



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Polk County, Iowa

Deductibles, Maximums & Eligibility	Delta Dental PPO™	Delta Dental Premier® / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,250	\$1,250
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime deductible	\$25	\$25
- Orthodontic lifetime maximum	\$1,500	\$1,500
- Orthodontics: Eligible children to age	26	26
- Orthodontics: Full-time students eligible to age	99	99
- Adult Orthodontics	Yes	Yes
Benefits		
Check-Ups and Teeth Cleaning	0%	0%
(Diagnostic and Preventive Services)		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period aggregate with Consultations with a Specialist</i>	
- Fluoride Applications	<i>1 every 12 months</i>	
- X-Rays	<i>Bitewings - 1 every 6 months; Full mouth - 1 every 3 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 14</i>	
- Space Maintainers	<i>To age 14</i>	
- Emergency Treatment		
Cavity Repair and Tooth Extractions	10%	20%
(Routine and Restorative Services)		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Space Maintainers - recementing		
- Consultations with a Specialist	<i>2 in a benefit period aggregate with Oral Evaluations</i>	
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	20%	20%
- Conservative Procedures (Non-surgical)	<i>1 every 6 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 every 12 months per quadrant</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns	<i>1 every 5 years</i>	
- Inlays	<i>1 every 5 years</i>	
- Onlays	<i>1 every 5 years</i>	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays	80%	80%
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments	80%	80%
- Recementing of Bridges	80%	80%
- Implants	<i>1 every 5 years</i>	
Straighter Teeth (Orthodontics)	50%	50%
Additional Options		
CheckUp Plus™	<i>Included</i>	<i>Included</i>
Enhanced Benefits Program	<i>Included</i>	<i>Included</i>
Annual Maximum Carryover - To Go™	<i>Included</i>	<i>Included</i>

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions. Please refer to your dental benefits document for details.

This dental plan includes the Annual Maximum Carryover – To Go™ for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

This dental plan includes CheckUp Plus™ which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's deductible or benefit period maximum. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.