

## DENTAL OPTIONS

The ISU Plan offers you two dental options. You choose the plan that's right for your individual situation. You also elect the level of coverage that's appropriate for you. Your options include:

- ◆ The Basic Dental Plan
- ◆ The Comprehensive Dental Plan

If you wish to enroll yourself, spouse/partner and/or children that were previously eligible but not covered in an ISU Dental Plan, there may be a 12-month waiting period during which the plans will cover only eligible diagnostic/preventative or orthodontic charges. There will be no waiting period if you and eligible dependents are currently covered on ISU dental insurance and you elect to change from one plan to the other.

There is possible coverage for non-student adult children between ages of 19-25 (see page 10 of guide for details).

ISU Dental Plans	THIS COMPARISON IS ONLY A SUMMARY OF BENEFITS AND DOES NOT LIST LIMITATIONS. BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S SUBSCRIBER AGREEMENT OR PLAN DOCUMENT.		<h3 style="margin: 0;">Dental 3-Year Lock-in Period Reminder</h3> <p style="margin: 0;"><b><u>Enrollment into the Comprehensive Dental Plan requires that you stay in the plan for a minimum of three years. You may switch from the Comprehensive to the Basic Dental or No Coverage option during this Open Change Period, but only if you have been in the Comprehensive Plan for three (3) years. Employees enrolling in the Comprehensive Plan must wait until they have completed three years of participation and make the change during the next Open Change Period.</u></b></p>
Plan Provisions	Basic Plan	Comprehensive Plan	
Deductibles	None	\$25 annual deductible/contract combined for basic & major restorative	
Annual maximum benefit	\$750/person/year	\$1,500/person/year excludes orthodontics	
Diagnostic/Preventative			
◆ Check-ups	100% - 2 per year*	100% - 2 per year*	
◆ Cleanings	100% - 2 per year*	100% - 2 per year*	
◆ X-rays	100%	100%	
◆ Topical fluoride – under age 19	1 every 12 months	1 every 12 months	
◆ Topical fluoride – adults	1 every 12 months	1 every 12 months	
◆ Sealants – under age 15	100%	100%	
◆ Space maintainers – under age 14	100%	100%	
Basic restorative			
◆ Non-gold fillings	50%	80%, after deductible	
◆ Root canal	50%	80%, after deductible	
◆ Treatment for gum disease	50%	80%, after deductible	
◆ Extractions	50%	80%, after deductible	
◆ Anesthesia	50%	80%, after deductible	
Major restorative			
◆ Gold & porcelain inlays & onlays	50%	50%, after deductible	
◆ Crowns & jackets	50%	50%, after deductible	
◆ Bridgework	Not covered	50%, after deductible	
◆ Implants	Not covered	50%, after deductible	
◆ Dentures	Not covered	50%, after deductible	
Orthodontics	Not covered	50% coverage, lifetime maximum benefit \$2,000 after \$50 deductible	
*Periodontal Maintenance applies to 2 check-ups/cleanings per year limit, except immediately following complete or conservative periodontal therapy.			

### 2009 ISU Plan Monthly Dental Rates

	<u>Price Tag</u>		Benefit Credit	You Pay	
	Basic	Comprehensive		Basic	Comprehensive
<b>Total Price</b>					
No coverage option	--	--	\$23	--	--
Yourself only	\$23	\$37	\$23	\$0	\$14
Yourself + spouse	\$51	\$93	\$23	\$28	\$70
Double spouse	\$25.50	\$46.50	\$23	\$2.50	\$23.50
Yourself + children	\$58	\$98	\$23	\$35	\$75
Yourself + family	\$64	\$110	\$23	\$41	\$87
Family double spouse	\$32	\$55	\$23	\$9	\$32

#### **Exception for Domestic Partner:**

If you elect domestic partner coverage, you must enroll manually. For domestic partner's, all credit is applied pre-tax but the remaining premium is deducted post-tax on dental coverage. Contact the Human Resources Service Center 515-294-4800 / 1-877-477-7845 to ask for a Benefit Specialist to obtain further information and a "2009 Benefit Change Form".

