



**Delta Dental of Iowa**  
**Employee Summary of Covered Services and Benefits**  
**Systems Unlimited, Inc.**

| Deductibles, Maximums & Eligibility                   | Delta Dental Premier® |
|-------------------------------------------------------|-----------------------|
| - Individual Deductible                               | \$25                  |
| - Family Deductible                                   | \$75                  |
| - Deductible applies to Check-Ups and Teeth Cleaning? | No                    |
| - Benefit Period Maximum                              | \$1,500               |
| - Eligible children to age                            | 25                    |
| - Full-time (unmarried) students eligible to age      | 99                    |
| - Does Individual Deductible apply to Orthodontics?   | No                    |
| - Orthodontic lifetime maximum                        | \$1,000               |
| - Orthodontics: Eligible children to age              | 25                    |
| - Orthodontics: Full-time students eligible to age    | 99                    |
| - Adult Orthodontics                                  | Yes                   |
| Benefits                                              |                       |
| <b>Check-Ups and Teeth Cleaning</b>                   | 0%                    |
| <b>(Diagnostic and Preventive Services)</b>           |                       |
| - Dental Cleaning                                     |                       |
| - Oral Evaluations                                    |                       |
| - Fluoride Applications                               |                       |
| - X-Rays                                              |                       |
| - Sealant Applications                                |                       |
| - Space Maintainers                                   |                       |
| <b>Cavity Repair and Tooth Extractions</b>            | 20%                   |
| <b>(Routine and Restorative Services)</b>             |                       |
| - Emergency Treatment                                 |                       |
| - General Anesthesia/Sedation                         |                       |
| - Restoration of Decayed or Fractured Teeth           |                       |
| - Limited Occlusal Adjustments                        |                       |
| - Routine Oral Surgery                                |                       |
| - Posterior Composites w/ Alternate Processing        |                       |
| <b>Root Canals (Endodontic Services)</b>              | 50%                   |
| - Apicoectomy                                         |                       |
| - Direct Pulp Cap                                     |                       |
| - Pulpotomy                                           |                       |
| - Retrograde Fillings                                 |                       |
| - Root Canal Therapy                                  |                       |
| <b>Gum and Bone Diseases (Periodontal Services)</b>   | 50%                   |
| - Conservative Procedures (Non-surgical)              |                       |
| - Complex Procedures (Surgical)                       |                       |
| - Periodontal Maintenance Therapy                     |                       |
| <b>High Cost Restorations (Cast Restorations)</b>     | 50%                   |
| - Cast Restorations                                   |                       |
| - Crowns                                              |                       |
| - Inlays                                              |                       |
| - Onlays                                              |                       |
| - Post and Cores                                      |                       |
| - Recementing Crowns/Inlays/Onlays                    |                       |
| <b>Dentures and Bridges (Prosthetic Services)</b>     | 50%                   |
| - Bridges                                             |                       |
| - Dentures                                            |                       |
| - Repairs and Adjustments                             |                       |
| - Recementing of Bridges                              |                       |
| <b>Straighter Teeth (Orthodontics)</b>                | 50%                   |

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person. 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 document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.