



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

City of Sioux City

Deductibles, Maximums & Eligibility		Delta Dental Premier®
- Individual Deductible		\$25
- Family Deductible		\$50
- Deductible applies to Check-Ups and Teeth Cleaning?		No
- Benefit Period Maximum		\$1,200
- Eligible children to age		26
- Full-time (unmarried) students eligible to age		99
- Orthodontic lifetime deductible		\$25
- Orthodontic lifetime maximum		\$2,000
- 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</i>
- Oral Evaluations		<i>2 in a benefit period</i>
- Fluoride Applications		<i>1 every 12 months - no age limitations</i>
- X-Rays		<i>Bitewings - 1 every 12 months; Full mouth - 1 every 36 months 1</i>
- Sealant Applications		<i>in a lifetime per permanent 1st and 2nd molars to age 14</i>
- Space Maintainers		<i>2 every 12 months to age 14</i>
- Periodontal Maintenance Therapy		<i>no limitations</i>
Cavity Repair and Tooth Extractions		20%
(Routine and Restorative Services)		
- 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)		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)		<i>1 every 36 months per quadrant</i>
High Cost Restorations (Cast Restorations)		20%
- Cast Restorations		
- Crowns		<i>1 every 5 years per tooth</i>
- Inlays		<i>1 every 5 years per tooth</i>
- Onlays		<i>1 every 5 years per tooth</i>
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)		50%
- Bridges		<i>1 every 5 years per tooth</i>
- Dentures		<i>1 every 5 years per tooth</i>
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		<i>1 every 5 years per tooth - 20%</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 Beginning 01/2021