**Bay Area** 

# Supplemental family dental plans and rates

For effective dates January 1–December 1, 2024



## Kaiser Permanente Insurance Company (KPIC) Fee-for-Service (Premier) dental plans

These dental insurance plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. The KPIC Premier plans aren't intended to satisfy the ACA child dental benefits.

	PLAN C	PLAN D	PLAN E	PLAN E WITH ORTHO <sup>2</sup>
RVICE	Plan Pays <sup>3</sup>	Plan Pays <sup>3</sup>	Plan Pays <sup>3</sup>	Plan Pays <sup>3</sup>
O DEDUCTIBLE APPLIES TO THESE PROCEDURES.				
KAM – Twice a year	100%	100%	100%	100%
TEWING X-RAYS – Twice a year or children through age 18, or once a year for adults ages 19 and over	100%	100%	100%	100%
THER X-RAYS Ill-mouth X-rays, single X-rays, and panographic X-rays once in any five-year eriod	80%	80%	80%	80%
ROPHYLAXIS (CLEANING) cleaning twice a year to remove plaque, calculus (mineralized plaque), and ains to help prevent dental disease	100%	100%	100%	100%
UORIDE nly for children through age 18, twice a year	100%	100%	100%	100%
PACE MAINTAINERS	100%	100%	100%	100%
EDUCTIBLES APPLY TO PROCEDURES UNDER PLANS D, E, AND E WITH ORT	HODONTICS.			
EDUCTIBLE er person, per year, up to a family maximum of \$75 per year	No deductible	\$25	\$25	\$25
ENEFIT MAXIMUM The benefit maximum represents the total amount paid by the plan per person, Per year	\$500	\$1,000	\$1,000	\$1,000
ENTAL IMPLANTS	Not covered	Not covered	Not covered	Not covered
ENTURE RELINES – Twice a year	Not covered	80%	80%	80%
LLINGS	80%	80%	80%	80%
AINLESS STEEL CROWNS imary teeth only	80%	80%	80%	80%
NDODONTICS dental specialty concerned with treatment of the root and nerve of the tooth	Not covered	80%	80%	80%
ERIODONTICS dental specialty concerned with the treatment of gums, tissue, and bone that apports the teeth	Not covered	80%	80%	80%
RAL SURGERY	Not covered	80%	80%	80%
ROWNS AND CAST RESTORATIONS cludes replacements after five years, but only if originally covered by KPIC ental plan	Not covered	Not covered	50%	50%
ROSTHODONTICS andard removable prosthetic appliance (includes replacements after five ears, but only if originally covered by KPIC dental plan)	Not covered	Not covered	50%	50%
RTHODONTICS r eligible dependent children through age 18, \$1,500 lifetime maximum per sured (Replacement or repair of an orthodontic appliance paid for in part or in Il by this plan isn't covered.)	Not covered	Not covered	Not covered	50%
IONTHLY PREMIUMS	PLAN C	Plan D	Plan E	Plan E Ortho <sup>2</sup>
mployee	\$39.80	\$61.88	\$80.37	\$82.06
mployee + spouse	\$81.59	\$126.85	\$164.76	\$168.22
mployee + child(ren)	\$83.58	\$129.95	\$168.78	\$172.33
				,

<sup>1</sup>For the ZIP codes within the Kaiser Permanente service area, dental rate area includes: Alameda (except ZIP codes 95377 and 95391), Contra Costa, Marin, Napa (except ZIP code 95476), Sacramento (only 94571), San Francisco, San Joaquin (only 94514), San Mateo, Santa Clara, Santa Cruz, Solano (except ZIP codes 95616, 95618, and 95690), Sonoma (only ZIP code 94515), and Yolo (only ZIP codes 95607 and 95694) counties.

<sup>2</sup>Plan E with Orthodontics requires at least 10 subscribers.

<sup>3</sup>Benefits payable will be based on the lesser of the prevailing fee or the submitted amount fee.

#### Kaiser Permanente Insurance Company (KPIC) PPO dental plans

These dental insurance plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. The KPIC PPO plans aren't intended to satisfy the ACA child dental benefits.

