



Delta Dental of Iowa

Summary of Covered Services and Benefits

Cedar Falls Community School District

Product: Delta Dental Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
BENEFIT CATEGORIES	\$25/\$75		\$1,000
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) <ol style="list-style-type: none"> 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 	Waived	0%	Yes
Cavity Repair and Tooth Extractions (Routine and Restorative Services) <ol style="list-style-type: none"> 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery 	Yes	20%	Yes
Root Canals (Endodontic Services) <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy 	Yes	20%	Yes
Gum and Bone Diseases (Periodontal Services) <ol style="list-style-type: none"> 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy 	Yes	20%	Yes
High Cost Restorations (Cast Restorations) <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts and Cores 	Yes	50%	Yes
Dentures and Bridges (Prosthetics - replacement of missing teeth) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 	Yes	50%	Yes
Straighter Teeth (Orthodontics – dependents to age 19)	Yes	50%	Yes

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.

*A dependent is an unmarried child under 19 years of age or a full-time student.
 Coinsurance is shown as the percentage that is the responsibility of the member.*