



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Educator's Trust - Voluntary Trust - Plan B

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®]	Non Participating
- Individual Deductible	\$25	\$50	\$75
- Family Deductible	\$75	\$150	\$225
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	Yes
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000
- Eligible children to age	26	26	26
- Full-time (unmarried) students eligible to age	99	99	99
- Does Individual Deductible apply to Orthodontics?	No	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000	\$1,000
- Orthodontics: Eligible children to age	19	19	19
- Orthodontics: Full-time students eligible to age	19	19	19
- Adult Orthodontics	No	No	No
Benefits			
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	0%	0%	20%
- 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 in a benefit period to age 15</i>		
- X-Rays	<i>Full mouth - 1 every 5 years</i>		
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>		
- Space Maintainers	<i>To age 15</i>		
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>		
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	10%	20%	40%
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/o Alternate Processing	50%	50%	60%
Root Canals (Endodontic Services)	50%	50%	60%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	50%	50%	60%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>		
- Complex Procedures (Surgical)	<i>1 in a benefit period per quadrant</i>		
High Cost Restorations (Cast Restorations)	50%	50%	60%
- Cast Restorations			
- Crowns	<i>1 every 5 years</i>		
- Inlays	<i>1 every 5 years</i>		
- Onlays	<i>1 every 5 years</i>		
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	50%	50%	60%
- Bridges	<i>1 every 5 years</i>		
- Dentures	<i>1 every 5 years</i>		
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants Not Covered			
Straighter Teeth (Orthodontics)	50%	50%	50%

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.

2020

Monthly Premiums:	Single	\$32.14
	Two Person	\$66.10
	Family	\$104.70