Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

CHEM GRO OF HOUGHTON

Deductibles, Maximums & Eligibility	Delta Dental PPO ^s	Delta Dental Premier [®] / Non Par	
- Individual Deductible	\$25	\$50	
- Family Deductible	\$75	\$150	
- Deductible applies to Check-Ups and Teeth Cleaning	No	No	
- Benefit Period Maximum	\$750	\$750	
- Eligible children to age	26	26	
- Full-time (unmarried) students eligible to age	99	99	
Benefits	55	55	
Check-Ups and Teeth Cleaning	0%	10%	
(Diagnostic and Preventive Services)	070	10/0	
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
- Space Maintainers			
Cavity Repair and Tooth Extractions	50%	50%	
(Routine and Restorative Services)	50%	50%	
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/ Alternate Processing			
Root Canals (Endodontic Services)	50%	50%	
- Apicoectomy	5078	3070	
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	50%	50%	
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)			
- Periodontal Maintenance Therapy			
High Cost Restorations (Cast Restorations)	Not Covered	Not Covered	
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	Not Covered	Not Covered	
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

Straighter Teeth (Orthodontics)

A DELTA DENTAL®

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.

Not Covered

Not Covered