



Delta Dental of Iowa
Associated Benefits Corporation - Central Valley Ag

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®]	Non Participating
- Individual Deductible	\$50	\$50	\$50
- Family Deductible	\$150	\$150	\$150
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	No
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	26	26	26
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime maximum	\$750	\$750	\$750
- Orthodontics: Eligible children to age	26	26	26
- Orthodontics: Full-time students eligible to age	26	26	26
- Adult Orthodontics	No	No	No
Benefits			
Diagnostic and Preventive Services	0%	0%	0%
(Check-Ups and Teeth Cleaning)			
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications			
- Space Maintainers			
Routine and Restorative Services	20%	20%	20%
(Cavity Repair and Tooth Extractions)			
- Emergency Treatment *	0%	0%	0%
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Therapeutic Drug Injection			
- Posterior Composites w/o Alternate Processing			
Root Canals (Endodontic Services)	50%	50%	50%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	50%	50%	50%
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)			
- Periodontal Maintenance Therapy			
High Cost Restorations (Cast Restorations)	50%	50%	50%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	50%	50%	50%
- Bridges			
- Dentures			
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants			
Straighter Teeth (Orthodontics)	50%	50%	50%

*Deductible does not apply to Emergency Treatment.

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.