



**Delta Dental of Iowa**  
Benefit Summary  
*hawk-i*

Product: Delta Dental Premier

	<b>DEDUCTIBLE</b>	<b>COINSURANCE</b>	<b>BENEFIT PERIOD MAX</b>
<b>BENEFIT CATEGORIES</b>	<b>\$0</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 (to age 19)</li> <li>4. X-rays</li> <li>5. Sealant Applications (to age 19)</li> <li>6. Space Maintainers</li> </ol>	<b>Waived</b>	<b>0%</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> </ol>	<b>Waived</b>	<b>0%</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>Waived</b>	<b>0%</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>Waived</b>	<b>0%</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>Waived</b>	<b>0%</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>Waived</b>	<b>0%</b>	<b>Yes</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 benefit certificate itself and enrollment regulations in force when the benefit certificate becomes effective. Certain exclusions and limitations apply.**

**\*\* If a non-participating dentist is seen, no benefits will be paid unless services are to treat an emergency.**

*Coinsurance is shown as the percentage that is the responsibility of the member.*

*Participating dentists can be found by asking your dentist, checking our web-site at [www.deltadentalia.com](http://www.deltadentalia.com) or calling Delta Dental's customer service at 1-800-544-0718 or 515-261-5500 or TDD 888-287-7312.*