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**Delta Dental of Iowa**

**Summary of Covered Services and Benefits: Alternate 1**

**Woodbury County Group # 33541**

<b>Deductibles, Maximums &amp; Eligibility</b>	<b>Delta Dental PPO™</b>	<b>Delta Dental Premier® / Non Par</b>
- 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
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)</b>	100%	100%
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
- Periodontal Maintenance Therapy		
<b>Cavity Repair and Tooth Extractions (Routine and Restorative Services)</b>	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		
<b>Root Canals (Endodontic Services)</b>	80%	80%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	50%	50%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays	80%	80%
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%
- Bridges		
- Dentures		
- Repairs and Adjustments	80%	80%
- Recementing of Bridges	80%	80%
- <b>Implants</b>		
<b>Straighter Teeth (Orthodontics)</b>	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.

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