



IOWA WESLEYAN UNIVERSITY

Dental Insurance Cost

Cost and Summary

Effective ~ January 1, 2022

Rates		Monthly Premiums	
Single		\$32.20	
Two Person		\$59.88	
Family		\$91.46	
		Member Responsibility	
Provider Network		In Network	Our of Network
Deductible		PPO	Premier / None
Individual		\$50	\$75
Family		\$150	\$225
Deductible applies to Check-Ups and Teeth Cleanings		NO	YES
Annual Maximum			
Individual		\$1,500	\$1,000
Family			
		In Network	Out of Network
		PPO	Premier / None
		Member Responsibility	
Diagnostic & Preventative			
Exams		0%	20%
Cleanings		0%	20%
Flouride		0%	20%
Space Maintencers		0%	20%
X-Rays		0%	20%
Sealant Maintainers		0%	20%
Routine & Restorative Services			
Emergency Treatment		20%	30%
General Anesthesia/Sedation		20%	30%
Restorative of Decay or Fractured Teeth		20%	30%
Limited Occulusal Adjustments		20%	30%
Routine Oral Surgery		20%	30%
Posterior Composites w/ Alternate Processing		20%	30%
Root Canals (Endondonic Services)			
Apicoectomy		50%	60%
Direct Pulp Cap		50%	60%
Pulpotomy		50%	60%
Retrograde Fillings		50%	60%
Root Canal Therapy		50%	60%
Straighter Teeth (Orthodontics)			
Services are not covered			
		In Network	Out of Network
		PPO	Premier / None
		Member Responsibility	
Gum & Bone Diseases (Periodontal Services)			
Conservative Procedures (Non-surgical)		50%	60%
Complex Procedures (Surgical)		50%	60%
High Cost Restorations (Cast Restorations) *			
Cast Restorations		50%	60%
Crowns		50%	60%
Inlays		50%	60%
Onlays		50%	60%
Post and Cores		50%	60%
Recementing Crowns/Inlaws/Onlays		50%	60%
Dentures and Bridges (Prosthetic Services) *			
Bridges		50%	60%
Dentures		50%	60%
Repairs and Adjustments		50%	60%
Recementing of Bridges		50%	60%
Implanys w/ Alternate Processing		50%	60%

* Waiting Periods Apply - 12 Months for Cast Restorations and Prosthetic Services