

## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### State of Iowa (SPOC - covered)

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non Participating
- Individual Deductible	\$25 / \$25	\$25 / \$25	\$25 / \$25
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	No
- Benefit Period Maximum	\$750	\$750	\$750
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	99	99	99
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000	\$1,000
- Orthodontics: Eligible children to age	19	19	19
- Orthodontics: Full-time students eligible to age	19	19	19
- Adult Orthodontics	No	No	No
<b>Benefits</b>			
<b>Check-Ups and Teeth Cleaning</b>	0%	0%	0%
<b>(Diagnostic and Preventive Services)</b>			
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
<b>Cavity Repair and Tooth Extractions</b>	50%	50%	50%
<b>(Routine and Restorative Services)</b>			
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/ Alternate Processing			
<b>Root Canals (Endodontic Services)</b>	50%	50%	50%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
<b>Gum and Bone Diseases (Periodontal Services)</b>	* 50%	50%	50%
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)			
- Periodontal Maintenance Therapy			
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%	50%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
<b>Dentures and Bridges (Prosthetic Services)</b>	* 50%	50%	50%
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants Not Covered			
<b>Straighter Teeth (Orthodontics)</b>	50%	50%	50%

\*\$25 Deductible per eligible Covered Person per Benefit Period for Periodontal procedures; a separate \$25 deductible per eligible Covered Person per Benefit Period for Prosthetic services.

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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