# Delta Dental of Iowa

## VOLUNTARY CATASTROPHIC PLAN

### Adel-Desoto-Minburn Schools

**Product:** Delta Dental PPO

<table>
<thead>
<tr>
<th>BENEFIT CATEGORIES</th>
<th>DEDUCTIBLE</th>
<th>COINSURANCE</th>
<th>BENEFIT PERIOD MAX</th>
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<tbody>
<tr>
<td>Waived / PPO $100/Premier $150/Non-Par</td>
<td>PPO Premier</td>
<td>PPO Premier Non-Par</td>
<td></td>
</tr>
</tbody>
</table>

### Root Canals (Endodontic Services)

- **Yes (Premier)**
- **40%-PPO**
- **50%-Premier**
- **70%-Non-Par**
- **Yes**

- 1. Apicoectomy
- 2. Direct Pulp Cap
- 3. Pulpotomy
- 4. Retrograde Fillings
- 5. Root Canal Therapy

### Gum and Bone Diseases (Periodontal Services)

- **Yes (Premier)**
- **Yes (Non-Par)**
- **40%-PPO**
- **50%-Premier**
- **70%-Non-Par**
- **Yes**

- 1. Conservative Procedures (Non-Surgical)
- 2. Complex Procedures (Surgical)
- 3. Maintenance Therapy

### High Cost Restorations (Cast Restorations)

- **Yes (Premier)**
- **Yes (Non-Par)**
- **40%-PPO**
- **50%-Premier**
- **70%-Non-Par**
- **Yes**

- 1. Cast Restorations
  a. Crowns
  b. Inlays
  c. Onlays
  d. Posts and Cores

### Dentures and Bridges (Prosthetics - replacement of missing teeth)

- **Yes (Premier)**
- **Yes (Non-Par)**
- **40%-PPO**
- **50%-Premier**
- **70%-Non-Par**
- **Yes**

- 1. Bridges
- 2. Dentures

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* Deductible for all Benefit Categories will be waived for PPO providers only.

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 Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.

**Please note:** All frequencies are based on Delta Dental of Iowa’s standard administration.

## VOLUNTARY CATASTROPHIC PLAN EXCLUSIONS

<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>EXCLUSIONS</th>
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</table>
| Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) | 1. Dental Cleaning  
2. Oral Evaluations  
3. Fluoride Applications  
4. X-rays  
5. Sealant Applications  
6. Space Maintainers |
| Cavity Repair and Tooth Extractions (Routine and Restorative Services) | 1. General Anesthesia/Sedation  
2. Routine Oral Surgery  
3. Tooth Extraction |
| Straighter Teeth (Orthodontics) | |

**Monthly Premium Rates:** Single $12.00  Two Person $23.00  Family $25.00

Employee must remain on one plan for 12 months before switching to another plan. 24-month waiting period to re-enroll if coverage is dropped.