



Delta Dental of Iowa
ITA Group, Inc. - Low Plan

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®] / Non Par
- Individual Deductible	\$25	\$50
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children through age	25	25
- Full-time (unmarried) students eligible through age	99	99
Benefits		
Diagnostic and Preventive Services	0%	0%
(Check-Ups and Teeth Cleaning)		
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
- Periodontal Maintenance Therapy	Not Covered	Not Covered
Routine and Restorative Services	10%	20%
(Cavity Repair and Tooth Extractions)		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)	Not Covered	Not Covered
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	Not Covered	Not Covered
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
High Cost Restorations (Cast Restorations)	Not Covered	Not Covered
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	Not Covered	Not Covered
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
Straighter Teeth (Orthodontics)	Not Covered	Not Covered

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.