



Delta Dental of Iowa Pella Community School District - Buy Up Plan

Employee Summary of Covered Services and Benefits

| Deductibles, Maximums & Eligibility | Delta Dental Premier® | Non Participating | |
|---|-----------------------|-------------------|---|
| - Individual Deductible | \$25 | \$50 | |
| - Family Deductible | \$75 | \$150 | |
| - Deductible applies to Check-Ups and Teeth Cleaning? | No | No | |
| - Benefit Period Maximum | \$1,000 | \$1,000 | |
| - Eligible children through age | 25 | 25 | |
| - Full-time (unmarried) students eligible through age | 99 | 99 | |
| - Does Individual Deductible apply to Orthodontics? | No | No | |
| - Orthodontic lifetime maximum | \$2,000 | \$2,000 | |
| - Orthodontics: Eligible children through age | 18 | 18 | |
| - Orthodontics: Full-time students eligible through age | 18 | 18 | |
| - Adult Orthodontics | No | No | |
| Benefits | | | |
| Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning) | 0% | 20% | |
| - Dental Cleaning | | | 2 in a benefit period aggregate with perio maintenance therapy |
| - Oral Evaluations | | | 2 in a benefit period |
| - Fluoride Applications | | | 1 every 12 months through age 18 |
| - X-Rays | | | Bitewings - 1 every 12 months; Full mouth - 1 every 5 years |
| - Sealant Applications | | | 1 in a lifetime per permanent 1st and 2nd molars through age 14 |
| - Space Maintainers | | | Through age 14 |
| - Periodontal Maintenance Therapy * | 50% | 70% | 2 in a benefit period aggregate with dental cleaning |
| Routine and Restorative Services (Cavity Repair and Tooth Extractions) | 20% | 40% | |
| - Emergency Treatment | | | |
| - General Anesthesia/Sedation | | | |
| - Restoration of Decayed or Fractured Teeth | | | |
| - Limited Occlusal Adjustments | | | |
| - Routine Oral Surgery | | | |
| - Posterior Composites w/ Alternate Processing | | | |
| Root Canals (Endodontic Services) | 50% | 70% | |
| - Apicoectomy | | | |
| - Direct Pulp Cap | | | |
| - Pulpotomy | | | |
| - Retrograde Fillings | | | |
| - Root Canal Therapy | | | |
| Gum and Bone Diseases (Periodontal S) | 50% | 70% | |
| - Conservative Procedures (Non-surgical) | | | 1 every 24 months per quadrant |
| - Complex Procedures (Surgical) | | | 1 every 36 months per quadrant |
| High Cost Restorations (Cast Restorati | 50% | 70% | |
| - Cast Restorations | | | |
| - Crowns | | | 1 every 5 years |
| - Inlays | | | 1 every 5 years |
| - Onlays | | | 1 every 5 years |
| - Post and Cores | | | |
| - Recementing Crowns/Inlays/Onlays | | | |
| Dentures and Bridges (Prosthetic Serv | 50% | 70% | |
| - Bridges | | | 1 every 5 years |
| - Dentures | | | 1 every 5 years |
| - Repairs and Adjustments | | | |
| - Recementing of Bridges | | | |
| - Implants | | | 1 every 5 years |
| Straighter Teeth (Orthodontics) | 50% | 50% | |

*Deductible applies to Periodontal Maintenance Therapy.

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.

Monthly Rates:

| | |
|-----------------------|----------|
| Employee | \$36.38 |
| Employee / Spouse | \$71.96 |
| Employee / Child(ren) | \$100.92 |
| Family | \$162.76 |

Rates are effective July 1, 2023 through June 30, 2024

2023