Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Schwartz & Co. Enterprises, LTD. dba J.E. Adams Industries

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	$2,000	$2,000	
- Eligible children through age	25	25	
- Full-time (unmarried) students eligible through age	25	25	
- Does Individual Deductible apply to Orthodontics?	No	No	
- Orthodontic lifetime maximum	$1,000	$1,000	
- Orthodontics: Eligible children through age	18	18	
- Orthodontics: Full-time students eligible through age	18	18	
- Adult Orthodontics	No	No	
Benefits			
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	0%	0%	
- 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 through age 18
- 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 through age 18
- Space Maintainers			Through age 14
- Periodontal Maintenance Therapy			2 in a benefit period aggregate with dental cleaning
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	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)	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 36 months per quadrant
- Athletic Mouth Guard			1 every 24 months through age 18
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			
-Annual Maximum Carryover - To Go℠	Included	Included	

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

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.

Plan Year 2023