



11-14-17
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Delta Dental of Iowa

Summary of Covered Services and Benefits: Alternate 1

Woodbury County Group # 33541

Deductibles, Maximums & Eligibility	Delta Dental PPO™	Delta Dental Premier® / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,500	\$1,500
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
Benefits		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	100%	100%
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
- Periodontal Maintenance Therapy		
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	90%	80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Consultations		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	80%	80%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	50%	50%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays	80%	80%
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges		
- Dentures		
- Repairs and Adjustments	80%	80%
- Recementing of Bridges	80%	80%
- Implants		
Straighter Teeth (Orthodontics)	Not Covered	Not Covered

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.

2018



Financial Exhibit :

Alternate 1

Woodbury County

Group # 33541

Changes on the Summary of Covered Services and Benefits exhibit are shown in red; all other benefits remain the same.

Employer Contribution

Complete this Section*

ER Contribution* _____

Single _____

Family _____

Number of benefit Eligible Employees* _____

Plan Costs

Rates guaranteed from 01/01/2018 through 12/31/2018

	<u>Single</u>	<u>Emp/Spouse</u>	<u>Emp/Child(ren)</u>	<u>Family</u>	<u>Annual Expense</u>
Contracts	166	69	44	86	
Self-insured incurred claim estimates	\$26.34	\$55.54	\$67.10	\$96.22	\$233,184
Self-insured Administrative Fees - Weekly Settlement		2018 PEPM	2019 PEPM	2020 PEPM	
Administrative Fee		\$4.97	\$5.12	\$5.12	
Network Fee		Waived	Waived	\$0.25	
Broker Fee		\$0.00	\$0.00	\$0.00	
Total Administrative Fee		\$4.97	\$5.12	\$5.37	
Recommended Rates (Includes Admin)	\$28.80	\$60.72	\$73.36	\$105.20	\$254,953

Please sign below and return to Delta Dental of Iowa at fax # 888-337-5157

*Please update employer contribution and number of benefit eligible employees above and sign below.

Signature 

Date 11-14-17