



## Delta Dental of Iowa

### Summary of Covered Services and Benefits

## GreenState Credit Union

Delta Dental Premier®	BENEFIT		
BENEFIT CATEGORIES	DEDUCTIBLE	COINSURANCE	PERIOD MAX
	<b>\$25 / \$75</b>		<b>\$1,500</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</li> <li>4. X-rays</li> <li>5. Space Maintainers</li> <li>6. Sealant Applications</li> </ol>	<b>Waived</b>	<b>00%</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>Yes</b>	<b>20%</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>Yes</b>	<b>20%</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>Yes</b>	<b>20%</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>Yes</b>	<b>50%</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>Yes</b>	<b>50%</b>	<b>Yes</b>
<b>Straighter Teeth</b> (Orthodontics – eligible children to age 19)	<b>Yes</b>	<b>50%</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 dental benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.**

*An eligible child is an unmarried child under 19 years of age or a full-time student to age 24.*

*Coinsurance is shown as the percentage that is the responsibility of the Covered Person.*