



## Delta Dental of Iowa

### Constellation Software Inc. \$1000 Max Plan

#### Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non Participating
- Individual Deductible	\$25	\$50	\$100
- Family Deductible	\$75	\$150	\$225
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	No
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children through age	25	25	25
- Full-time (unmarried) students eligible through age	25	25	25
<b>Benefits</b>			
<b>Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)</b>	0%	0%	0%
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
- Space Maintainers			
- Problem Focused Exams			
- Consultations			
<b>Routine and Restorative Services (Cavity Repair and Tooth Extractions)</b>	10%	20%	30%
- Emergency Treatment			
- General Anesthesia/Sedation	50%	50%	50%
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Simple Oral Surgery			
- Complex Oral Surgery	50%	50%	50%
- Injections of Therapeutic Drugs			
- Application of Desensitizing Medicament			
- Posterior Composites w/o Alternate Processing			
<b>Root Canals (Endodontic Services)</b>	10%	20%	30%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
<b>Gum and Bone Diseases (Periodontal Services)</b>			
- Conservative Procedures (Non-surgical)	10%	20%	30%
- Complex Procedures (Surgical)	50%	50%	50%
- Periodontal Maintenance Therapy	10%	20%	30%
- Full Mouth Debridement *	0%	0%	0%
- Localized Chemotherapeutic Agents	10%	20%	30%
- Occlusal Guard	50%	50%	50%
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%	50%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%	50%
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			
<b>Straighter Teeth (Orthodontics)</b>	Not Covered	Not Covered	Not Covered

\*Deductible does not apply to Full Mouth Debridement

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.

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