	PPO AG 1500		PPO AH 2000		PPO D 1500		PPO E 1000		PPO E 1500	
SERVICE	Plan Pays <sup>1</sup> (PPO Network)	Plan Pays <sup>1,2</sup> (Out of Network)	Plan Pays¹ (PPO Network)	Plan Pays <sup>1,2</sup> (Out of Network)	Plan Pays (PPO + Premier Network)	Plan Pays <sup>2</sup> (Out of Network)	Plan Pays (PPO + Premier Network)	Plan Pays <sup>2</sup> (Out of Network)	Plan Pays (PPO + Premier Network)	Plan Pays <sup>2</sup> (Out of Network)
NO DEDUCTIBLE APPLIES TO THESE PROCEDURES.								_		
EXAM – Twice a year	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
BITEWING X-RAYS – Twice a year For children through age 18, or once a year for adults ages 19 and over	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
OTHER X-RAYS Full-mouth X-rays, single X-rays, and panographic X-rays once in any five-year period	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
PROPHYLAXIS (cleaning) A cleaning twice a year to remove plaque, calculus (mineralized plaque), and stains to help prevent dental disease	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
FLUORIDE Only for children through age 18, twice a year	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
SPACE MAINTAINERS	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
DEDUCTIBLES APPLY TO PROCEDURES BELOW.										
DEDUCTIBLE	\$50	\$50	\$50	\$50	\$25	\$50	\$25	\$50	\$25	\$50
BENEFIT MAXIMUM The benefit maximum represents the total amount paid by the plan per person, per year	\$1,	500	\$2,	000	\$1,	500	\$1,	000	\$1,	500
DENTAL IMPLANTS	Not covered	Not covered	50%	50%	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
DENTURE RELINES – Twice a year	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
FILLINGS	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
STAINLESS STEEL CROWNS - Primary teeth only	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
ENDODONTICS A dental specialty concerned with treatment of the root and nerve of the tooth	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
PERIODONTICS A dental specialty concerned with the treatment of gums, tissue, and bone that supports the teeth	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
ORAL SURGERY	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
CROWNS AND CAST RESTORATIONS Includes replacements after five years, but only if originally covered by KPIC dental plan	50%	50%	50%	50%	Not covered	Not covered	50%	50%	50%	50%
PROSTHODONTICS Standard removable prosthetic appliance (includes replacements after five years, but only if originally covered by KPIC dental plan)	50%	50%	50%	50%	Not covered	Not covered	50%	50%	50%	50%
ORTHODONTICS For eligible dependent children through age 18, \$1,500 lifetime maximum per insured (Replacement or repair of an orthodontic appliance paid for in part or in full by this plan isn't covered.)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Monthly premiums	PPO AG	G 1500	PPO A	H 2000	PPO D	1500	PPO E	1000	PPO E	1500
Employee	\$66.13		\$72.03		\$45.21		\$55.12		\$60.77	
Employee + spouse	\$135.56		\$147.66		\$92.68		\$112.99		\$124.58	
Employee +w child(ren)	\$138.87		\$151.26		\$94.94		\$115.75		\$127.61	
Family	\$21			9.13	\$15			2.99		1.76

<sup>1</sup>For the ZIP codes within the Kaiser Permanente service area, dental rate area includes: Alameda (except ZIP codes 95377 and 95391), Contra Costa, Marin, Napa (except ZIP code 95476), Sacramento (only 94571), San Francisco, San Joaquin (only 94514), San Mateo, Santa Clara, Santa Cruz, Solano (except ZIP codes 95616, 95618, and 95690), Sonoma (only ZIP code 94515), and Yolo (only ZIP codes 95607 and 95694) counties.

<sup>2</sup>Reimbursement for all dentists will be based on the PPO contracted fee.

<sup>3</sup>Benefits payable will be based on the lesser of the prevailing fee or the submitted amount fee.

## Exclusions for the KPIC Fee-for-Service (Premier) and KPIC PPO dental plans

The KPIC Fee-for Service (Premier) and PPO dental insurance plans aren't intended to satisfy the ACA child dental benefits.

The following services aren't covered under any Kaiser Permanente Insurance Company (KPIC) group dental insurance plans:

- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations.
- Restoration of tooth structure crowns, and/or cast restorations, or chewing surfaces for damages due to wear.
- Prosthodontic services or procedures started prior to a person's date of eligibility.
- Prescribed drugs medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- Anesthesia (except general anesthesia for oral surgery).
- Services for implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis) their removal or other associated procedures. Doesn't apply to the PPO AH 2000
- Treatment related to the temporomandibular joint (TMJ).
- Orthodontic treatment, except for eligible dependent children under Plan E with Orthodontics.

