



Delta Dental of Iowa

Summary of Covered Services and Benefits: Alternate 2 - Plan 1

ImpactLife Group # 33635

Deductibles, Maximums & Eligibility		Delta Dental Premier®
- Individual Deductible		\$50
- Family Deductible		\$150
- Deductible applies to Check-Ups and Teeth Cleaning?		No
- Benefit Period Maximum		\$2,000
- Eligible children to age		26
- Full-time (unmarried) students eligible to age		26
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		100%
- Dental Cleaning		2 in a benefit period aggregate with perio maintenance therapy
- Oral Evaluations		2 in a benefit period
- Fluoride Applications		1 in a benefit period to age 19
- X-Rays		Bitewings - 1 every 12 months; Full mouth - 1 every 5 years
- Sealant Applications		1 in a lifetime per permanent 1st and 2nd molars to age 15
- Space Maintainers		to age 15
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)		50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		50%
- Conservative Procedures (Non-surgical)		1 every 24 months per quadrant
- Complex Procedures (Surgical)		1 in a benefit period per quadrant
- Periodontal Maintenance Therapy		2 in a benefit period aggregate with dental cleaning
High Cost Restorations (Cast Restorations)		50%
- Cast Restorations		
- Crowns		1 every 5 years
- Inlays		1 every 5 years
- Onlays		1 every 5 years
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)		50%
- Bridges		1 every 5 years
- Dentures		1 every 5 years
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		1 every 5 years
Straighter Teeth (Orthodontics)		Not Covered
Additional Options		
-Annual Maximum Carryover - To Go SM		Included

This dental plan includes the Annual Maximum Carryover – To GoSM for carryover of unused Benefit Period Maximum to the next benefit contract year.

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.