



Delta Dental of Iowa VOLUNTARY PREVENTIVE PLAN

	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
BENEFIT CATEGORIES	\$50 / PPO \$50 / Premier \$75 / Non-Par	PPO Premier Non-Par	Unlimited PPO Premier Non-Par
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	Yes	20%-PPO 30%-Premier 50%-Non-Par	
Cavity Repair (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	

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 PREVENTIVE PLAN EXCLUSIONS

BENEFIT CATEGORY	EXCLUSIONS
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	1. General Anesthesia/Sedation 2. Routine Oral Surgery 3. Tooth Extraction
Root Canals (Endodontic Services)	1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy
Gum and Bone Diseases (Periodontal Services)	1. Conservative Periodontal procedures 2. Complex Procedures 3. Maintenance Therapy
High Cost Restorations (Cast Restorations)	1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores
Dentures and Bridges (Prosthetics)	1. Bridges 2. Dentures 3. Repairs and Adjustments
Straighter Teeth (Orthodontics)	