



Delta Dental of Iowa

Drake University

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®] / Non Par
- Individual Deductible	\$35	\$50
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,300	\$1,300
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	0%	0%
- Dental Cleaning		<i>2 per benefit period</i>
- Oral Evaluations		<i>2 per benefit period</i>
- Fluoride Applications		<i>1 every 12 months to age 26</i>
- X-Rays		<i>Full Mouth - 1 every 3 years</i>
- Sealant Applications		<i>1 every 4 years to age 14</i>
- Space Maintainers		<i>To age 14</i>
- Biopsy of Oral Tissue		
- Emergency Treatment		
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	10%	20%
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Space Maintainers - Re-Cementing		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	20%	20%
- Conservative Procedures (Non-surgical)		<i>1 every 6 months per quadrant</i>
- Complex Procedures (Surgical)		<i>1 per benefit period per quadrant</i>
- Periodontal Maintenance Therapy		
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns		<i>1 every 5 years</i>
- Inlays		<i>1 every 5 years</i>
- Onlays		<i>1 every 5 years</i>
- Post and Cores		
- Crown Repair	20%	20%
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges		<i>1 every 5 years</i>
- Dentures		<i>1 every 5 years</i>
- Repairs and Adjustments	20%	20%
- Recementing of Bridges		
- Implants Not Covered		
Straighter Teeth (Orthodontics)	Not Covered	Not Covered

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.