

Delta Dental of Iowa

Summary of Covered Services and Benefits

Northwestern College

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

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 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.

***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 1/1/20 – 12/31/20

Single \$37.94

Employee/Spouse \$74.66

Employee/Children \$86.98

Family \$149.34