



Delta Dental of Iowa  
Life Care Companies LLC, Inc. - Low Plan

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$0	\$25
- Family Deductible	\$0	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$750	\$750
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
<b>Benefits</b>		
<b>Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)</b>	0%	0%
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>3 in a benefit period</i>	
- Fluoride Applications	<i>2 in a benefit period to age 14</i>	
- X-Rays	<i>Bitewings - 1 every 6 months; Full mouth - 1 every 3 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 19</i>	
- Space Maintainers	<i>to age 14</i>	
-Problem Focused Exams *	20%	30%
-Biopsy of Oral Tissue		
<b>Routine and Restorative Services (Cavity Repair and Tooth Extractions)</b>	20%	30%
- Emergency Treatment **	0%	0%
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	50%	50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	50%	50%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)	<i>1 in a benefit period per quadrant</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
<b>High Cost Restorations (Cast Restorations)</b>	Not Covered	Not Covered
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	Not Covered	Not Covered
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
<b>Straighter Teeth (Orthodontics)</b>	Not Covered	Not Covered
<b>Additional Options</b>		
-Enhanced Benefits Program	Included	Included

\*Deductible applies to Problem Focused Exams

\*\*Deductible does not apply to Emergency Treatment

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.