



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Western Iowa Tech Comm College

| Deductibles, Maximums & Eligibility | Delta Dental PPO SM | Delta Dental Premier [®] / Non Par |
|---|---|---|
| - Individual Deductible | \$15 | \$25 |
| - Family Deductible | N/A | N/A |
| - Deductible applies to Check-Ups and Teeth Cleaning? | No | No |
| - Benefit Period Maximum | \$1,000 | \$1,000 |
| - 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 | \$1,500 | \$1,500 |
| - Orthodontics: Eligible children to age | 26 | 26 |
| - Orthodontics: Full-time students eligible to age | 99 | 99 |
| - Adult Orthodontics | Yes | Yes |
| Benefits | | |
| Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services) | 0% | 0% |
| - Dental Cleaning | <i>2 in a benefit period aggregate with perio maintenance therapy</i> | |
| - Oral Evaluations | <i>2 in a benefit period</i> | |
| - Fluoride Applications | <i>1 every 12 months to age 19</i> | |
| - X-Rays | <i>Bitewings - 2 in a benefit period; Full mouth - 1 every 3 years</i> | |
| - Space Maintainers | <i>To age 15</i> | |
| Cavity Repair and Tooth Extractions (Routine and Restorative Services) | 10% | 20% |
| - Emergency Treatment | | |
| - General Anesthesia/Sedation | | |
| - Restoration of Decayed or Fractured Teeth | | |
| - Limited Occlusal Adjustments | | |
| - Routine Oral Surgery | | |
| - Histopathologic Examinations | | |
| - Sealant Applications | <i>1 every 3 consecutive years per permanent 1st and 2nd molars to age 17</i> | |
| - Posterior Composites w/ Alternate Processing | | |
| Root Canals (Endodontic Services) | 20% | 20% |
| - Apicoectomy | | |
| - Direct Pulp Cap | | |
| - Pulpotomy | | |
| - Retrograde Fillings | | |
| - Root Canal Therapy | | |
| Gum and Bone Diseases (Periodontal Services) | 20% | 20% |
| - Conservative Procedures (Non-surgical) | <i>1 every 24 months per quadrant</i> | |
| - Complex Procedures (Surgical) | <i>1 every 36 months per quadrant</i> | |
| - Periodontal Maintenance Therapy | <i>2 in a benefit period aggregate with dental cleaning</i> | |
| High Cost Restorations (Cast Restorations) | 20% | 20% |
| - Cast Restorations | | |
| - Crowns | | |
| - Inlays | | |
| - Onlays | | |
| - Post and Cores | | |
| - Recementing Crowns/Inlays/Onlays | | |
| Dentures and Bridges (Prosthetic Services) | 20% | 20% |
| - Bridges | | |
| - Dentures | | |
| - Repairs and Adjustments | | |
| - Recementing of Bridges | | |
| - Implants | | |
| Straighter Teeth (Orthodontics) | 50% | 50% |
| Additional Options | | |
| -CheckUp Plus TM | <i>Included</i> | <i>Included</i> |

This dental plan includes CheckUp PlusTM which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's deductible or benefit period maximum. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

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 document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Plan Year 2025