

## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### HNI CORP

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$25	\$50
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	19	19
- Full-time (unmarried) students eligible to age	24	24
- 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	24	24
- 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 in a benefit period to age 19</i>	
- X-Rays	<i>Bitewings - 1 in a benefit period; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 every 4 years per permanent 1st and 2nd molars to age 14</i>	
- Space Maintainers	<i>To age 14</i>	
- Emergency Treatment		
<b>Cavity Repair and Tooth Extractions</b>	10%	20%
<b>(Routine and Restorative Services)</b>		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Space Maintainers - recementing		
- Posterior Composites w/ Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	20%	20%
- Conservative Procedures (Non-surgical)	<i>1 every 12 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 in a benefit period per quadrant</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
<b>High Cost Restorations (Cast Restorations)</b>	20%	20%
- 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	40%	40%
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	40%	40%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs, Relining, and Adjustments	20%	20%
- Recementing of Bridges		
- Implants	<i>1 every 5 years</i>	
<b>Straighter Teeth (Orthodontics)</b>	0%	0%

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.