

Dental Plan Benefit Highlights

Benefit	Delta Dental of Iowa	
Insurance Provider	Self-Funded (Marshall County)	
Plan Name	Delta Dental PPO	Delta Dental Premier / Non-Par
Deductible	\$15 per Individual \$45 per Family (Waived for D&P)	\$25 per Individual \$75 per Family (Waived for D&P)
Diagnostic & Preventive	100% / 0% Routine Cleanings (once per 6 months)	100% / 0% Routine Cleanings (once per 6 months)
Routine & Restorative	90% / 10%	80% / 20%
Root Canals (Endodontics)	80% / 20%	
Gum & Bone Diseases (Periodontal)	80% / 20% Complex Procedures (Surgical) 50% / 50%	
High Cost Restorations (Cast)	80% / 20%	
Dentures and Bridges (Prosthetic)	50% / 50% Repairs and Adjustments 80% / 20%	
Calendar Year Benefit	\$1,000	
Straighter Teeth (orthodontics)	50% / 50% Eligible Children to age 18	
Orthodontic Lifetime Maximum	\$1,000	
Notification Program	You should notify Delta Dental before you receive benefits for: Gum and Bone Diseases	
Increase Your Annual Benefit Maximum with To Go SM		