



## City of Riverside 2024 Benefits

<b>BENEFITS DESCRIPTION</b>	<b>DELTA CARE Plan CAA22 Panel Dentist</b>
<b>PREVENTIVE</b>	
D0150 Office Examination	No Charge
D0210 Complete Series X-Rays (Schedule Limits May Apply)	No Charge
D1110 Prophylaxis (Schedule Limits May Apply)	No Charge
<b>FILLINGS</b>	
D2140 Amalgam One Surface	No Charge
D2150 Amalgam Two Surfaces	No Charge
D2160 Amalgam Three Surfaces	No Charge
D2330 Resin One Surface - Anterior	No Charge
D2331 Resin Two Surfaces - Anterior	No Charge
D2335 Resin Three Surfaces - Anterior	No Charge
<b>CROWNS</b>	
D2750 Porcelain fused to Nigh noble	\$90
D2751 Porcelain fused to predominately Base metal	\$90
D2752 Porcelain fused to Nobel metal	\$90
<b>ROOT CANAL THERAPY</b>	
D3310 Anterior (Excluding Final Restoration)	\$45
D3320 Bicuspid (Excluding Final Restoration)	\$90
D3330 Molar (Excluding Final Restoration)	\$135
<b>PERIODONTICS</b>	
D4210 Gingevectomy per Quadrant	\$125
D4341 Perio Scaling & Root Planing Per Quadrant (Schedule Limits May Apply)	\$15
<b>PROSTHODONTICS</b>	
D5110 Complete Denture (Schedule Limits May Apply)	\$110
D5120 Complete Denture (Schedule Limits May Apply)	\$110
D5130 Immediate Denture (Schedule Limits May Apply)	\$125
D5140 Immediate Denture (Schedule Limits May Apply)	\$125
<b>ORAL SURGERY</b>	
D7240 Impacted Tooth - Completely Bony	\$80
D9223/D9243 IV Sedation - 15 minute increments	Not Covered
<b>ORTHODONTIA</b>	
Start-Up Fee	\$350
D8080 Children - 2 Year Full Banding	\$1,600
D8090 Adults - 2 Year Full Banding	\$1,800
D8680 Orthodontic Retention	No Charge