

Delta Dental of Iowa

Businessolver

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	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	\$2,000	\$2,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$2,000	\$2,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
Benefits		
Diagnostic and Preventive Services	0%	0%
(Check-Ups and Teeth Cleaning)		
- Dental Cleaning		2 in a benefit period aggregate with perio maintenance therapy
- Oral Evaluations		2 in a benefit period
- Fluoride Applications		1 every 12 months to age 19
- X-Rays		Bitewings - 1 every 12 months; Full mouth - 1 every 5 years
- Sealant Applications		1 in a lifetime per permanent 1st and 2nd molars to age 15
- Space Maintainers		To age 15
Routine and Restorative Services	10%	20%
(Cavity Repair and Tooth Extractions)		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	50%	50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	50%	50%
- Conservative Procedures (Non-surgical)		1 every 24 months per quadrant
- Complex Procedures (Surgical)		1 in a benefit period per quadrant
- Periodontal Maintenance Therapy		2 in a benefit period aggregate with dental cleaning
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns		1 every 5 years
- Inlays		1 every 5 years
- Onlays		1 every 5 years
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges		1 every 5 years
- Dentures		1 every 5 years
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
Straighter Teeth (Orthodontics)	50%	50%
Additional Options		
-CheckUp Plus TM	Included	Included
-Enhanced Benefits Program	Included	Included
-Annual Maximum Carryover - To Go SM	Included	Included

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 GoSM 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 PlusTM 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.