



Individual & Family Plans Adult Dental Summary

Provided and underwritten by DeltaCare® USA

Optional Dental Coverage \$18.05 per member per month	
Adult Dental (19yrs and over)	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	
Root Canal - Molar	\$245
Gingivectomy per Quad	\$165
Extraction – Single Tooth or Exposed Root	\$18
Extraction – Complete Bony	\$80
Porcelain with Metal Crown	\$485
Medically Necessary Orthodontics	\$2,900
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

How to Contact Us?

CCHP Sales Department | 1-888-681-3888 | sales@cchphealthplan.com
445 Grant Avenue, Suite 700 | San Francisco, CA 94108



**Individual & Family 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	\$300
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

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**Individual & Family Plans
Pediatric Dental Summary**
*(Included in Plan)
(for ActiveChoice PPO Silver Plan)*

Provided and underwritten by DeltaCare® USA

Pediatric Dental (Ages 0-18)	Member Cost Share	
	(In-Network)	(Out-of-Network)
Oral Exam	\$0 Copay	Not Covered
Preventive – Cleaning		Not Covered
Preventive – X-ray		Not Covered
Sealants per Tooth		Not Covered
Topical Fluoride Application		Not Covered
Space Maintainers - Fixed		Not Covered
Amalgam Fill – 1 Surface	\$25	Not Covered
Root Canal - Molar	\$300	Not Covered
Gingivectomy per Quad	\$150	Not Covered
Extraction – Single Tooth Exposed Root or	\$65	Not Covered
Extraction – Complete Bony	\$160	Not Covered
Porcelain with Metal Crown	\$300	Not Covered
Medically Necessary Orthodontics	\$1,000	Not Covered
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC.	

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**Individual & Family Plans
Pediatric Dental Summary**
*(Included in Plan)
(for Minimum Coverage HMO 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	\$0 Copay (After Deductible*)
Root Canal - Molar	\$0 Copay (After Deductible*)
Gingivectomy per Quad	\$0 Copay (After Deductible*)
Extraction – Single Tooth Exposed Root or	\$0 Copay (After Deductible*)
Extraction – Complete Bony	\$0 Copay (After Deductible*)
Porcelain with Metal Crown	\$0 Copay (After Deductible*)
Medically Necessary Orthodontics	\$0 Copay (After Deductible*)
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

Footnote: *Annual deductible is \$7,900 per individual and \$15,800 per family.
Member is responsible for 100% of cost of service prior to meeting the deductible.

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