2024 ISU DENTAL PLANS

This is only a Summary of the ISU Delta Dental plan choices. If there are discrepancies between this summary and the benefit certificate, the certificate will govern in all cases. The detailed plan document or certificate is available on the Iowa State University benefits website or from Delta Dental.

Plan Provisions	Basic Option	Comprehensive Option - 3 year lock in
Deductibles	\$25.00 annual	\$50.00 annual deductible/contract
	deductible/contract for the first	for the first person having
	person having restorative	restorative services as indicated.
	services as indicated.	
Annual maximum benefit	\$750/person/year	\$1500/person/year which excludes
	CheckUp Plus® services	orthodontics which has a lifetime
	(indicated below) are covered	maximum benefit and a separate
	100% and do not reduce the	deductible.
	maximum benefit amount.	
Diagnostic/preventative		
Check-ups	100%2 per year –	100%2 per year
	CheckUp Plus®	
Cleanings	100%2 per year –	100%2 per year
	CheckUp Plus®	
X-rays	100% - CheckUp Plus®	100%
Topical fluoride—under age 19	1 every 12 months	1 every 12 months
Topical fluoride—adults	1 every 12 months	1 every 12 months
Sealants—under age 14	100%	100%
Space maintainers—under age 14	100%	100%
Basic Restorative		
Non-gold fillings	50% after deductible	80% after deductible
Root canal	50% after deductible	80% after deductible
Treatment for gum disease	50% after deductible	80% after deductible
Extractions	50% after deductible	80% after deductible
Anesthesia	50% after deductible	80% after deductible
Major Restorative		
Gold and porcelain inlays/onlays	50% after deductible	50% after deductible
Crowns and jackets	50% after deductible	50% after deductible
Bridgework	Not covered	50% after deductible
Dentures	Not covered	50% after deductible
Implants	Not covered	50% after deductible
Orthodontics	Not covered	50% coverage, lifetime maximum
		benefit of \$2000 after a separate
		\$50 deductible