USA Plan DHMO Standard

Exam	You Pay
Office Visit	\$5.00
Periodic Oral Evaluation	\$0.00
Limited Oral Evaluation - problem focused	\$0.00
Comprehensive Oral Evaluation	\$0.00
X-Rays	
Intraoral - Complete Series, including bitewings	\$0.00
Intraoral - Periapical first film	\$0.00
Intraoral - Periapical each additional film	\$0.00
Bitewings - two films	\$0.00
Bitewings - four films	\$0.00
Panoramic	\$0.00
Preventive Services	
Prophylaxis - adult cleaning	\$0.00
Prophylaxis - child cleaning	\$0.00
Fluoride - child	\$0.00
Sealant - per tooth	\$0.00
Silver Fillings	
Amalgam, 1 Surface, primary or permanent	\$20.00
Amalgam, 2 surfaces, primary or permanent	\$25.00
White Fillings, Front Teeth	
Anterior Composite, 1 surface	\$35.00
Anterior Composite, 2 surfaces	\$40.00
Onlays and Crowns	
Crown, All Porcelain	\$370.00
Core Build Up	\$60.00
Periodontal Care (For Gums)	
Periodontal Therapy, 4+ teeth/quadrant	\$60.00
Periodontal Maintenance	\$50.00
Extractions	
Extraction, erupted tooth or exposed root	\$20.00
Surgical removal of erupted teeth	\$50.00
Orthodontia Care	
Comprehensive Orthodontic treatment - adolescent (up to 24 months - including fixed/removable appliances) to age 19	\$2,095.00
Comprehensive Orthodontic treatment - adult (up to 24 months - including fixed/removable appliances)	\$2,095.00
Pre-orthodontic treatment visit (consult/records/exam)	\$35.00
Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$300.00
Unspecified Orthodontic Procedure - By Report	\$250.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

