

Delta Dental Plan of Iowa
Summary of Covered Services and Benefits

STATE OF IOWA

Effective 01/01/2005

Product: DeltaPremier	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	ORTHO LIFETIME MAX
BENEFIT CATEGORIES:	None		\$1,500	
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning – once every 6 mo. 2. Oral Evaluations – once every 6 mo. 3. Fluoride Applications – once every 12 mo. for unmarried, dependent children under age 19. 4. X-rays		0%	Yes	
Cavity Repair and Tooth Extractions (Routine and Restorative Services) 1. Contour of Bone 2. Emergency Treatment 3. General Anesthesia/Sedation 4. Restoration of Decayed or Fractured Teeth 5. Limited Occlusal Adjustment 6. Routine Oral Surgery 7. Sealant Applications - \$120/lifetime 8. Space Maintainers		20%	Yes	
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy		50%	Yes	
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Periodontal Procedures (Surgical) 3. Maintenance Therapy		50%	Yes	
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores		50%	Yes	
Bridges and Dentures (Prosthetics) 1. Bridges 2. Dentures		50%	Yes	
Straighter Teeth (Orthodontics) <i>Only for unmarried dependent children under age 19.</i>		50%	Waived	\$1,500

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 benefit certificate itself and enrollment regulations in force when the benefit certificate becomes effective. Certain exclusions and limitations apply.

*A dependent is an unmarried child under 19 years of age or a full-time student.
Coinsurance is shown as the percentage that is the responsibility of the member.*