



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

College Community School District

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		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	00%	
- Dental Cleaning	*	<i>2 in a benefit period aggregate with maintenance therapy</i>
- Oral Evaluations		<i>2 in a benefit period includes consultations</i>
- Fluoride Applications		<i>1 in a benefit period</i>
- X-Rays	20%	<i>Bitewings - 1 in a benefit period; Full mouth - 1 every 5 years</i>
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	20%	
- Emergency Treatment		
- General Anesthesia/Sedation/Analgesia		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Antibiotic Drug Injections		
- Sealant Applications		<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>
- Space Maintainers		<i>To age 15</i>
- Consultations		<i>2 in a benefit period includes Oral Evaluations</i>
- Posterior Composites w/o Alternate Processing	35%	
Root Canals (Endodontic Services)	35%	
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		
- Conservative Procedures (Non-surgical)	20%	<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)	35%	
- Cast Restorations		
- Crowns		<i>1 every 7 years</i>
- Inlays	50%	<i>1 every 7 years</i>
- Onlays	50%	<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%	

*When this benefit immediately follows conservative or complex periodontal therapy, benefits are available up to 4 times per benefit period for the next two benefit periods; and 2 times per benefit period thereafter.

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.

Plan Year 2021