



## Delta Dental of Iowa

### Summary of Covered Services and Benefits

## City of Fort Dodge

Delta Dental Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	LIFETIME MAXIMUM
<b>BENEFIT CATEGORIES</b>	<b>\$25 per family</b>		<b>\$1,000</b>	
<b>Check Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services) <ol style="list-style-type: none"> <li>1. Dental Cleaning</li> <li>2. Oral Evaluations</li> <li>3. Fluoride Applications</li> <li>4. X-rays</li> </ol>	<b>Waived</b>	<b>20%</b>	<b>Yes</b>	
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services) <ol style="list-style-type: none"> <li>1. Emergency Treatment</li> <li>2. General Anesthesia/Sedation</li> <li>3. Restoration of Decayed or Fractured Teeth</li> <li>4. Limited Occlusal Adjustment</li> <li>5. Routine Oral Surgery</li> <li>6. Sealant Applications</li> <li>7. Space Maintainers</li> </ol>	<b>Yes</b>	<b>50%</b>	<b>Yes</b>	
<b>Root Canals</b> (Endodontic Services) <ol style="list-style-type: none"> <li>1. Apicoectomy</li> <li>2. Direct Pulp Cap</li> <li>3. Pulpotomy</li> <li>4. Retrograde Fillings</li> <li>5. Root Canal Therapy</li> </ol>	<b>Yes</b>	<b>50%</b>	<b>Yes</b>	
<b>Gum and Bone Diseases</b> (Periodontal Services) <ol style="list-style-type: none"> <li>1. Conservative Procedures (Non-Surgical)</li> <li>2. Complex Procedures (Surgical)</li> <li>3. Maintenance Therapy</li> </ol>	<b>Yes</b>	<b>50%</b>	<b>Yes</b>	
<b>High Cost Restorations</b> (Cast Restorations) <ol style="list-style-type: none"> <li>1. Cast Restorations               <ol style="list-style-type: none"> <li>a. Crowns</li> <li>b. Inlays</li> <li>c. Onlays</li> <li>d. Posts and Cores</li> </ol> </li> </ol>	<b>Yes</b>	<b>50%</b>	<b>Yes</b>	
<b>Dentures and Bridges</b> (Prosthetics - replacement of missing teeth) <ol style="list-style-type: none"> <li>1. Bridges</li> <li>2. Dentures</li> </ol>	<b>Yes</b>	<b>50%</b>	<b>Yes</b>	
<b>Straighter Teeth</b> (Orthodontics – eligible children to age 19)	<b>Yes</b>	<b>50%</b>		<b>\$1,000</b>

**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 coverage becomes effective. Certain exclusions and limitations apply.**

*An eligible child is a child under 26 years of age or an unmarried full-time student.*

*Coinsurance is shown as the percentage that is the responsibility of the Covered Person.*