



City of Riverside 2024 Benefits

BENEFITS DESCRIPTION	DELTA DENTAL Program A - Self Funded PPO	
	PPO Provider	Any Provider
DEDUCTIBLE Individual / Family	None	\$25 / \$75
ANNUAL DENTAL BENEFIT MAXIMUM PER PERSON	\$2,500	
PREVENTIVE		Deductible Applies
D0150 Office Examination	100%	100%
D1110 Prophylaxis	100%	100%
D0210 Complete Series X-rays	100%	100%
FILLINGS		
D2140 Amalgam One Surface	90%	80%
D2150 Amalgam Two Surfaces	90%	80%
D2160 Amalgam Three Surfaces	90%	80%
D2330 Resin One Surface - Anterior	90%	80%
D2331 Resin Two Surfaces - Anterior	90%	80%
D2335 Resin Three Surfaces - Anterior	90%	80%
CROWNS		
D2750 Porcelain fused to Nigh noble	60%	50%
D2751 Porcelain fused to predominately Base metal	60%	50%
D2752 Porcelain fused to Nobel metal	60%	50%
ROOT CANAL THERAPY		
D3310 Anterior (Excluding Final Restoration)	90%	80%
D3320 Bicuspid (Excluding Final Restoration)	90%	80%
D3330 Molar (Excluding Final Restoration)	90%	80%
PERIODONTICS		
D4341 Perio Scaling & Root Planing Per Quadrant	90%	80%
D4210 Gingevectomy per Quadrant	90%	80%
PROSTHODONTICS		
D5130 Immediate Denture	60%	50%
D5110 Complete Denture	60%	50%
D6000-D6199 Implants	60%	50%
ORAL SURGERY		
D7240 Impacted Tooth - Completely Bony	90%	80%
D9223/D9243 IV Sedation - 15 minute increments	90%	80%
ORTHODONTIA	\$2,500 Lifetime Maximum	
	50%	50%
D8680 Orthodontic Retention	50%	50%
D8080 Children - 2 Year Full Banding	50%	50%
D8090 Adults - 2 Year Full Banding	50%	50%