- Treatment plans that are higher level of services than those customarily provided under accepted dental practice or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, or complete occlusal adjustment.

Predetermination of benefits is recommended for services in excess of \$300. This document isn't intended as a summary plan description, nor is it designed to serve as the *Certificate of Insurance* or the *Schedule of Coverage*. It contains only a summary of benefits, exclusions, and limitations.

If you have specific questions regarding benefit structure, limitations, or exclusions, consult the *Certificate of Insurance* and the *Schedule of Coverage* or contact Delta Dental's Customer Service Department at 800-835-2244, 8 a.m. to 5 p.m., Monday through Friday.

For a list of in-network providers, contact Delta Dental's Customer Service Department or visit deltadentalins.com.

This dental insurance plan is underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California.



# **DeltaCare HMO Dental plans** DeltaCare USA is underwritten and administered by Delta Dental of California.

•••••••••••			
For effective	e dates	1/1/24	-12/1/24

SkitACLSMember RugsMember RugsPREVENTIVE CME - Twice a yearNo coatNo coatBillwairs Access - Twine a yearNo coatNo coatStrate of coldent industy ages 19 and overNo coatNo coatProphylics - Inite a yearNo coatNo coatStrate of coldent member andStoreStoreStrate of coldent membersStoreStoreStrate of coldent membersStoreStoreS	Senacare USA is underwritten and administered by Dena Dental of Can	DELTACARE 10A	DELTACARE 13B
PREVENTING CARE - Turk a yearNo castNo castBibering X-periods are granger for adults ages 19 and overNo castNo castPeriod such a comparison of adults ages 19 and overNo castNo castPeriod such a comparison of adults ages 19 and overNo castNo castPeriod such a comparison of adults ages 19 and overNo castNo castOnly for children is to age 19, livite a yearNo castNo castSegme introfationsSileSileSileBernoxable - InitiationNo castSileBernoxable - InitiationNo castNo castBernoxable - InitiationNo castNo castBernoxable - InitiationNo castSileBernoxable - InitiationNo castSileBernoxable - InitiationNo castSileBernoxable - InitiationSileSileBernoxable - InitiationNo castSileBernoxable - InitiationNo castSileBernoxable - InitiationNo castSileBernoxable - InitiationSileSileBernoxable - InitiationSileSileBernoxable - InitiationSileSileBernoxable - InitiationSileSileBernoxable - InitiationSileSileBernoxable - InitiationSileSile <th></th> <th></th> <th></th>			
Practic and comprehensive - one contrastionNo costNo costSer children sparNo costNo costBernightans - Trine is a year of adults ages 19 and overNo costNo costBernightans - Trine is a yearNo costNo costBernightans - Trine is a yearNo costNo costSpar children sparNo costSpanSpar children sparNo costSpanSpar children sparNo costSpanSolar children spanNo costSpanSolar children spanSpanSpanSolar children spanSpanSpan <td></td> <td>Member Pays</td> <td>Member Pays</td>		Member Pays	Member Pays
In relation integral age 11 to rote a year for solub ages 19 and overNo toolNo toolPhysicals - Trainer a yearNo toolNo toolPhysicals - Trainer a yearNo toolNo toolSpace maintainersNo toolSS3Space maintainersSS3SS3Space maintainersSS3<	Preventive CARE – twice a year Periodic and comprehensive – oral evaluation	No cost	No cost
Plunde transmits Display training in 9 price ayerNa castNa castSpace minimizes Renorable uniliazal510550Schling and toop pluning introd for unigations by eyerNa cast530Schling and toop pluning 	Bitewing X-rays - Twice a year For children through age 18, or once a year for adults ages 19 and over	No cost	No cost
Only Gott Millionn up tage 19, None argent 2No CostNo CostStripper maintainerStipStipRemovable - unlikedNo CostStipRemovable - unlikedNo CostStipRemovable - unlikedNo CostStipStripper - Stripper Removable - unlikedNo CostStipFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdents per yearNo CostNo CostFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdents per yearStipStipFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdents per yearStipStipFaur Of Dar gutdents per yearNo CostStipFaur Of Dar gutdent per yearStipStipFaur Of Dar	Prophylaxis - Twice a year	No cost	No cost
Removable Removable Mantenance100230Removable MantenanceNo cost333Storing and roth phing 	Only for children up to age 19, twice a year	No cost	No cost
Mainteame100 (MA253MainteameNo cost510String and rob planing surger -cosses (Advalues Ipper year)S175S300For or more wheth per quadrantNo costNo costSTORAUTE - Low romes withoutNo costS155Compacit corrows - resin basedNo costS155Minited - MarkanS195S3335Compacit corrows - resin basedNo costS145Minited - MarkanNo costS175Minited - MarkanS100S125Scalad - MarkanS100S225Scalad - MarkanS100S205Scalad - MarkanS11S45 </td <td>Space maintainers Removable – unilateral</td> <td>\$10</td> <td>\$50</td>	Space maintainers Removable – unilateral	\$10	\$50
