



## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### UnityPoint Affiliates - Basic Plan

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$25	\$50
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$750	\$750
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning</b>	0%	0%
<b>(Diagnostic and Preventive Services)</b>		
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
<b>Cavity Repair and Tooth Extractions</b>	10%	20%
<b>(Routine and Restorative Services)</b>		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing	50%	50%
<b>Root Canals (Endodontic Services)</b>	Not Covered	Not Covered
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>		
- Conservative Procedures (Non-surgical)	Not Covered	Not Covered
- Complex Procedures (Surgical)	Not Covered	Not Covered
- Periodontal Maintenance Therapy	20%	20%
<b>High Cost Restorations (Cast Restorations)</b>	Not Covered	Not Covered
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	Not Covered	Not Covered
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
<b>Straighter Teeth (Orthodontics)</b>	Not Covered	Not Covered
<b>Additional Options</b>		
-Enhanced Benefits Program	<i>Included</i>	<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.

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.