



Delta Dental of Iowa
Employee Summary of Covered Services and Benefits
Meredith Corporation Consolidated Health and Welfare Plan
Medium 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 | | \$1,500 |
| - Eligible children to age | | 26 |
| - Full-time (unmarried) students eligible to age | | 26 |
| - Does Individual Deductible apply to Orthodontics? | | No |
| - Orthodontic lifetime maximum | | \$1,500 |
| - Orthodontics: Eligible children to age | | 19 |
| - Orthodontics: Full-time students eligible to age | | 19 |
| - Adult Orthodontics | | No |
| 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 | | 20% |
| (Routine and Restorative Services) | | |
| - Emergency Treatment | | |
| - General Anesthesia/Sedation | | 50% |
| - Restoration of Decayed or Fractured Teeth | | |
| - Limited Occlusal Adjustments | | |
| - Stainless Steel Crowns | 1 per tooth per lifetime | |
| - Simple Oral Surgery | | |
| - Complex Oral Surgery | | 50% |
| - 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) | | 20% |
| - Apicoectomy | | |
| - Direct Pulp Cap | | |
| - Pulpotomy | | |
| - Retrograde Fillings | | |
| - Root Canal Therapy | | |
| Gum and Bone Diseases (Periodontal Services) | | 20% |
| - Conservative Procedures (Non-surgical) | <i>1 every 24 months per quadrant</i> | |
| - Complex Procedures (Surgical) | 1 per quadrant every 36 months | 50% |
| - Periodontal Maintenance Therapy | <i>2 in a benefit period aggregate with dental cleaning</i> | |
| High Cost Restorations (Cast Restorations) | | 50% |
| - 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) | | 50% |
| - 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% |

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