

SUMMARY OF BENEFITS AND PAYMENT – Delta Dental Premier

The information on this page summarizes **your benefits and your payment obligations**. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFIT sections of this certificate.

If a dollar amount for a deductible or benefit period maximum is shown at the top of the chart and applies to a benefit category, “Yes” will be indicated across from that category. (See BENEFITS on page 12 for more details.) If the information does not apply it will indicate “Waived” or be left blank. If there is unique information for a specific benefit it will appear across from that benefit.

	DEDUCTIBLE	COINSURANCE (you pay)	BENEFIT PERIOD MAX
Benefit Categories	\$25/\$75		\$1,500
Diagnostic and Preventive Services (Check-Ups and Teeth Cleanings) 1. Dental Cleaning 2. Oral Evaluation 3. Fluoride Applications 4. X-rays	Waived	00%	Yes
Routine and Restorative Services (Cavity Repair and Tooth Extractions) 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth. 4. Limited Occlusal Adjustment 5. Routine Oral Surgery 6. Sealant Applications 7. Space Maintainers	Yes	20%	Yes

	DEDUCTIBLE	COINSURANCE (you pay)	BENEFIT PERIOD MAX
Endodontic Services (Root Canals) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20%	Yes
Periodontal Services (Gum and Bone Diseases) 1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy	Yes	20%	Yes
Cast Restorations (High Cost Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	20%	Yes
Prosthetics (Dentures and Bridges) 1. Bridges 2. Dentures	Yes	50%	Yes
Orthodontics (Includes Adult Orthodontics)	Yes	50%	Yes

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