



Delta Dental of Iowa
Luther College

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility		Delta Dental Premier®	
- Individual Deductible		\$30	
- Family Deductible		\$90	
- Deductible applies to Check-Ups and Teeth Cleaning?		Yes	
- Benefit Period Maximum		26	
- Eligible children to age		99	
Benefits	*		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		30%/20%/10%/00%	
- Dental Cleaning			2 in a benefit period aggregate with perio maintenance therapy
- Oral Evaluations			2 in a benefit period
- Fluoride Applications			1 in a benefit period to age 19
- X-Rays			Bitewings - 1 every year; Full mouth - 1 every 3 years
- Sealant Applications			1 every 3 years to age 17
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	*	30%/20%/10%/00%	
- Emergency Treatment			
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Antibiotic Drug Injections			
- Posterior Composites w/o Alternate Processing			
Root Canals (Endodontic Services)	*	30%/20%/10%/00%	
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)	*	30%/20%/10%/00%	
- Conservative Procedures (Non-surgical)			1 every 3 consecutive years per quadrant
- Complex Procedures (Surgical)			1 every 3 consecutive years per quadrant
- Periodontal Maintenance Therapy			2 in a benefit period aggregate with dental cleaning
High Cost Restorations (Cast Restorations)	**	50%	
- Cast Restorations			
- Crowns			1 every 5 years
- Inlays			1 every 5 years
- Onlays			1 every 5 years
- Post and Cores			
- Recementing Crowns/Inlays/Onlays			
Dentures and Bridges (Prosthetic Services)	**	50%	
- Bridges			1 every 5 years
- Dentures			1 every 5 years
- Repairs and Adjustments			
- Recementing of Bridges			
- Implants Not Covered			
Straighter Teeth (Orthodontics)		Not Covered	
Additional Options			
-Enhanced Benefits Program		Included	

* This Dental Plan is called 'Step Coinsurance'. During the first Benefit Period, coinsurance is at the highest level; each subsequent Benefit Period your coinsurance obligation decreases.

** Services are subject to a waiting period. A Waiting period is the amount of time a Covered Person must wait before certain benefits may be available. Please refer to your dental benefits documents for details.

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

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. Please refer to your dental benefits document for details.