Delta Dental of Iowa

VOLUNTARY COMPREHENSIVE PLAN

Adel-Desoto-Minburn Schools

Product: Delta Dental PPO^{sm}	**DEDUCTIBLE**	**COINSURANCE**	**BENEFIT PERIOD MAX**
BENEFIT CATEGORIES	$50/ **PPO** $150/ **Premier** $225/**Non-Par**	**PPO** **Premier** **Non-Par**	$1,250 **PPO** **Premier** **Non-Par**
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 7. Maintenance Therapy	Yes	20**%-PPO** 30**%-Premier** 50**%-Non-Par**	Yes
Cavity Repair (Routine and Restorative Services) 1. Emergency Treatment 2. Restoration of Decayed or Fractured Teeth 3. Limited Occlusal Adjustment	Yes	50**%-PPO** 50**%-Premier** 70**%-Non-Par**	Yes
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	40**%-PPO** 50**%-Premier** 70**%-Non-Par**	Yes
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical)	Yes	40**%-PPO** 50**%-Premier** 70**%-Non-Par**	Yes
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	40**%-PPO** 50**%-Premier** 70**%-Non-Par**	Yes
Dentures and Bridges (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Repairs and Adjustments	Yes	40**%-PPO** 50**%-Premier** 70**%-Non-Par**	Yes

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 COMPREHENSIVE PLAN EXCLUSIONS

BENEFIT CATEGORY	**EXCLUSIONS**
Cavity Repair (Routine and Restorative Services)	1. General Anesthesia/Sedation 2. Routine Oral Surgery 3. Tooth Extraction
Straighter Teeth (Orthodontics)	

Monthly Premium Rates: Single **$22.00** Two Person **$43.00** Family **$63.00**

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.