

## Delta Dental of Iowa

### Black Hawk County Buy Up 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		\$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		
<b>Diagnostic and Preventive Services</b> <b>(Check-Ups and Teeth Cleaning)</b>		0%
<ul style="list-style-type: none"> <li>- Dental Cleaning</li> <li>- Oral Evaluations</li> <li>- Fluoride Applications</li> <li>- X-Rays</li> <li>- Sealant Applications</li> <li>- Space Maintainers</li> </ul>		
<b>Routine and Restorative Services</b> <b>(Cavity Repair and Tooth Extractions)</b>		20%
<ul style="list-style-type: none"> <li>- Emergency Treatment</li> <li>- General Anesthesia/Sedation</li> <li>- Restoration of Decayed or Fractured Teeth</li> <li>- Limited Occlusal Adjustments</li> <li>- Routine Oral Surgery</li> <li>- Posterior Composites w/ Alternate Processing</li> </ul>		
<b>Root Canals (Endodontic Services)</b>		20%
<ul style="list-style-type: none"> <li>- Apicoectomy</li> <li>- Direct Pulp Cap</li> <li>- Pulpotomy</li> <li>- Retrograde Fillings</li> <li>- Root Canal Therapy</li> </ul>		
<b>Gum and Bone Diseases (Periodontal Services)</b>		20%
<ul style="list-style-type: none"> <li>- Conservative Procedures (Non-surgical)</li> <li>- Complex Procedures (Surgical)</li> <li>- Periodontal Maintenance Therapy</li> </ul>		
<b>High Cost Restorations (Cast Restorations)</b>		20%
<ul style="list-style-type: none"> <li>- Cast Restorations</li> <li>- Crowns</li> <li>- Inlays</li> <li>- Onlays</li> <li>- Post and Cores</li> <li>- Recementing Crowns/Inlays/Onlays</li> </ul>		
<b>Dentures and Bridges (Prosthetic Services)</b>		50%
<ul style="list-style-type: none"> <li>- Bridges</li> <li>- Dentures</li> <li>- Repairs and Adjustments</li> <li>- Recementing of Bridges</li> <li>- Dental Implants</li> </ul>		
<b>Straighter Teeth (Orthodontics)</b>		50%
Additional Options		
-CheckUp Plus™		Included
-Enhanced Benefits Program		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 CheckUp Plus™ 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.