



Frequently Asked Questions – Individual Product

Who is eligible to purchase Delta Dental of Iowa's Individual Product?

The Delta Dental individual policy is available to all permanent residents of Iowa. Coverage is also available for your spouse and/or dependent child(ren). Dependent children are covered to age 19. There is no age limitation for dependent full-time students. Coverage types are: single, two-person and family. The two-person policy can be for you and your spouse OR dependent child.

Do I have coverage outside of Iowa?

Yes, your Delta Dental coverage travels with you.

Common examples are:

- A secondary residence outside of Iowa
- Full-time students attending college in another state
- Traveling outside the state of Iowa, including international travel

What if I permanently move out of Iowa?

Your coverage would terminate at the end of the month in which you changed residency.

How do I enroll?

Contact your agent or complete both pages of the individual application form; attach a copy of a voided check for automatic withdrawal from your checking or savings account. To forward the application form to Delta Dental either:

- Mail to: Delta Dental of Iowa, 2401 SE Tones Drive, Suite 13, Ankeny, IA 50021
- Fax to: Delta Dental of Iowa at 515-261-5573
- Email to: Delta Dental of Iowa to vvanderbilt@deltadentalia.com

Do I need to send in the first month's premium with my application?

No, the only payment option is monthly automatic withdrawal from a checking or savings account. You must submit a voided check with the application. Subscribers have the option of choosing either the 1st or the 5th of the month for their automatic withdrawal.

When will my dental policy be effective?

All complete applications received and processed by Delta Dental prior to the 23rd of the month will be effective the first of the following month. (For example: Applications received and processed prior to September 23rd will be effective October 1st)

How long are the rates guaranteed?

Rates for the individual product are updated January 1st of each year. Current subscribers will receive a rate change notification no later than November 1st.

What plan designs does Delta Dental of Iowa offer?

Individuals can choose from three benefit plan designs. Our preventive plan covers routine services like check-ups, cleanings, x-rays and fillings. The Catastrophic Plan covers major services like root canals, periodontal treatment, crowns, dentures and bridges. The comprehensive plan combines the benefits from the Preventive and Catastrophic plans for more complete coverage. Please refer to Plan Brochure.

What is the difference between PPO, Premier and Non-participating/Out-of-Network?

Unlike our competitors, Delta Dental of Iowa has two networks of providers. The **Delta Dental PPO network** consists of approximately 37 percent of Iowa providers with whom Delta Dental has negotiated significant discounts. Subscribers will receive the highest level of benefit for services performed by a PPO provider. Additionally, the PPO provider will accept Delta Dental's payment as payment in full. There will be no balance billing to the subscriber for covered services. Use of a Delta Dental PPO provider will result in the lowest out-of-pocket expense for the subscriber.

Approximately 90 percent of all dental health providers in Iowa belong to the **Delta Dental Premier network**, and that's the largest network of any oral health insurance carrier in Iowa. Delta Dental has also negotiated discounts with these providers. This network provides broad access to care while still resulting in savings due to the negotiated fees. Subscribers will receive a mid level of benefit for services performed by a Premier provider. In other words, the subscriber's out-of-pocket expense will be higher if services are performed by a Premier provider versus a Delta Dental PPO provider. Again, the Premier provider will accept Delta Dental's payment as payment in full. There will be no balance billing to the subscriber for covered services.

A Non-participating/Out-of-Network provider is any provider that does not contract with Delta Dental of Iowa. Non-participating providers are reimbursed at the Premier payment level, however, the provider may balance bill the subscriber for any remaining balance. Delta Dental's payment will be paid to the subscriber. Subscribers will receive the lowest level of benefit for services performed by a Non-participating provider. Use of a Non-participating provider will result in the highest out-of-pocket expense for the subscriber.

How can I find out if my dentist participates in the Premier or PPO networks?

You may use the Dentist Search tool for both the Delta Dental PPO and the Delta Dental Premier networks on the Delta Dental of Iowa web site at www.deltadentalia.com. Or you can call our office at 1-800-544-0718 and our customer service representatives will assist.

If your dentist does not participate in the Delta Dental PPO network, please encourage the dentist to consider joining this network.

Do I need to change dentists in order to use the Delta Dental PPO plan?

No. Even if your dentist does not participate in a Delta Dental of Iowa network, you can still receive treatment from your current provider, and still receive Delta Dental benefits.

Are there waiting periods before benefits are paid?

No, there are no waiting periods for any dental services. Benefits are payable for covered services incurred on or after the effective date of the policy. However, if you choose to cancel your coverage, you cannot re-enroll in any of our individual plans for 24 months.

Can I change from one plan to another?

You must remain on a plan for 12 months before a change can be made.

Are there services that are not covered?

Yes, extractions, oral surgery and orthodontics are not covered services. There is no orthodontia rider available with this plan.