



**Employer Group Plans  
Pediatric Dental Summary**  
*(Included in Plan)*

Provided and underwritten by DeltaCare® USA

Pediatric Dental (Ages 0-18)	Member Cost Share
Oral Exam	\$0 Copay
Preventive – Cleaning	
Preventive – X-ray	
Sealants per Tooth	
Topical Fluoride Application	
Space Maintainers - Fixed	
Amalgam Fill – 1 Surface	\$25
Root Canal - Molar	\$365
Gingivectomy per Quad	\$150
Extraction – Single Tooth Exposed Root or	\$65
Extraction – Complete Bony	\$160
Porcelain with Metal Crown	\$300
Medically Necessary Orthodontics	\$1,000
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

**How to Contact Us?**

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