



Delta Dental of Iowa

Summary of Covered Services and Benefits

Pleasant Valley Schools

Delta Dental Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	LIFETIME MAXIMUM
BENEFIT CATEGORIES	\$25 / \$75		\$1,000	None
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	00%	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% 50% 50%	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% 50% 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	20%	Yes	
Dentures and Bridges (Prosthetics - replacement of missing teeth) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 3. Repairs & Adjustments 	Yes	50% 50% 20%	Yes	
Straighter Teeth (Orthodontics) - for Eligible Children	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 dental benefits document itself and enrollment regulations in force when the benefits become 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.*