

## Delta Dental of Iowa Workiva, Inc.

### Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par	
- Individual Deductible	\$25	\$75	
- Family Deductible	\$75	\$150	
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	
- Benefit Period Maximum	\$2,500	\$2,500	
- 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	\$2,500	\$2,500	
- Orthodontics: Eligible children through age	25	25	
- Orthodontics: Full-time students eligible through age	99	99	
- Adult Orthodontics	Yes	Yes	
<b>Benefits</b>			
<b>Diagnostic and Preventive Services</b>	0%	0%	
<b>(Check-Ups and Teeth Cleaning)</b>			
- Dental Cleaning			2 in a benefit period aggregate with perio maintenance therapy
- Oral Evaluations			2 in a benefit period
- Fluoride Applications			1 every 6 months
- X-Rays			Bitewings - 1 every 12 months; Full mouth - 1 every 5 years
- Sealant Applications *	0%	20%	1 in a lifetime per permanent 1st and 2nd molars through age 14
- Space Maintainers *	0%	20%	Through age 14
- Periodontal Maintenance Therapy *	10%	20%	2 in a benefit period aggregate with dental cleaning
<b>Routine and Restorative Services</b>	0%	20%	
<b>(Cavity Repair and Tooth Extractions)</b>			
- Emergency Treatment			
- General Anesthesia/Sedation	50%	50%	
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Simple Oral Surgery			
- Complex Oral Surgery	50%	50%	
- Posterior Composites w/o Alternate Processing			
<b>Root Canals (Endodontic Services)</b>	10%	20%	
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
<b>Gum and Bone Diseases (Periodontal Services)</b>	10%	20%	
- Conservative Procedures (Non-surgical)			1 every 24 months per quadrant
- Complex Procedures (Surgical)			1 in a benefit period per quadrant
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%	
- Cast Restorations			
- Crowns			1 every 5 years
- Inlays			1 every 5 years
- Onlays			1 every 5 years
- Post and Cores			1 every 5 years
- Recementing Crowns/Inlays/Onlays			
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%	
- Bridges			1 every 5 years
- Dentures			1 every 5 years
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			1 every 5 years
<b>Straighter Teeth (Orthodontics)</b>	40%	40%	
<b>Additional Options</b>			
-Enhanced Benefits Program	Included	Included	

\* Deductible applies to Periodontal Maintenance Therapy, Sealants and Space Maintainers.

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.