

## Delta Dental of Iowa

### Summary of Covered Services and Benefits

### Northwestern College

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	ORTHO LIFETIME MAX
<b>BENEFIT CATEGORIES</b>	<b>\$50 / \$150 PPO \$50 / \$150 Premier \$75 / \$225 Out-of-Network</b>	<b>PPO/ Premier/ Out-of Network</b>	<b>\$1,000</b>	
<b>Check Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 2. Fluoride Applications 3. X-rays 4. Sealant Applications 5. Space Maintainers	<b>Waived</b>	<b>00% / 10% / 30%</b>	<b>Yes</b>	
<b>Cavity Repair and Tooth Extractions*(12 months)</b> (Routine and Restorative Services) 1. Emergency Treatment 2. Restoration of Decayed or Fractured Teeth 3. Limited Occlusal Adjustment 4. General Anesthesia/Sedation 5. <b>Routine Oral Surgery</b>	<b>Yes</b>	<b>20% / 30% / 50%</b>  <b>50% / 50% / 60%</b>	<b>Yes</b>	
<b>Root Canals (*12 months)</b> (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	<b>Yes</b>	<b>50% / 50% / 60%</b>	<b>Yes</b>	
<b>Gum and Bone Diseases (*12 months)</b> (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy	<b>Yes</b>	<b>50% / 50% / 60%</b>	<b>Yes</b>	
<b>High Cost Restorations (*12 months)</b> (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	<b>Yes</b>	<b>50% / 50% / 60%</b>	<b>Yes</b>	
<b>Dentures and Bridges (*12 months)</b> (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures	<b>Yes</b>	<b>50% / 50% / 60%</b>	<b>Yes</b>	
<b>Straighter Teeth (*12 months)</b> (Orthodontics – eligible children to age 19)	<b>Waived</b>	<b>50% / 50% / 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 benefits become effective. Certain exclusions and limitations apply.**

*An eligible child is an unmarried child under 25 years of age or a full-time student.  
Coinsurance is shown as the percentage that is the responsibility of the Covered Person.*

**\*Waiting periods are the amount of time a late entrant must wait before certain benefits will be available. This does not apply to new hires or adding Covered Persons who have a qualifying event. Any Covered Person who drops off the plan and later re-enrolls will need to satisfy the late entrant waiting period.**

Rates effective 1/1/18 – 12/31/18

Single \$36.66

Employee/Spouse \$72.13

Employee/Children \$84.04

Family \$144.28