



**City of Riverside
2025 DELTACARE HMO
Limits and Co-Pays**

BENEFITS DESCRIPTION		DELTA CARE HMO PLAN 101 NETWORK PROVIDER
PREVENTIVE		
D0150	Office Examination	No Charge
D0210	Complete Series X-Rays (Schedule Limits May Apply)	No Charge
D1110	Prophylaxis (Schedule Limits May Apply)	No Charge
FILLINGS		
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
CROWNS		
D2750	Porcelain fused to Nigh noble	\$195
D2751	Porcelain fused to predominately Base metal	\$95
D2752	Porcelain fused to Nobel metal	\$135
ROOT CANAL THERAPY		
D3310	Anterior (Excluding Final Restoration)	\$45
D3320	Bicuspid (Excluding Final Restoration)	\$90
D3330	Molar (Excluding Final Restoration)	\$205
PERIODONTICS		
D4210	Gingevectomy per Quadrant	\$80
D4341	Perio Scaling & Root Planing Per Quadrant (Schedule Limits May Apply)	\$50
PROSTHODONTICS		
D5110	Complete Denture (Schedule Limits May Apply)	\$100
D5120	Complete Denture (Schedule Limits May Apply)	\$100
D5130	Immediate Denture (Schedule Limits May Apply)	\$120
D5140	Immediate Denture (Schedule Limits May Apply)	\$120
ORAL SURGERY		
D7240	Impacted Tooth - Completely Bony	\$70
D9223/D9243	IV Sedation - 15 minute increments	\$80 / \$80
ORTHODONTIA		
	Start-Up Fee/Records/Treatment Planning	\$100
D8080	Children - 2 Year Full Banding	\$1,700
D8090	Adults - 2 Year Full Banding	\$1,900
D8680	Orthodontic Retention	\$275

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.