Not one quadratis pay yearNot one350Suppry - scoss, funding lay party and down? Four or more surfaces\$173\$300Four or more surfacesNo costNo costStrOAMVF - Four or more surfacesNo cost\$55Composite corner - resinhand\$193\$255Composite corner - resinhandNo cost\$145Name metail totariaNo cost\$145StroAMVF - Four or more surfacesNo cost\$255Composite corner - resinhandNo cost\$255Composite corner - resinhandNo cost\$255Integrate tip pay costNo cost\$273ConstraintNo cost\$273ConstraintNo cost\$70Not cost\$70\$300Not cost\$70\$300Not cost\$70\$300Not cost\$285\$335Not cost\$285\$335Structure final association\$100\$285Structure final association\$100\$285Structure final association\$100\$285Structure final association\$150\$50Structure final association\$150\$150Structure final association<	PERIODONTICS – Twice a year Maintenance	No cost	\$35
Draw of measurement Sectionary of permanent analgamNot costNot costCompacits crowts - resin based chainesNot cost\$55Fillings - metallic chaines\$193\$335Compacits crowts - resin based 	Scaling and root planing Limited to four quadrants per year	No cost	\$50
Rillings- minitary or permanent analgamNo costNo costCrown - portabilin (may - metalling - metalli	Surgery – osseous (includes flap entry and closure) Four or more teeth per quadrant	\$175	\$300
ArteriorNo cost333Crown - porcelain\$195\$335Crown - porcelain\$1975\$335IsurfaceNo cost\$145New Cost\$25\$25Reto angutation - Per rootNo cost\$25Reto angutation - Per rootNo cost\$370Reto angutation - Per rootNo cost\$205Reto angutation - Per rootNo cost\$370Reto angutation - Per root\$455\$355Reto angutation - Per root\$455\$355Reto angutation - Per root\$205\$335Reto angutation - Per root\$205\$335Reto angutation - Per root\$205\$335Reto angutation - moltipute denture - chaiside\$100\$2285Reline mailary or mardibular denture - chaisideNo cost\$50Complete or partial\$100\$155\$45ORL AND MAXILLOFACIA SURGERY\$1,000\$1,900\$2,100Reline mailary or runadibular denture - chaiside\$1,000\$1,900\$2,100Complete or partial\$1,000\$2,100\$1,900\$2,100Reline mailary or runadibular denture - chaiside\$39,96\$28,36\$39,50Complete or partial\$1,000\$1,900\$2,100\$1,900\$2,100Reline mailary or runadibular denture - chaiside\$39,96\$28,36\$39,50	RESTORATIVE – Four or more surfaces Fillings – primary or permanent amalgam	No cost	No cost
Inlegree         No cost         \$145           NADOODNICS         No cost         \$255           Breapeutic pulpotomy         No cost         \$255           Record and pulpotomy         No cost         \$255           Record and pulpotomy         \$45         \$970           Record and pulpotomy         \$45         \$975           Record and extension         \$45         \$975           Record and extension         \$205         \$333           Record and extension         \$205         \$333           Record and extension         \$205         \$335           Record and extension         \$205         \$335           Record and extension         \$205         \$335           Record and extension         \$100         \$2285           Reline mailing run anadibuit deture was onginally deleveed.         No cost         \$50           Reline mailing run anadibuit deture - bearatory         \$335         \$85           Complete or partial         No cost         \$50           Reline mailing run anadibuit deture - laboratory         \$35         \$85           Complete or partial         No cost         \$5           Reline mailing run anadibuit deture - laboratory         \$100         \$1,900	Composite crowns – resin-based Anterior	No cost	\$55
Is urised         Indicase	Crown - porcelain	\$195	\$355
Interagenic pulpotomy Excludes final restorationNo cost\$225Root and anytation - Per rootNo cost\$70Root and anytation - Per rootNo cost\$70Root any anytation - Per root\$45\$95Root any - anterior Excludes final restoration\$205\$335Root any - mode\$2005\$335Root any - mode\$100\$225Rest charal - modar\$100\$225Rest charal - modar\$50\$50Rest charal - modar\$50\$50Rest charal - modar\$100\$50Rest charal - modar\$100\$50Rest charal - modar\$50\$50Rest charal - modar\$100\$50Rest charal - modar\$100\$50Rest charal - modar\$100\$50Rest charal - modar\$100\$10Rest charal - modar\$1,700\$1,900Rest charal - modar\$1,900\$2,100Rest charal - modar\$100\$28.30Rest charal - modar\$1,900\$2,100Rest charal - modar\$1,900\$2,100Rest charal - modar\$1,900\$2,100Rest charal - modar\$39.96\$28.36Employee + spouse\$39.96 </td <td>Inlay – metallic 1 surface</td> <td>No cost</td> <td>\$145</td>	Inlay – metallic 1 surface	No cost	\$145
