



**BENEFITS CERTIFICATE
DELTA DENTAL OF IOWA**

DELTA DENTAL PPO PLUS PREMIER®

**GLENWOOD COMMUNITY SCHOOL
DISTRICT**

Effective Date: 07/01/2015
Electronic Date: 06/22/2015
Form Number: PPOCERT-1012

Q SUMMARY OF BENEFITS AND PAYMENT

The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of this Certificate.

	PPO	PREMIER	NON-PAR
Deductible*	\$25/\$75	\$25/\$75	\$25/\$75
Annual Maximum	\$1,000	\$1,000	\$1,000
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
Benefit Categories	COINSURANCE		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	00%	00%	00%
<ol style="list-style-type: none"> 1. Dental Cleaning 2. Oral Evaluation 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 			
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	20%	20%	20%
<ol style="list-style-type: none"> 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery 			

* Deductible for **Benefit Category: Check-Ups and Teeth Cleaning** will be waived for all providers.

PPO**PREMIER****NON-PAR**

Benefit Categories	Coinsurance		
Root Canals (Endodontic Services) <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy 	20%	20%	20%
Gum and Bone Diseases (Periodontal Services) <ol style="list-style-type: none"> 1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy 	20%	20%	20%
High Cost Restorations (Cast Restorations) <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts and Cores 	20%	20%	20%
Dentures and Bridges (Prosthetics) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 3. Repairs and Adjustments 	50%	50%	50%
Straighter Teeth* (Orthodontics)	50%	50%	50%

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