



## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### University of Iowa

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$0	\$0
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$2,000	\$2,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Orthodontic annual deductible	No	No
- Included in Benefit Period Maximum?	Yes	Yes
- Orthodontics: Eligible children to age	26	26
- Orthodontics: Full-time students eligible to age	99	99
- Adult Orthodontics	Yes	Yes
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning</b>	0%	0%
<b>(Diagnostic and Preventive Services)</b>		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period</i>	
- Fluoride Applications	<i>1 every 12 months to age 19</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>	
- Space Maintainers	<i>To age 15</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleanin</i>	
<b>Cavity Repair and Tooth Extractions</b>	0%	20%
<b>(Routine and Restorative Services)</b>		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery	<i>Removal of impacted teeth is primary under medical coverage</i>	
- 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)		
- Complex Procedures (Surgical)		
<b>High Cost Restorations (Cast Restorations)</b>	10%	20%
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	10%	20%
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
<b>Straighter Teeth (Orthodontics)</b>	50%	50%
<b>Additional Options</b>		
CheckUp Plus <sup>TM</sup>	<i>Included</i>	<i>Included</i>
Enhanced Benefits Program	<i>Included</i>	<i>Included</i>
Annual Maximum Carryover - To Go <sup>SM</sup>	<i>Included</i>	<i>Included</i>

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.

This dental plan includes the Annual Maximum Carryover – To Go<sup>SM</sup> for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

This dental plan includes CheckUp Plus<sup>TM</sup> which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's deductible or benefit period maximum. 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.