



Delta Dental of Iowa University of Iowa - Plan 2

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®] / Non Par
- Individual Deductible	\$0	\$15
- 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
- Does Individual Deductible apply to Orthodontics?	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
Benefits		
Diagnostic and Preventive Services		
(Check-Ups and Teeth Cleaning)		
- 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 in a benefit period 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>
- Consultations *		20% <i>2 in a benefit period aggregate with dental cleaning</i>
Routine and Restorative Services		
(Cavity Repair and Tooth Extractions)		
- Emergency Treatment	0%	20%
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)		
- Apicoectomy	10%	20%
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		
- Conservative Procedures (Non-surgical)	10%	20%
- Complex Procedures (Surgical)		
- Periodontal Maintenance Therapy **	0%	0%
- Periodontal Appliance		<i>1 every 3 years for biteguards</i>
High Cost Restorations (Cast Restorations)		
- Cast Restorations	10%	20%
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)		
- Bridges	10%	20%
- Dentures		
- Repairs, Relining, and Adjustments		
- Recementing of Bridges		
- Implants		
Straighter Teeth (Orthodontics)		
	50%	50%
Additional Options		
-CheckUp Plus SM	Included	Included
-Enhanced Benefits Program	Included	Included
-Annual Maximum Carryover - To Go SM	Included	Included

*Deductible applies to Consultations.

**Deductible does not apply 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.

This dental plan includes the Annual Maximum Carryover – To GoSM 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 PlusSM 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.

2025