		Delta Dental of Iowa
BENEFITS		PPO/Premier
DEDUCTIBLE		
Individual		\$25 / \$50
Family		\$75 / \$150
INDIVIDUAL ANNUAL MAXIMUM		\$1,000
CHECK UPS & TEETH CLEANING	(deductible waived)	
Dental cleanings & Oral evaluations		Covered at 100%
Fluoride applications		Covered at 100%
X-rays		Covered at 100%
Space maintainers		Covered at 100%
Sealant applications		Covered at 100%
CAVITY REPAIR & TOOTH EXTRACTIONS	(deductible applies)	
Cavity repair		90% / 80%
Tooth extractions		90% / 80%
MAJOR SERVICES	(deductible applies)	
Endodontics - Root canals		80% / 80%
Periodontics - Gum & bone diseases		80% / 80%
Cast restorations		50% / 50%
Bridges & Dentures		50% / 50%
ORTHODONTICS (up to 19)	(deductible waived)	
Appliances, treatment, and related servic	es	50% / 50%
Lifetime Maximum		\$1,500