

## Delta Dental of Iowa VOLUNTARY COMPREHENSIVE PLAN

	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
<b>BENEFIT CATEGORIES</b>	\$50/ PPO \$150/ Premier \$225/Non-Par	PPO Premier Non-Par	\$1,250 PPO Premier Non-Par
<b>Check Ups and Teeth Cleaning</b> (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	Yes	20%-PPO 30%-Premier 50%-Non-Par	Yes
<b>Cavity Repair</b> (Routine and Restorative Services) 1. Emergency Treatment 2. Restoration of Decayed or Fractured Teeth 3. Limited Occlusal Adjustment	Yes	50%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Root Canals</b> (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Gum and Bone Diseases</b> (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical)	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>High Cost Restorations</b> (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Dentures and Bridges</b> (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Repairs and Adjustments	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes

**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 COMPREHENSIVE PLAN EXCLUSIONS

BENEFIT CATEGORY	EXCLUSIONS
<b>Tooth Extractions</b> (Routine and Restorative Services)	1. General Anesthesia/Sedation 2. Routine Oral Surgery 3. Tooth Extraction
<b>Straighter Teeth</b> (Orthodontics)	

**Employee must remain on one plan for 12 months before switching to another plan. 24-month waiting period to re-enroll if coverage is dropped.**