

Delta Dental of Iowa
 Summary of Covered Services and Benefits
Central City Community Schools

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	LIFETIME MAXIMUM
BENEFIT CATEGORIES	PPO Premier Non-Par \$50 / \$150	PPO Premier Non-Par	PPO Premier Non-Par \$1,000	PPO Premier Non-Par \$1,000
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays	Waived	20%	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 8. Space Maintainers	Yes	20%	Yes	
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20%	Yes	
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy	Yes	20%	Yes	
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	50%	Yes	
Dentures and Bridges (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures	Yes	50%	Yes	
Straighter Teeth (Orthodontics – for eligible children to age 19)	Yes	50%		Yes

Monthly Premium Rates: Single \$31.77 Family \$93.81

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 Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.

An eligible child is under 26 years of age or a full-time student.

Coinsurance is shown as the percentage that is the responsibility of the Covered Person.