



**Delta Dental of Iowa**  
**VOLUNTARY PREVENTIVE PLAN**  
**Educator's Trust**

Delta Dental PPO Plus Premier™	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
<b>BENEFIT CATEGORIES</b>	\$50 / PPO \$50 / Premier \$75 / Non-Par	PPO Premier Non-Par	Unlimited PPO Premier Non-Par
<b>Check Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services)  1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers	Yes	20%-PPO 30%-Premier 50%-Non-Par	
<b>Cavity Repair</b> (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	

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 PREVENTIVE PLAN EXCLUSIONS**

BENEFIT CATEGORY	EXCLUSIONS
<b>Cavity Repair</b> (Routine and Restorative Services)	1. General Anesthesia/Sedation 2. Routine Oral Surgery 3. Tooth Extraction
<b>Root Canals</b> (Endodontic Services)	1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy
<b>Gum and Bone Diseases</b> (Periodontal Services)	1. Conservative Periodontal procedures 2. Complex Procedures 3. Maintenance Therapy
<b>High Cost Restorations</b> (Cast Restorations)	1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores
<b>Dentures and Bridges</b> (Prosthetics)	1. Bridges 2. Dentures 3. Repairs and Adjustments
<b>Straighter Teeth</b> (Orthodontics)	

**Monthly Premium Rates:** Single \$10.36 Two Person \$20.70 Family \$39.34

**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.**



**Delta Dental of Iowa  
VOLUNTARY CATASTROPHIC PLAN  
Educator's Trust**

Delta Dental PPO Plus Premier™

	<b>DEDUCTIBLE</b>	<b>COINSURANCE</b>	<b>BENEFIT PERIOD MAX</b>
<b>BENEFIT CATEGORIES</b>	Waived / PPO \$100/Premier \$150/Non-Par	<b>PPO</b> Premier Non-Par	\$1,250 <b>PPO</b> Premier Non-Par
<b>Root Canals</b> * (Endodontic Services)  1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes (Premier) (Non-Par)	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Gum and Bone Diseases</b> * (Periodontal Services)  1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy	Yes (Premier) (Non-Par)	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>High Cost Restorations</b> * (Cast Restorations)  1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes (Premier) (Non-Par)	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Dentures and Bridges</b> * (Prosthetics - replacement of missing teeth)  1. Bridges 2. Dentures	Yes (Premier) (Non-Par)	40%-PPO 50%-Premier 70%-Non-Par	Yes

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

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**VOLUNTARY CATASTROPHIC PLAN EXCLUSIONS**

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

**Monthly Premium Rates: Single \$12.42 Two Person \$23.82 Family \$25.88**

**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.**



**Delta Dental of Iowa**  
**VOLUNTARY COMPREHENSIVE PLAN**  
**Educator's Trust**

Delta Dental PPO Plus Premier™

BENEFIT CATEGORIES	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
	\$50/ PPO \$150/ Premier \$225/Non-Par	PPO Premier Non-Par	\$1,250 PPO Premier Non-Par
<b>Check Ups and Teeth Cleaning</b> (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
<b>Cavity Repair</b> (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
<b>Root Canals</b> (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
<b>Gum and Bone Diseases</b> (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical)	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>High Cost Restorations</b> (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes
<b>Dentures and Bridges</b> (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Repairs and Adjustments	Yes	40%-PPO 50%-Premier 70%-Non-Par	Yes

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**VOLUNTARY COMPREHENSIVE PLAN EXCLUSIONS**

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

**Monthly Premium Rates:** Single \$22.78 Two Person \$44.52 Family \$65.22

**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.**