



Delta Dental of Iowa College Community School District

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility		Delta Dental Premier®	
- Individual Deductible		\$50	
- Family Deductible		\$150	
- Deductible applies to Check-Ups and Teeth Cleaning?		No	
- Benefit Period Maximum		\$1,500	
- Eligible children to age		26	
- Full-time (unmarried) students eligible to age		99	
- Does Individual Deductible apply to Orthodontics?		No	
- Orthodontic lifetime maximum		\$2,000	
- Orthodontics: Eligible children to age		19	
- Orthodontics: Full-time students eligible to age		19	
- Adult Orthodontics		No	
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		0%	
- 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</i>
- Fluoride Applications			<i>1 in a benefit period</i>
- X-Rays			<i>Bitewings - 1 in a benefit period; Full mouth - 1 every 5 years</i>
- Sealant Applications	*	20%	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>
- Space Maintainers	*	20%	<i>to age 15</i>
- Consultations	*	20%	<i>2 in a benefit period aggregate with Oral Evaluations</i>
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		20%	
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Antibiotic Drug Injection			
- Posterior Composites w/o Alternate Processing			
Root Canals (Endodontic Services)		20%	
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)		20%	
- Conservative Procedures (Non-surgical)			<i>1 every 24 months per quadrant</i>
- Complex Procedures (Surgical)		50%	<i>1 every 36 months per quadrant</i>
- Periodontal Maintenance Therapy			<i>2 in a benefit period aggregate with dental cleaning</i>
High Cost Restorations (Cast Restorations)		50%	
- Cast Restorations			
- Crowns			<i>1 every 7 years</i>
- Inlays			<i>1 every 7 years</i>
- Onlays			<i>1 every 7 years</i>
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)		50%	
- Bridges			<i>1 every 10 years</i>
- Dentures			<i>1 every 10 years</i>
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			<i>1 every 10 years</i>
Straighter Teeth (Orthodontics)		50%	
Additional Options			
-Enhanced Benefits Program			<i>Included</i>

***Deductible applies to Sealant Applications, Space Maintainers, and Consultations**

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.

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.