



## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### Heartland Financial USA, Inc. - Plan 2

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non Participating
- Individual Deductible	\$50	\$50	\$75
- Family Deductible	\$150	\$150	\$225
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	Yes
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	26	26	26
<b>Benefits</b>			
<b>Check-Ups and Teeth Cleaning</b>	0%	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>		
- Space Maintainers	<i>To age 15</i>		
<b>Cavity Repair and Tooth Extractions</b>	30%	30%	30%
<b>(Routine and Restorative Services)</b>			
- Emergency Treatment			
- General Anesthesia/Sedation	60%	60%	60%
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Complex Oral Surgery	60%	60%	60%
- Posterior Composites w/ Alternate Processing			
<b>Root Canals (Endodontic Services)</b>			
- Apicoectomy	60%	60%	60%
- Direct Pulp Cap	30%	30%	30%
- Pulpotomy	30%	30%	30%
- Retrograde Fillings	60%	60%	60%
- Root Canal Therapy	30%	30%	30%
<b>Gum and Bone Diseases (Periodontal Services)</b>			
- Conservative Procedures (Non-surgical)	60%	60%	60%
- Complex Procedures (Surgical)	<i>1 every 24 months per quadrant</i>		
- Periodontal Maintenance Therapy	<i>Not Covered</i>		
	<i>2 in a benefit period aggregate with dental cleaning</i>		
<b>High Cost Restorations (Cast Restorations)</b>	60%	60%	60%
<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>	60%	60%	60%
<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>	Not Covered	Not Covered	Not Covered

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