



Delta Dental of Iowa

Summary of Covered Services and Benefits

Wells Enterprises, Inc.

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	LIFETIME MAXIMUM
BENEFIT CATEGORIES	\$25 / \$75 PPO \$50 / \$150 Premier \$50 / \$150 Non-Participating	Delta Dental PPO / Delta Dental Premier / Non-Participating	\$1,500 *	\$2,000
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers	Waived	00% / 00% / 00%	Yes	N/A
Cavity Repair and Tooth Extractions (Routine and Restorative Services) 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery	Yes	10% / 20% / 20%	Yes	N/A
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20% / 20% / 20%	Yes	N/A
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Periodontal Maintenance Therapy	Yes	20% / 20% / 20%	Yes	N/A
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	50% / 50% / 50%	Yes	N/A
Dentures and Bridges (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Dental Implants	Yes	50% / 50% / 50%	Yes	N/A
Straighter Teeth (Orthodontics – eligible children to age 19)	Yes	50% / 50% / 50%	N/A	Yes

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.

An eligible child is under 26 years of age. Coinsurance is shown as the percentage that is the responsibility of the Covered Person.

This dental plan includes the Enhanced Benefits Program which allows additional benefits for Covered Person(s) with designated dental or medical conditions. This dental plan also includes the Annual Maximum Carryover - TOGOSM for carryover of unused Benefit Period Maximum to the next benefit contract year. Please refer to your dental benefits document for details.

***Combined Maximum for PPO, Premier, and Non-Participating Providers.**