Delta Dental of Iowa
Siegwerk USA Co. - Low Plan

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility		Delta Dental PPO℠	Delta Dental Premier® / Non Par
- Individual Deductible		$30	$60
- Deductible applies to Check-Ups and Teeth Cleaning?		No	No
- Benefit Period Maximum		$1,000	$1,000
- Eligible children through age		25	25
- Full-time (unmarried) students eligible through age		25	25
Benefits			
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		0%	0%
- Dental Cleaning			
- Oral Evaluations			
- Fluoride Applications			
- X-Rays			
- Sealant Applications	*	10%	20%
- Space Maintainers	*	10%	20%
- Periodontal Maintenance Therapy	*	20%	20%
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		10%	20%
- Emergency Treatment	**	0%	0%
- General Anesthesia/Sedation			
- Restoration of Decayed or Fractured Teeth			
- Limited Occlusal Adjustments			
- Routine Oral Surgery			
- Posterior Composites w/o Alternate Processing			
Root Canals (Endodontic Services)		20%	20%
- Apicoectomy			
- Direct Pulp Cap			
- Pulpotomy			
- Retrograde Fillings			
- Root Canal Therapy			
Gum and Bone Diseases (Periodontal Services)		20%	20%
- Conservative Procedures (Non-surgical)			
- Complex Procedures (Surgical)			
High Cost Restorations (Cast Restorations)		50%	50%
- Cast Restorations			
- Crowns			
- Inlays			
- Onlays			
- Post and Cores			
- Recementing Crowns/Inlays/Onlays		20%	20%
Dentures and Bridges (Prosthetic Services)		50%	50%
- Bridges			
- Dentures			
- Repairs and Adjustments		20%	20%
- Recementing of Bridges		20%	20%
- Implants Not Covered			
Straighter Teeth (Orthodontics)		Not Covered	Not Covered
Additional Options			
-Annual Maximum Carryover - To Go℠		Included	Included

***Deductible applies to Sealants, Space Maintainers, & Periodontal Maintenance Therapy.**

****Deductible does not apply to Emergency Treatment.**

This dental plan includes the Annual Maximum Carryover – To Go℠ for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

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.

2023