



Effective: July 1, 2025

Monthly Premium Rates:

Single (AEA paid) \$42.40 Family \$106.00

Based on 1.0 FTE

## Delta Dental of Iowa

### Summary of Covered Services and Benefits

## Central Rivers Area Education Agency

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	ORTHO ANNUAL MAX
BENEFIT CATEGORIES	\$15 PPO \$25 Premier \$25 Out-of-Network	Delta Dental PPO/ Delta Dental Premier/ Out-of-Network	\$1,250 PPO \$1,000 Premier \$1,000 Out-of-Network	
<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. One Fluoride Application (through age 18)</li> <li>4. X-rays</li> <li>5. Space Maintainers</li> <li>6. Sealant Applications</li> </ol>	Waived	00%	No - not applied to benefit period max	
<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>	Yes	20%	Yes	
<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>	Yes	20%	Yes	
<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>	Yes	20%	Yes	
<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> <li>2. Re-cementing Crowns/Inlays/Onlays</li> </ol>	Yes	50%	Yes	
<b>Dentures and Bridges</b> (Prosthetics - replacement of missing teeth) <ol style="list-style-type: none"> <li>1. Bridges</li> <li>2. Dentures</li> <li>3. Repairs and Adjustments</li> <li>4. Dental Implants</li> </ol>	Yes	50%	Yes	
<b>Straighter Teeth</b> (Orthodontics – eligible children to age 19)	Yes	50%		\$500

**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.**

*An eligible child is under 26 years of age or an unmarried full-time student.*

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