

## Delta Dental of Iowa HNI Corporation

### Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$25	\$50
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000
- Orthodontics: Eligible children to age	26	26
- Orthodontics: Full-time students eligible to age	26	26
- Adult Orthodontics	No	No
<b>Benefits</b>		
<b>Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)</b>	0%	0%
- Dental Cleaning		2 in a benefit period includes perio maintenance therapy
- Oral Evaluations		2 in a benefit period includes consultations
- Fluoride Applications		1 per benefit period to age 19
- X-Rays		Bitewings - 1 in a benefit period; Full mouth - 1 every 5 years
- Sealant Applications		1 every 4 years per permanent 1st and 2nd molars to age 14
- Space Maintainers		To age 14
- Emergency Treatment		
<b>Routine and Restorative Services (Cavity Repair and Tooth Extractions)</b>	10%	20%
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Consultations		2 in a benefit period includes oral evaluations
- Space Maintainers - recementing		
- Posterior Composites w/o Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	20%	20%
- Conservative Procedures (Non-surgical)		1 every 12 months per quadrant
- Complex Procedures (Surgical)		1 in a benefit period per quadrant
- Periodontal Maintenance Therapy		2 in a benefit period includes dental cleaning
<b>High Cost Restorations (Cast Restorations)</b>	20%	20%
- Cast Restorations		
- Crowns		1 every 5 years
- Inlays		1 every 5 years
- Onlays		1 every 5 years
- Post and Cores	40%	
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	40%	40%
- Bridges		1 every 5 years
- Dentures		1 every 5 years
- Repairs and Adjustments	20%	
- Recementing of Bridges		
- Implants		1 every 5 years
<b>Straighter Teeth (Orthodontics)</b>	0%	0%

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.