

## **DENTAL INSURANCE**Coverage Day One (1)

Delta Dental of Iowa administers the Dental plans. PMX pays 70% of the dental premium.

The plan pays 50/50 on qualifying services outside of preventative services. The PPO/Premier plan covers preventative care at 100% for PPO Providers, 90% for Premier Providers and 80% for other providers not in the Delta network.

Dental Premium Cost Delta Dental Bi-Wookly Single

Bi-Weekly Single \$ 3.61 Bi-Weekly Family \$ 9.74

## **Delta Dental Plan**

## **DEDUCTIBLES/MAXIMUMS**

Calendar Year Deductible	Individual:	\$25
	Family	N/A
Benefit Period Maximum	Individual:	\$1000
	Family	\$3000
Lifetime Orthodontic Maximum		\$2000

BENEFITS	PPO	Premier	Non Par	
Diagnostic / Pr eventive (Deductible Waived)				
Exams, cleanings, fluoride	100%	90%	80%	
X-rays	100%	90%	80%	
Basic Services (Deductible Applies				
Routine Oral Surgery	50%	50%	50%	
Emergency Treatment	50%	50%	50%	
Restoration of Decayed or Fractured Teeth	50%	50%	50%	
Major Services (Deductible Applies)				
Endodontics - root canal therapy	50%	50%	50%	
Periodontics - treatment of gum disease	50%	50%	50%	
Crowns, inlays, onlays	50%	50%	50%	
Bridges and dentures	50%	50%	50%	
Orthodontics				
Deductible	\$25 Per Person			
Straighter Teeth (dependents to age 19)	50%	50%	50%	