



Delta Dental of Iowa
Employee Summary of Covered Services and Benefits
Meredith Corporation Consolidated Health and Welfare Plan
High Plan

Deductibles, Maximums & Eligibility	Delta Dental PPO SM / Delta Dental Premier [®] / Non Participating	
- Individual Deductible		\$50
- Family Deductible		\$150
- Deductible applies to Check-Ups and Teeth Cleaning?		No
- Benefit Period Maximum		\$2,500
- Eligible children to age		26
- Full-time (unmarried) students eligible to age		26
- Does Individual Deductible apply to Orthodontics?		No
- Orthodontic lifetime maximum		\$2,500
- Orthodontics: Eligible children to age		26
- Orthodontics: Full-time students eligible to age		26
- Adult Orthodontics		Yes
Benefits		
Check-Ups and Teeth Cleaning		0%
(Diagnostic and Preventive Services)		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period - does not include consultations or problem focused exams</i>	
- Fluoride Applications	<i>1 every 12 months to age 14</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Full Mouth Debridement	<i>1 per lifetime</i>	
- Problem Focused Exams	<i>2 in a benefit period - does not include oral evaluations or consultations</i>	
- Consultations	<i>2 in a benefit period - does not include oral evaluations or problem focused exams</i>	
Cavity Repair and Tooth Extractions		10%
(Routine and Restorative Services)		
- Emergency Treatment		
- General Anesthesia/Sedation		40%
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Stainless Steel Crowns	<i>1 per tooth per lifetime</i>	
- Simple Oral Surgery		
- Complex Oral Surgery		40%
- Sealant Applications	<i>1 per permanent 1st and 2nd molars every 3 consecutive years to age 19</i>	
- Space Maintainers	<i>To age 16</i>	
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)		10%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		10%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 per quadrant every 36 months</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
High Cost Restorations (Cast Restorations)		40%
- Cast Restorations		
- Crowns	<i>1 every 8 years</i>	
- Inlays	<i>1 every 8 years</i>	
- Onlays	<i>1 every 8 years</i>	
- Post and Cores	<i>1 every 8 years</i>	
- Recementing Crowns/Inlays/Onlays	<i>1 in a benefit period per crown</i>	
Dentures and Bridges (Prosthetic Services)		40%
- Bridges	<i>1 every 8 years</i>	
- Dentures	<i>1 every 8 years</i>	
- Repairs and Adjustments		
- Recementing of Bridges	<i>1 in a benefit period per bridge</i>	
- Implants	<i>1 every 8 years</i>	
Straighter Teeth (Orthodontics)		50%
Additional Options		
-Enhanced Benefits Program		<i>Included</i>
-Annual Maximum Carryover - To Go SM		<i>Included</i>

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions. Please refer to your dental benefits document for details.

This dental plan includes the Annual Maximum Carryover – To GoSM for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

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 2022