

Delta Dental Plan of Iowa
Benefit Summary
hawk-i

Product: DeltaPremier USA	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
BENEFITS CATEGORIES	\$0		\$1,000
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) <ul style="list-style-type: none"> • Dental Cleaning • Oral Evaluations • Fluoride Applications(to age 19) • X-rays • Sealant Application (to age 19) • Space Maintainers 	Waived	0%	Yes
Cavity Repair and Tooth Extractions (Routine and Restorative Services) <ul style="list-style-type: none"> • Emergency Treatment • General Anesthesia/Sedation • Restoration of Decayed or Fractured Teeth • Limited Occlusal Adjustment • Routine Oral Surgery 	Waived	0%	Yes
Root Cancals (Endodontic Services) <ul style="list-style-type: none"> • Apicoectomy • Direct Pulp Cap 	Waived	0%	Yes

<ul style="list-style-type: none"> • Pulpotomy • Retrograde Fillings • Root Canal Therapy 			
Gum and Bone Diseases (Periodontal Services)	Waived	0%	Yes
<ul style="list-style-type: none"> • Conservative Procedures (Non-Surgical) • Complex Procedures (Surgical) • Maintenance Therapy 			
High Cost Restorations (Cast Restorations)	Waived	0%	Yes
<ul style="list-style-type: none"> • Cast Restorations <ul style="list-style-type: none"> ○ Crowns ○ Inlays ○ Onlays ○ Posts and Cores 			
Dentures and Bridges (Prosthetics - replacement of missing teeth)	Waived	0%	Yes
<ul style="list-style-type: none"> • Bridges • Dentures 			

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 benefit certificate itself and enrollment regulations in force when the benefit certificate becomes effective. Certain exclusions and limitations apply

**** If a non-participating dentist is seen, no benefits will be paid unless services are to treat an emergency.**