



Delta Dental of Iowa

Low Plan

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®]	Non Participating
- Individual Deductible	\$50	\$75	\$150
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	Yes
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	99	99	99
Benefits			
Diagnostic and Preventive Services	0%	10%	30%
(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	20%	30%	50%
(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/o Alternate Processing	50%	50%	60%
Root Canals (Endodontic Services)	50%	50%	60%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	50%	50%	60%
- 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	
- Athletic Mouth Guard		1 every 24 months to age 19	50%
High Cost Restorations (Cast Restorations)	50%	50%	60%
- 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%	60%
- Bridges		1 every 5 years	
- Dentures		1 every 5 years	
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants	60%	1 every 5 years	60%
Straighter Teeth (Orthodontics)	Not Covered	Not Covered	Not Covered

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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