



Delta Dental of Iowa

Summary of Covered Services and Benefits

Central Rivers Area Education Agency

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	ORTHO ANNUAL MAX
BENEFIT CATEGORIES	\$15 PPO \$25 Premier \$25 Out-of-Network	Delta Dental PPO/ Delta Dental Premier/ Out-of-Network	\$1,250 PPO \$1,000 Premier \$1,000 Out-of-Network	
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Space Maintainers 6. Sealant Applications	Waived	00%	Yes	
Cavity Repair and Tooth Extractions (Routine and Restorative Services) 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery	Yes	20%	Yes	
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20%	Yes	
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy	Yes	20%	Yes	
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores 2. Re-cementing Crowns/Inlays/Onlays	Yes	50%	Yes	
Dentures and Bridges (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Repairs and Adjustments 4. Dental Implants	Yes	50%	Yes	
Straighter Teeth (Orthodontics – eligible children to age 19)	No	50%		\$500

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.

An eligible child is under 26 years of age or an unmarried full-time student.

Coinsurance is shown as the percentage that is the responsibility of the Covered Person.