



## Delta Dental of Iowa Black Hawk County Base Plan

### Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental Premier®		
- Individual Deductible		\$25	
- Family Deductible		\$75	
- Deductible applies to Check-Ups and Teeth Cleaning?		No	
- Benefit Period Maximum		\$750	
- Eligible children to age		26 - End of the Month	
- Full-time (unmarried) students eligible to age		99 - End of the Month	
- Does Individual Deductible apply to Orthodontics?		No	
- Orthodontic lifetime maximum		\$1,000	
- Orthodontics: Eligible children to age		19	
- Orthodontics: Full-time students eligible to age		19	
- Adult Orthodontics		No	
Benefits			
<b>Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)</b>	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 every 12 months; Full mouth - 1 every 3 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 14</i>
<b>Routine and Restorative Services (Cavity Repair and Tooth Extractions)</b>	20%		
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/o Alternate Processing			
<b>Root Canals (Endodontic Services)</b>	20%		
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
<b>Gum and Bone Diseases (Periodontal Services)</b>	20%		
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)		50%	<i>2 in a benefit period aggregate with dental cleaning</i>
- Periodontal Maintenance Therapy			
<b>High Cost Restorations (Cast Restorations)</b>	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		<i>1 every 12 months after 6 months elapsed since initial placement</i>	
<b>Dentures and Bridges (Prosthetic Services)</b>	50%		
- Bridges		<i>1 every 5 years</i>	
- Dentures		<i>1 every 5 years</i>	
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants Not Covered			
<b>Straighter Teeth (Orthodontics)</b>	50%		

\*Deductible applies to Sealant Applications & Space Maintainers

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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