Excludes final restoration         No cost         \$70           Root ammutation - Per root         No cost         \$70           Root ammutation - Per root         \$45         \$95           Root comal - meterior         \$205         \$335           Root comal - molar         \$205         \$335           Record last estoration         \$205         \$335           RROSTIDDONTICS - Complete deture filte ansilary or mandibular deture - chainside         \$100         \$285           Reline maxilary or mandibular deture - chainside         No cost         \$50           Complete or partial         \$15         \$45           Complete or partial         \$15         \$45           Complete or partial         \$1,700         \$1,900           Completensive orthodontic dubtis. including covered deeped net adult children         \$1,900         \$2,100           Motatis. Including covered deeped net adult children         \$39,96         \$28,36	ENDODONTICS		
Boot canal - anterior         \$45         \$95           Root canal - notate         \$2005         \$3335           PROSTINDONTICS - Complete denture flee enrollee must continue to be eligible, and the service must be provided at the contract dentist facility where the denture was originally delivered.         \$100         \$285           Reline maxillary or mandibular denture - chaiside Complete or partial         No cost         \$50           Reline maxillary or mandibular denture - laboratory Complete or partial         No cost         \$55           ORAL AND MXILLOFACIAL SURGERY Characterian - enginee to other was originally complete or partial         No cost         \$55           Straction - enginee to other was originally complete or partial         \$15         \$45           ORNHODONTICS Complete or partial         \$15         \$45           ORNHODONTICS Complete or partial         \$15         \$45           ORNHODONTICS Complete or partial         \$1,900         \$1,900           Surgical removal of erupted tooth Condiget or partial         \$1,900         \$2,100           Monthity premium rates for Southern California         \$20,92         \$14.85           Employee         \$20,92         \$14.85           Employee + spouse         \$39.96         \$28.36           Employee + spouse         \$39.76         \$39.450           Employee + spouse <td>Therapeutic pulpotomy Excludes final restoration</td> <td>No cost</td> <td>\$25</td>	Therapeutic pulpotomy Excludes final restoration	No cost	\$25
Excludes final restoration549579Root canal - moler scludes final restoration5205\$335Root canal - moler scludes final restoration\$205\$335PROSTIDDONTICS - Complete denture the enrole must be provided at the contract dentist facility where the denture was originally delivered.\$100\$285Reline maxillary or mandibular denture - chairside Complete or partialNo cost\$50Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85Reline maxillary or mandibular denture - laboratory Complete or partial\$15\$45Rolt ALM MAXILDEACIAL SURGERY Extraction - erupted tooth or exposed not Elevation and/or forceps removal\$15\$45Surgical removal of erupted tooth Comprehensive onthodontic Child or adolescent to age 19\$1,700\$1,900Comprehensive onthodontic Adults, including covered dependent adult children\$1,900\$2,100MONELY premium rates for Southern California\$20.92\$14.85Employee + spouse\$39.96\$28.36Employee + child(ren)\$55.65\$39.50Employee + child(ren)\$55.65\$39.50Employee + spouse\$24.18\$17.71Employee + spouse\$46.18\$33.83Employee + spouse\$46.18\$33.83Employee + spouse\$46.18\$33.83Employee + child(r	Root amputation – Per root	No cost	\$70
Excludes final restoration\$205\$333PROSTHODONTICS - Complete denture the enroller was originally delivered.\$100\$285PROSTHODONTICS - Complete denture was originally delivered.No cost\$50Reline maxillary or mandibular denture - laisoide Complete or partialNo cost\$50Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85ORAL AND MAXILLOFACIAL SURGERY 	Root canal – anterior Excludes final restoration	\$45	\$95
the enrollee must continue to be eligible, and the service must be provided at the contract dentist facility where the denture was originally delivered.\$100\$285Reline maxillary or mandibular denture - chairside Complete or partialNo cost\$50Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85ORAL AND MAXILLOFACIAL SURGERY 	Root canal – molar Excludes final restoration	\$205	\$335
Complete or partialNo costS30Reline maxillary or mandibular denture - laboratory Complete or partial\$35\$85Romal NM MAXILLOFACIAL SURGERY Extraction - erupted tooth or exposed rootNo cost\$5Strigcial memory of erupted tooth Complete or partial\$15\$45Complete or partial\$15\$45Complete or partial\$1,700\$1,900Complete or partial\$1,700\$1,900Complete or partial\$1,900\$2,100Comprehensive orthodontic 	<b>PROSTHODONTICS</b> - Complete denture The enrollee must continue to be eligible, and the service must be provided at the contract dentist facility where the denture was originally delivered.	\$100	\$285
