



**City of Riverside
2025 Local Dental Advantage
Limits and Co-Pays**

BENEFITS DESCRIPTION		Lucent/Riverside Dental Group DHMO Clone - Self Funded EPO
		Panel Dentist
DEDUCTIBLE		None
Individual/Family		
ANNUAL DENTAL BENEFIT MAXIMUM PER PERSON		\$3,000
PREVENTIVE		
D0150	Office Examination	No Charge
D1110	Prophylaxis (Schedule Limits May Apply)	No Charge
D0210	Complete Series X-Rays (Schedule Limits May Apply)	No Charge
FILLINGS		
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%
CROWNS		
D2750	Porcelain fused to Nigh noble	65%
D2751	Porcelain fused to predominately Base metal	65%
D2752	Porcelain fused to Nobel metal	65%
ROOT CANAL THERAPY		
D3310	Anterior (Excluding Final Restoration)	90%
D3320	Bicuspid (Excluding Final Restoration)	90%
D3330	Molar (Excluding Final Restoration)	90%
PERIODONTICS		
D4341	Perio Scaling & Root Planing Per Quadrant	90%
D4210	Gingectomy per Quadrant	90%
PROSTHODONTICS		
D5130	Immediate Denture (Scheduled Limits & Allowances Apply)	65%
D5110	Complete Denture (Scheduled Limits & Allowances Apply)	65%
D6000-D6199	Implants	50%
ORAL SURGERY		
D7240	Impacted Tooth - Completely Bony	90%
D9241	IV Sedation - 1st 30 minutes	Not Covered
ORTHODONTIA		
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
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.