



## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### Family Health Care of Siouxland

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning</b>	0%	0%
<b>(Diagnostic and Preventive Services)</b>		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period</i>	
- Fluoride Applications	<i>1 every 12 months to age 19</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>	
<b>Cavity Repair and Tooth Extractions</b>	30%	40%
<b>(Routine and Restorative Services)</b>		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Space Maintainers	<i>To age 15</i>	
- Consultations		
- Posterior Composites w/ Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	40%	40%
<b>(Endodontic Services)</b>		
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	40%	40%
<b>(Periodontal Services)</b>		
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 every 36 months per quadrant</i>	
- Periodontal Maintenance Therapy		
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%
<b>(Cast Restorations)</b>		
- Cast Restorations		
- Crowns	<i>1 every 5 years</i>	
- Inlays	<i>1 every 5 years</i>	
- Onlays	<i>1 every 5 years</i>	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%
<b>(Prosthetic Services)</b>		
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants	<i>1 every 5 years</i>	
<b>Straighter Teeth (Orthodontics)</b>	50%	50%

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.

Plan Year 2021