Complete or partial333303ORAL AND MAXILLOFACIAL SURGERY Extraction - erupted tooth or exposed rootNo cost\$5Surgical removal of erupted tooth Complete or partial\$15\$45ORTHODONTICS Comprehensive orthodontic Child or adolescent to age 19\$1,700\$1,900Comprehensive orthodontic Adults, including covered dependent adult children\$1,900\$2,100Monthily premium rates for Southern California\$20.92\$14.85Employee + spouse\$39.96\$28.36Employee + child(ren)\$57.678\$39.50Monthily premium rates for Northern California\$20.92\$14.85Employee + spouse\$39.96\$28.36Employee + spouse\$39.76.78\$39.50Employee + spouse\$24.18\$17.71Employee + spouse\$46.18\$33.83Employee + spouse\$46.18\$33.83Employee + child(ren)\$64.32\$47.11	Reline maxillary or mandibular denture – chairside Complete or partial	No cost	\$50
ORAL AND MAXILLOFACIAL SURGERY Extraction - erupted tooth or exposed root Elevation and/or forceps removalNo cost\$5Elevation and/or forceps removal\$15\$45Complete or partial\$15\$45ORTHODONTICS Comprehensive orthodontic 	Reline maxillary or mandibular denture – laboratory Complete or partial	\$35	\$85
Complete or partialS 15S 45ORTHODONTICS Comprehensive orthodontic Child or adolescent to age 19\$1,700\$1,900Comprehensive orthodontic Adults, including covered dependent adult children\$1,900\$2,100Monthly premium rates for Southern California\$20.92\$14.85Employee\$39.96\$28.36Employee + spouse\$55.65\$39.50Family\$76.78\$54.50Monthly premium rates for Northern California\$24.18\$17.71Employee + child(ren)\$24.18\$17.71Employee + spouse\$46.18\$33.83Employee + spouse\$46.18\$33.83Employee + child(ren)\$64.32\$47.11	ORAL AND MAXILLOFACIAL SURGERY Extraction – erupted tooth or exposed root Elevation and/or forceps removal	No cost	\$5
Comprehensive orthodontic Child or adolescent to age 19\$1,700\$1,900Comprehensive orthodontic Adults, including covered dependent adult children\$1,900\$2,100Monthly premium rates for Southern California\$1,900\$2,100Employee\$20.92\$14.85\$14.85Employee + spouse\$39.96\$28.36\$39.50Employee + child(ren)\$55.65\$39.50\$39.50Family\$76.78\$54.50\$46.18\$17.71Employee + spouse\$24.18\$17.71\$33.83\$33.83Employee + spouse\$46.18\$33.83\$47.11	Surgical removal of erupted tooth Complete or partial	\$15	\$45
Adults, including covered dependent adult children         \$1,900         \$2,100           Monthly premium rates for Southern California             Employee         \$20.92         \$14.85           Employee + spouse         \$39.96         \$28.36           Employee + child(ren)         \$55.65         \$39.50           Family         \$76.78         \$54.50           Monthly premium rates for Northern California          \$24.18           Employee + spouse         \$46.18         \$33.83           Employee + spouse         \$46.18         \$33.83	ORTHODONTICS Comprehensive orthodontic Child or adolescent to age 19	\$1,700	\$1,900
Employee         \$20.92         \$14.85           Employee + spouse         \$39.96         \$28.36           Employee + child(ren)         \$55.65         \$39.50           Family         \$76.78         \$54.50           Monthly premium rates for Northern California         \$24.18         \$17.71           Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Comprehensive orthodontic Adults, including covered dependent adult children	\$1,900	\$2,100
Employee         \$20.92         \$14.85           Employee + spouse         \$39.96         \$28.36           Employee + child(ren)         \$55.65         \$39.50           Family         \$76.78         \$54.50           Monthly premium rates for Northern California         \$24.18         \$17.71           Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Monthly premium rates for Southern California		
Employee + child(ren)         \$55.65         \$39.50           Family         \$76.78         \$54.50           Monthly premium rates for Northern California             Employee         \$24.18         \$17.71           Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Employee	\$20.92	\$14.85
Family         \$76.78         \$54.50           Monthly premium rates for Northern California             Employee         \$24.18         \$17.71           Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Employee + spouse	\$39.96	\$28.36
Monthly premium rates for Northern California\$24.18\$17.71Employee + spouse\$46.18\$33.83Employee + child(ren)\$64.32\$47.11	Employee + child(ren)	\$55.65	\$39.50
Employee         \$24.18         \$17.71           Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Family	\$76.78	\$54.50
Employee + spouse         \$46.18         \$33.83           Employee + child(ren)         \$64.32         \$47.11	Monthly premium rates for Northern California		
Employee + child(ren) \$64.32 \$47.11	Employee	\$24.18	\$17.71
	Employee + spouse	\$46.18	\$33.83
Family \$88.74 \$65.00	Employee + child(ren)	\$64.32	\$47.11
	Family	\$88.74	\$65.00

