



Delta Dental of Iowa
Constellation Software Inc. - \$2500 Max Plan W/Ortho

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPOSM	Delta Dental Premier[®]	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	\$2,500	\$2,500	\$2,500
- Eligible children through age	25	25	25
- Full-time (unmarried) students eligible through age	25	25	25
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime maximum	\$2,500	\$2,500	\$2,500
- Orthodontics: Eligible children through age	25	25	25
- Orthodontics: Full-time students eligible through age	25	25	25
- Adult Orthodontics	Yes	Yes	Yes
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	0%	0%	0%
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
- Space Maintainers			
- Problem Focused Exams			
- Consultations			
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	10%	10%	20%
- 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			
Root Canals (Endodontic Services)	10%	10%	20%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)			
- Conservative Procedures (Non-surgical)	10%	10%	20%
- Complex Procedures (Surgical)	40%	40%	40%
- Periodontal Maintenance Therapy	10%	10%	20%
- Full Mouth Debridement *	0%	0%	0%
- Localized Chemotherapeutic Agents	10%	10%	20%
- Occlusal Guard	40%	40%	40%
High Cost Restorations (Cast Restorations)	40%	40%	40%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	40%	40%	40%
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			
Straighter Teeth (Orthodontics)	50%	50%	50%

*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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