Delta Dental of Iowa
Employee Summary of Covered Services and Benefits
City of West Des Moines

Deductibles, Maximums & Eligibility	Delta Dental PPO℠	Delta Dental Premier® / Non Par
- Individual Deductible	$15	$25
- Family Deductible	$45	$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	$1,000	$1,000
- Eligible children to age	25	25
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	$2,000	$2,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
Benefits		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	100%	100%
- Dental Cleaning	2 in a benefit period aggregate with perio maintenance therapy	
- Oral Evaluations	*3 in a benefit period*	
- Fluoride Applications	*2 in a benefit period*	
- X-Rays	*Bitewings - 1 every 12 months; Full mouth - 1 every 3 years*	
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	90%	80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Space Maintainers		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	50%	50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	50%	50%
- Conservative Procedures (Non-surgical)	*1 every 24 months per quadrant*	
- Complex Procedures (Surgical)	*1 every 5 consecutive years per quadrant*	
- Periodontal Maintenance Therapy	*2 in a benefit period aggregate with dental cleaning*	
High Cost Restorations (Cast Restorations)	50%	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%	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)	50%	50%
Additional Options		
-CheckUp Plus™	Included	Included

This dental plan includes CheckUp Plus™ which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's benefit period maximum.

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.

2019