

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?	Yes
- Benefit Period Maximum	\$750
- Eligible children to age	26
- Full-time (unmarried) students eligible to age	99
- 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	
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	20%
- Dental Cleaning	
- Oral Evaluations	
- Fluoride Applications	
- X-Rays	
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	
- Sealant Applications	
- Space Maintainers	
- Posterior Composites w/ Alternate Processing	
Root Canals (Endodontic Services)	20%
- Apicoectomy	
- Direct Pulp Cap	
- Pulpotomy	
- Retrograde Fillings	
- Root Canal Therapy	
Gum and Bone Diseases (Periodontal Services)	
- Conservative Procedures (Non-surgical)	20%
- Complex Procedures (Surgical)	50%
- Periodontal Maintenance Therapy	20%
High Cost Restorations (Cast Restorations)	20%
- Cast Restorations	
- Crowns	
- Inlays	
- Onlays	
- Post and Cores	
- Recementing Crowns/Inlays/Onlays	
Dentures and Bridges (Prosthetic Services)	50%
- Bridges	
- Dentures	
- Repairs and Adjustments	
- Recementing of Bridges	
- Implants Not Covered	
Straighter Teeth (Orthodontics)	50%

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.