



Delta Dental of Iowa College Community School District

Employee Summary of Covered Services and Benefits

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 through age		25
- Full-time (unmarried) students eligible through age		99
- Does Individual Deductible apply to Orthodontics?		No
- Orthodontic lifetime maximum		\$2,000
- Orthodontics: Eligible children through age		18
- Orthodontics: Full-time students eligible through age		18
- Adult Orthodontics		No
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		0%
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications	*	20%
- Space Maintainers	*	20%
- Periodontal Maintenance Therapy	*	20%
- Consultations	*	20%
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		
- Antibiotic Drug Injections		
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)		20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		20%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		50%
High Cost Restorations (Cast Restorations)		50%
- 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		
Straighter Teeth (Orthodontics)		50%

*Deductible applies to Sealant Applications, Space Maintainers, Periodontal Maintenance Therapy, & Consultations

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.

2023