



Delta Dental of Iowa City of Iowa City - Plan 2

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility		Delta Dental Premier®	
- Individual Deductible		\$25	
- Family Deductible		\$75	
- Deductible applies to Check-Ups and Teeth Cleaning?		No	
- Benefit Period Maximum		\$1,500	
- Eligible children through age		25	
- Full-time (unmarried) students eligible through age		99	
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		0%	
- Dental Cleaning			2 in a benefit period aggregate with Periodontal Maintenance Therapy
- Oral Evaluations			3 in a benefit period
- Fluoride Applications			1 every 6 months
- X-Rays			Bitewings - 1 every 12 months; full mouth - 1 every 3 years
- Sealant Applications			1 in a lifetime per permanent 1 st and 2 nd molars through age 14
- Space Maintainers			Through age 14
- Periodontal Maintenance Therapy	*	20%	2 in a benefit period aggregate with Dental Cleaning
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		20%	
- 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)		50%	
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)		20%	
- Conservative Procedures (Non-surgical)			1 every 24 months per quadrant
- Complex Procedures (Surgical)		Not Covered	
High Cost Restorations (Cast Restorations)		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			
Dentures and Bridges (Prosthetic Services)		Not Covered	
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			
Straighter Teeth (Orthodontics)		Not Covered	
Additional Options			
-Enhanced Benefits Program		Included	

*Deductible applies to Periodontal Maintenance Therapy.

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.