

Delta Dental of Iowa Des Moines Public Schools

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®]	Non Participating
- Individual Deductible	\$25	\$25	\$25
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	No
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	99	99	99
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime deductible	\$25	\$25	\$25
- Orthodontic lifetime maximum	\$1,500	\$1,500	\$1,500
- Orthodontics: Eligible children to age	19	19	19
- Orthodontics: Full-time students eligible to age	24	24	24
- Adult Orthodontics	Yes	Yes	Yes
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	0%	0%	0%
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
- Space Maintainers			
- Periodontal Maintenance Therapy			
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	20%	20%	20%
- Emergency Treatment			
- 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)	20%	20%	20%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	20%	20%	20%
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)			
High Cost Restorations (Cast Restorations)	40%	40%	40%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	40%	40%	40%
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants w/Alternate Processing			
Straighter Teeth (Orthodontics)	50%	50%	50%
Additional Options			
-Annual Maximum Carryover - To Go SM	Included	Included	Included

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.

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.