

CEDAR COUNTY

DELTA DENTAL of IOWA

Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO	Delta Dental Premier / Non Par
Individual Deductible	\$15	\$25
Family Deductible	\$45	\$75
Deductible applies to Check-ups & Teeth Cleanings	NO	NO
Benefit Period Maximum	\$1,500	\$1,500
Eligible Children to Age	26	26
Full-time (unmarried) students eligible to age	99	99
Does Individual Deductible apply to Orthodontics?	NO	NO
Orthodontic Lifetime Maximum	\$750	\$750
Orthodontics Eligible Children to age	19	19
Orthodontics Full-time students eligible to age	19	19
Adult Orthodontics	NO	NO
Benefits		
Check Ups & Teeth Cleaning	100%	100%
Diagnostic and Preventive Services		
Dental Cleaning		
Oral Evaluations		
Fluoride Applications		
X-Rays		
Sealant Applications		
Space Maintainers		
Cavity Repair and Tooth Extractions	90%	80%
Routine & Restorative Services		
Emergency Treatment		
General Anesthesia / Sedation		
Restoration of Decayed or Fractured Teeth		
Limited Occlusal Adjustments		
Routine Oral Surgery		
Posterior Composite w/ Alternate Processing		
Root Canals (Endodontic Services)	80%	80%
Apicoectomy		
Direct Pulp Cap		
Pulpotomy		
Retrograde Fillings		
Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	80%	80%
Conservative Procedures (Non Surgical)		
Complex Procedures Surgical)	50%	50%
Periodontal Maintenance Therapy		
High Costs Restorations (Cast Restorations)	80%	80%
Cast Restorations		
Crowns		
Inlays		
Onlays		
Post & Cores		
Recementing Crowns / Inlays / Onlays		
Dentures and Bridges (Prosthetic Services)	50%	50%
Bridges		
Dentures and Bridges (Prosthetic Services)		
Repairs and Adjustments		
Recementing of Bridges		
Implants NOT Covered		
Straighter Teeth (Orthodontics)	50%	50%

This is a general description of coverage. It is not a statement of your contract.