

DENTAL HMO – EMPLOYER SPONSORED or VOLUNTARY

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

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