

Pediatric Dental

Small Group Benefits



Sutter Health Plus partners with **DeltaCare® USA**, a division of Delta Dental, to offer pediatric dental benefits to members age 19 and under (until the end of the month in which the member turns 19). These benefits are included as part of a member's core medical plan and apply to the medical out-of-pocket maximum. Members receive a separate Delta Dental identification card that lists the dentist assigned upon enrollment. Members schedule appointments directly with their assigned Delta Dental dentist.

Find a Provider

Please visit deltadentalins.com to view the **DeltaCare® USA** network of providers or call Delta Dental Member Services at 1-800-422-4234.



This is only a summary of pediatric vision essential health benefits. For a complete list of covered services, copays, limitations and exclusions, please refer to the Sutter Health Plus Evidence of Coverage and Disclosure Form (EOC). To obtain a copy of the EOC, call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500).

Pediatric Dental Plan Provided and Contracted through DeltaCare® USA

Diagnostic	
Periodic oral evaluation	No charge
X-rays	No charge
Preventive	
Teeth cleaning (prophylaxis)	No charge
Topical fluoride	No charge
Sealant	No charge
Space maintainer	No charge
Restorative	
Amalgam filling - four(+) surfaces: primary or permanent	\$45 copay
Crown: porcelain fused to predominantly base metal	\$300 copay
Crown: resin-based composite, anterior	\$50 copay
Oral Surgery	
Extraction of erupted tooth or exposed root	\$65 copay
Surgical removal of erupted tooth	\$120 copay
Removal of impacted tooth: full bony	\$160 copay
Endodontic	
Root canal: anterior	\$195 copay
Root canal: premolar	\$235 copay
Root canal: molar	\$300 copay
Periodontic	
Gingivectomy: one to three teeth per quadrant	\$50 copay
Gingivectomy: four or more contiguous teeth per quadrant	\$150 copay
Scaling/root planing: one to three teeth per quadrant	\$30 copay
Periodontal maintenance	\$30 copay
Prosthodontic	
Complete denture	\$300 copay
Partial denture - resin base	\$300 copay
Orthodontic (medically necessary)	
Comprehensive treatment	\$1,000 copay
Other	
Office visit: after hours	\$45 copay
Local anesthesia	\$15 copay