Benefits listed above are only a sample of provided services and associated costs. Costs will vary. Please see your *Evidence of Coverage* for a comprehensive list of all services and costs. DeltaCare benefits are covered only when performed by an in-network California DeltaCare HMO provider. In California, DeltaCare USA is underwritten and administered by Delta Dental of California. The DeltaCare HMO plans aren't intended to satisfy the ACA child dental benefits.

#### Exclusions of benefits for the DeltaCare HMO dental plans

The DeltaCare HMO plans aren't intended to satisfy the ACA child dental benefits.

- The DeltaCare HMO dental plan isn't available for employees enrolled in a PPO medical plan and living outside of California.
- Any procedure that in the professional opinion of the contract dentist:
- has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
- is inconsistent with generally accepted standards for dentistry.
- Services solely for cosmetic purposes, with the exception of procedure D9972 (external bleaching, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth, and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns, and fixed partial dentures (bridges) for children under 16 years of age.
- Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns, and fixed partial dentures (bridges).
- Procedures, appliances, or restoration, if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith), and personalization and characterization of complete and partial dentures.

- Implant-supported dental appliances and attachments; implant placement, maintenance, or removal; and all other services associated with a dental implant.
- Consultations for noncovered benefits.
- Dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract orthodontist except for Emergency Services as described in the contract and/or Evidence of Coverage.
- All related fees for admission, use, or stays in a hospital, outpatient surgery center, extended care facility, or other similar care facility.
- Prescription drugs.
- Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken, and orthodontics unless qualified for the orthodontic treatment in progress provision.
- Lost, stolen, or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by accident of any kind.
- Myofunctional and parafunctional appliances and/or therapies.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

For additional benefit information or a directory of Delta dentists, please call Delta Dental at **800-422-4234** or visit **deltadentalins.com**.









Small Business 1247196100 Jan–Dec 2024

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION