

# 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](http://deltadentalins.com) to view the **DeltaCare® USA** network of providers or call Delta Dental Member Services at 1-800-422-4234.



### Pediatric Dental Plan Provided and Contracted through DeltaCare® USA

<b>Diagnostic</b>	
Periodic oral evaluation	No charge
X-rays	No charge
<b>Preventive</b>	
Teeth cleaning (prophylaxis)	No charge
Topical fluoride	No charge
Sealant	No charge
Space maintainer	No charge
<b>Restorative</b>	
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
<b>Oral Surgery</b>	
Extraction of erupted tooth or exposed root	\$65 copay
Surgical removal of erupted tooth	\$120 copay
Removal of impacted tooth: full bony	\$160 copay
<b>Endodontic</b>	
Root canal: anterior	\$195 copay
Root canal: premolar	\$235 copay
Root canal: molar	\$300 copay
<b>Periodontic</b>	
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
<b>Prosthodontic</b>	
Complete denture	\$300 copay
Partial denture - resin base	\$300 copay
<b>Orthodontic (medically necessary)</b>	
Comprehensive treatment	\$1,000 copay
<b>Other</b>	
Office visit: after hours	\$45 copay
Local anesthesia	\$15 copay

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).