Delta Dental of Iowa
PCM Community School District

Employee Summary of Covered Services and Benefits

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				
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		0%	0%	
- 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 14*
- X-Rays				*Bitewings - 1 every 12 months; Full mouth - 1 every 5 years*
- Sealant Applications				*1 every 3 years per permanent 1st and 2nd molars to age 16*
- Space Maintainers				*To age 16*
- Office Visit (after regular scheduled hours)	*	10%	20%	
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		10%	20%	
- 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)		20%	20%	
- Apicoectomy				
- Direct Pulp Cap				
- Pulpotomy				
- Retrograde Fillings				
- Root Canal Therapy				
Gum and Bone Diseases (Periodontal Services)		20%	20%	
- Conservative Procedures (Non-surgical)				*1 every 24 months per quadrant*
- Complex Procedures (Surgical)				*1 every 36 months per quadrant*
- Periodontal Maintenance Therapy				*2 in a benefit period aggregate with dental cleaning*
- Harmful Habit Appliance	**	100%	100%	*1 in a lifetime to age 16*
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%	

*Deductible applies to Office Visit (after regular scheduled hours)

**Deductible does not apply to Harmful Habit Appliance

*****$1,000 Benefit Period Maximum is a combined amount for all providers**

******$2,000 Orthodontic Lifetime Maximum is a combined amount for all providers**

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.

2024