



## City of Riverside 2024 Benefits

BENEFITS DESCRIPTION	Lucent/Riverside Dental Group <i>DHMO Clone - Self Funded EPO</i> Panel Dentist
<b>DEDUCTIBLE</b>	
Individual / Family	None
<b>ANNUAL DENTAL BENEFIT MAXIMUM PER PERSON</b>	\$2,500
<b>PREVENTIVE</b>	
D0150 Office Examination	No Charge
D1110 Prophylaxis (Schedule Limits May Apply)	No Charge
D0210 Complete Series X-Rays (Schedule Limits May Apply)	No Charge
<b>FILLINGS</b>	
D2140 Amalgam One Surface	90%
D2150 Amalgam Two Surfaces	90%
D2160 Amalgam Three Surfaces	90%
D2330 Resin One Surface - Anterior	90%
D2331 Resin Two Surfaces - Anterior	90%
D2335 Resin Three Surfaces - Anterior	90%
<b>CROWNS</b>	
D2750 Porcelain fused to Nigh noble	65%
D2751 Porcelain fused to predominately Base metal	65%
D2752 Porcelain fused to Nobel metal	65%
<b>ROOT CANAL THERAPY</b>	
D3310 Anterior (Excluding Final Restoration)	90%
D3320 Bicuspid (Excluding Final Restoration)	90%
D3330 Molar (Excluding Final Restoration)	90%
<b>PERIODONTICS</b>	
D4341 Perio Scaling & Root Planing Per Quadrant	90%
D4210 Gingevectomy per Quadrant	90%
<b>PROSTHODONTICS</b>	
D5130 Immediate Denture (Scheduled Limits & Allowances Apply)	65%
D5110 Complete Denture (Scheduled Limits & Allowances Apply)	65%
D6000-D6199 Implants	50%
<b>ORAL SURGERY</b>	
D7240 Impacted Tooth - Completely Bony	90%
D9241 IV Sedation - 1st 30 minutes	Not Covered
<b>ORTHODONTIA</b>	
Start-Up Fee	\$220
D8680 Orthodontic Retention	\$1,250 Discount of UCR off total Ortho fee
D8080 Children - 2 Year Full Banding	\$1,250 Discount of UCR off total Ortho fee
D8090 Adults - 2 Year Full Banding	\$1,250 Discount of UCR off total Ortho fee