

## WHAT'S COVERED?

You can get the routine care you need, and you'll have coverage in case of emergency. Approximately 90 percent of Iowa Dentists are Delta providers, and you'll have your choice of more than 20 dentists in the Ames area

For a list of Ames providers, go to [www.deltadentalia.com](http://www.deltadentalia.com), select Delta Dental Premier® network



### Diagnostic and Preventative Services

- 0% coinsurance\* — No Deductible
- These services include routine check-ups, cleanings and periodic x-rays.
- Sealants and Space Maintainers are now also included

### Routine and Restorative Services

- 10% coinsurance\* PPO Providers and 20% coinsurance\* Premier Providers (or Non Participating) — Deductible Applies
- Covers fillings, emergency treatment, and simple oral surgery (this does not include removal of wisdom teeth)

## WHAT'S COVERED?

### Endodontic Services

- 50% coinsurance\* — Deductible Applies
- Covers root canals

### Periodontal Services

- 50% coinsurance\* — Deductible Applies
- Covers gum and bone diseases

### Deductible

- Deductible is \$15 for PPO providers and \$25 for Premier providers per covered person each policy period or a maximum deductible of \$45 PPO or \$75 Premier.

### Annual Maximum Benefit

- \$750 per covered person

### Not Covered

- Orthodontics
- Prosthetic Services
- Removal of Wisdom Teeth

## CANCELLATIONS

- **Once coverage begins, it is in effect 24 hours a day, at school and during vacation periods, anywhere in the world, until the policy termination date**
- No refund of premium or cancellation of the plan will be allowed unless the insured enters military service or withdraws within 30 days after the first day of class
- Is COBRA available?
  - No, this is not an employer plan, and it is not offered

## INSURANCE DEFINITIONS

**Deductible** - The amount you owe for services your insurance plan covers before your plan begins to pay.

*For example,* if your deductible is \$450, your plan won't pay anything until you've met your \$450 deductible for covered services subject to the deductible. The deductible may not apply to all services.

**Coinsurance** - Your share of the costs of a covered service, calculated as a percent (for example, 20 percent) of the allowed amount for the service. You pay co-insurance **plus** any deductibles you owe.

*For example,* if the insurance's allowed amount for a service is \$100 and you've met your deductible, your co-insurance payment of 20 percent would be \$20. Your insurance pays the rest of the allowed amount.

**Annual Maximum Benefit** - The benefit period maximum is the maximum the insurance will pay for each Covered Person in a benefit plan year.

**In-Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide your care.

**Out-of-Network** - Facilities, providers and suppliers that are not contracted with your insurance plan and can balance bill you any charges your insurance does not cover. You may be balanced billed for services by the facilities, providers and suppliers.