



**Group Name**  
**DeltaCare<sup>®</sup> USA (DHMO)**

You must visit your selected DeltaCare USA general dentist to receive benefits under your plan. Find or change your dentist at [deltadentalins.com](http://deltadentalins.com) or by calling Customer Service. Don't want to choose a dentist on your own? We can designate one for you.

- No ID card is necessary to receive treatment – just provide your dentist with your name, date of birth and social security or enrollee ID number.
- There are no claims forms to complete – just pay your copayment (if any) at the time of treatment.
- If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate a referral for you.

Regular cleanings are a great way to keep your smile bright and may catch problems before more costly and extensive services are necessary. Your plan is designed with low or no costs for routine cleanings and exams.

	<b>Plan 15B</b>
<b>Annual Maximum</b>	None
<b>Lifetime Ortho Maximum</b>	None
<b>Deductible</b>	None
<b>Office Visit Copay</b>	\$5
<b>Procedure Codes</b>	<b>Member Copays</b>
D0120 - Periodic Oral Exam	\$0
D0210 - X-Rays, Complete Series	\$0
D0272 - 2 Bitewing X-Rays	\$0
D1110 - Adult Prophylaxis ( <i>cleaning</i> )	\$5
D2150 - 2 Surface Filling	\$12
D2330 - 1 Surface Comp. Resin Filling (anterior teeth)	\$22
D2750 - Porcelain/Gold Crown	\$395
D3310 - Anterior Root Canal	\$125
D4341 - Scalings & Root Planing (Quad)	\$60
D5110 - Complete Upper Denture	\$365
D6750 - Retainer Crown	\$395
D7140 - Single Extraction	\$14
D8010-D8040 - Limited Orthodontics (child and adult)	\$1,150-\$1,350
D8050-D8060 - Interceptive Orthodontics (child)	\$1,150
D8070-D8090 - Comprehensive Orthodontics (child and adult)	\$1,900-\$2,100