



Delta Dental of Iowa State of Iowa

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®]	Non Participating
- Individual Deductible	\$0	\$0	\$0
- Family Deductible	\$0	\$0	\$0
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	No
- Benefit Period Maximum	\$1,500	\$1,500	\$1,500
- Eligible children through age	25	25	25
- Full-time (unmarried) students eligible through age	99	99	99
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime maximum	\$1,500	\$1,500	\$1,500
- Orthodontics: Eligible children through age	18	18	18
- Orthodontics: Full-time students eligible through age	18	18	18
- Adult Orthodontics	No	No	No
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	0%	0%	0%
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>		
- Oral Evaluations	<i>2 in a benefit period</i>		
- Fluoride Applications	<i>1 every 12 months through age 18</i>		
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 3 years</i>		
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars through age 14</i>		
- Space Maintainers	<i>Through age 13</i>		
- Periodontal Maintenance Therapy *	<i>50% - 2 in a benefit period aggregate with dental cleaning -</i>		50%
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	20%	20%	20%
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/o Alternate Processing			
Root Canals (Endodontic Services)	50%	50%	50%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	50%	50%	50%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>		
- Complex Procedures (Surgical)	<i>1 every 36 months per quadrant</i>		
High Cost Restorations (Cast Restorations)	50%	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			
Dentures and Bridges (Prosthetic Services)	50%	50%	50%
- Bridges	<i>1 every 5 years</i>		
- Dentures	<i>1 every 5 years</i>		
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants	<i>1 every 5 years</i>		
Straighter Teeth (Orthodontics)	50%	50%	50%

* Deductible applies to Periodontal Maintenance Therapy

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.

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