

Delta Dental of Iowa Pella Community School District - Core Plan

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental Premier®	
- Individual Deductible	\$0	
 Deductible applies to Check-Ups and Teeth Cleaning? 	No	
- Benefit Period Maximum	\$0	
Benefits		
Diagnostic and Preventive Services		
(Check-Ups and Teeth Cleaning)		
- Dental Cleaning	0%	1 in a benefit period - only CDT code 1110
- Oral Evaluations	0%	1 in a benefit period - only CDT codes 120 or 140
- Fluoride Applications	Not Covered	
- X-Rays	Not Covered	
- Sealant Applications	Not Covered	
- Space Maintainers	Not Covered	
- Periodontal Maintenance Therapy	Not Covered	
Routine and Restorative Services	Not Covered	
(Cavity Repair and Tooth Extractions)		
- 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)	Not Covered	
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy Gum and Bone Diseases (Periodontal Services)	Not Covered	
- Conservative Procedures (Non-surgical)	Not covered	
- Complex Procedures (Non-surgical)		
	No. Comment	
High Cost Restorations (Cast Restorations)	Not Covered	
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	Not Covered	
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
Straighter Teeth (Orthodontics)	Not Covered	
Straighter reeth (Orthodolitics)	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.

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