

Delta Dental of Iowa Linn County HR

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	\$1,250	\$1,250
- Eligible children through age	25	25
- Full-time (unmarried) students eligible through age	25	25
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$2,000	\$2,000
- Orthodontics: Eligible children through age	22	22
- Orthodontics: Full-time students eligible through age	22	22
- Adult Orthodontics	No	No
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	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>2 in a benefit period</i>	
- X-Rays	<i>Bitewings - 1 in a benefit period; Full mouth - 1 every 3 years</i>	
- Space Maintainers *	10%	20%
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	10%	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)	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 24 months per quadrant</i>	
- Complex Procedures (Surgical)	50%	50%
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
High Cost Restorations (Cast Restorations)	20%	20%
- 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%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
Straighter Teeth (Orthodontics)	50%	50%
Additional Options		
-CheckUp Plus TM	Included	Included

*Deductible applies to Space Maintainers.

This dental plan includes CheckUp PlusTM which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's benefit period maximum.

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.