

Delta Dental of Iowa VOLUNTARY CATASTROPHIC PLAN

| | DEDUCTIBLE | COINSURANCE | BENEFIT PERIOD MAX |
|--|--|---------------------------------------|---|
| BENEFIT CATEGORIES | Waived / PPO \$100/Premier \$150/Non-Par | PPO Premier Non-Par | \$1,250 PPO Premier Non-Par |
| Root Canals * (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy | Yes (Premier) (Non-Par) | 40%-PPO 50%-Premier 70%-Non-Par | Yes |
| Gum and Bone Diseases * (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) | Yes (Premier) (Non-Par) | 40%-PPO 50%-Premier 70%-Non-Par | Yes |
| High Cost Restorations * (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores | Yes (Premier) (Non-Par) | 40%-PPO 50%-Premier 70%-Non-Par | Yes |
| Dentures and Bridges * (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures | Yes (Premier) (Non-Par) | 40%-PPO 50%-Premier 70%-Non-Par | Yes |

* Deductible for all Benefit Categories will be waived for PPO providers.

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

Please note: All frequencies are based on Delta Dental of Iowa's standard administration.

VOLUNTARY CATASTROPHIC PLAN EXCLUSIONS

| BENEFIT CATEGORY | EXCLUSIONS |
|--|---|
| Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) | 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 7. Maintenance Therapy |
| Cavity Repair and Tooth Extractions (Routine and Restorative Services) | 1. General Anesthesia/Sedation 2. Routine Oral Surgery 3. Tooth Extraction |
| Straighter Teeth (Orthodontics) | |