



**City of Riverside
2025 Delta Dental PPO
Limits and Co-Pays**

BENEFITS DESCRIPTION	DELTA DENTAL Self Funded PPO	
	PPO Provider	Any Provider
DEDUCTIBLE Individual/Family	None	\$25/\$75
ANNUAL DENTAL BENEFIT MAX PER PERSON	\$3,000	
PREVENTIVE		<i>Deductible Applies</i>
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%
TMJ	\$1,000 Lifetime Maximum	
	60%	50%
ORTHODONTIA	\$3,000 Lifetime Maximum	
	50%	50%
D8680 Start-Up Fee	50%	50%
D8080 Orthodontic Retention	50%	50%
D8080 Children - 2 Year Full Banding	50%	50%
D8090 Adults - 2 Year Full Banding	50%	50%

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will govern rates and benefits.