



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

The Rasmussen Group, Inc. - Hourly

Deductibles, Maximums & Eligibility	Delta Dental Premier®
- Individual Deductible	\$25
- Family Deductible	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No
- Benefit Period Maximum	\$1,000
- Eligible children to age	26
- Full-time (unmarried) students eligible to age	26
- Does Individual Deductible apply to Orthodontics?	No
- Orthodontic annual deductible	No
- Orthodontic lifetime maximum	\$2,000
- Orthodontics: Eligible children to age	19
- Orthodontics: Full-time students eligible to age	19
- Adult Orthodontics	No
Benefits	
Check-Ups and Teeth Cleaning	0%
(Diagnostic and Preventive Services)	
- Dental Cleaning	
- Oral Evaluations	
- Fluoride Applications	
- X-Rays	
- Sealant Applications	
- Space Maintainers	
Cavity Repair and Tooth Extractions	20%
(Routine and Restorative Services)	
- Emergency Treatment	
- General Anesthesia/Sedation	
- Restoration of Decayed or Fractured Teeth	
- Limited Occlusal Adjustments	
- Routine Oral Surgery	
- Posterior Composites w/ Alternate Processing	
Root Canals (Endodontic Services)	20%
- Apicoectomy	
- Direct Pulp Cap	
- Pulpotomy	
- Retrograde Fillings	
- Root Canal Therapy	
Gum and Bone Diseases (Periodontal Services)	20%
- Conservative Procedures (Non-surgical)	
- Complex Procedures (Surgical)	
- Periodontal Maintenance Therapy	
High Cost Restorations (Cast Restorations)	50%
- Cast Restorations	
- Crowns	
- Inlays	
- Onlays	
- Post and Cores	
- Recementing Crowns/Inlays/Onlays	
Dentures and Bridges (Prosthetic Services)	50%
- Bridges	
- Dentures	
- Repairs and Adjustments	
- Recementing of Bridges	
- Implants Not Covered	
Straighter Teeth (Orthodontics)	50%
Additional Options	
-CheckUp Plus™	Included

This dental plan includes CheckUp Plus™ which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's deductible or benefit period maximum. 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.