



# Delta Dental PPO<sup>SM</sup> plus Premier Preferred Plus

## Individual Choice

|   | Delta Dental PPO <sup>SM</sup> Dentist             |            | Delta Dental Premier <sup>®</sup> Dentist |            | Out-of-Network Dentist |            |
|---|--|------------|---|------------|------------------------|------------|
|   | Adult 21 +   | Child 0-20 | Adult 21 +                                | Child 0-20 | Adult 21 +             | Child 0-20 |
| <b>Deductible</b><br>(per person per calendar year)   | \$50*  | \$25*      | \$150*                                    | \$25*      | \$225                  | \$225*     |
| <b>Adult Annual Benefit Maximum</b>   | \$1,000  |            |   |            |                        |            |
| <b>Benefit Categories</b>   | Coinsurance paid by member                         |            |   |            |                        |            |
| <b>Diagnostic &amp; Preventive Services</b><br>check-ups, teeth cleaning, x-rays, maintenance therapy   | 0%   | 0%         | 0%  | 0%         | 50%                    | 50%        |
| <b>Routine &amp; Restorative Services</b><br>cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery | 50%  | 20%        | 50%                                       | 50%        | 70%                    | 70%        |
| <b>Posterior Composites</b><br>tooth-colored filling on back teeth  | 60%  | 60%        | 60%                                       | 60%        | 70%                    | 70%        |
| <b>Endodontic Services</b><br>root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings (6 - month waiting period for adults)                              | 50%  | 50%        | 50%                                       | 50%        | 70%                    | 70%        |
| <b>Periodontal Services</b><br>gum and bone diseases, complex procedures (6 - month waiting period for adults)  | 50%  | 50%        | 50%                                       | 50%        | 70%                    | 70%        |
| <b>High Cost Restorations</b><br>cast restorations - crowns, inlays, onlays, posts, cores (12 - month waiting period for adults)  | 50%  | 50%        | 50%                                       | 50%        | 70%                    | 70%        |
| <b>Prosthetics</b><br>bridges, dentures (12 - month waiting period for adults)  | 50%  | 50%        | 50%                                       | 50%        | 70%                    | 70%        |
| <b>Implants</b><br>(12 - month waiting period for adults)   | 60%  | 60%        | 60%                                       | 60%        | 70%                    | 70%        |
| <b>Medically Necessary Orthodontia</b>  | -  | 50%        | -   | 50%        | -                      | 50%        |
| <b>Child Annual Out-of-Pocket Limit</b><br>(only applies to in-network)   | \$350 per child or \$700 for all children under 21 |            |   |            | -                      | -          |

\* Deductible is waived for all diagnostic and preventive care.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.

Delta Dental of Iowa is a Qualified Health Plan issuer on the Iowa Health Insurance Marketplace.