



Delta Dental Premier® Plan A Plus - L

Small Group Employer Choice

	Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20
Deductible (per person per calendar year)	\$25*	\$75*	\$50	\$225*
Adult Annual Benefit Maximum with To GoSM**	\$1,500			
Benefit Categories	Coinsurance paid by member			
Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy	20%	25%	40%	50%
Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery	50%	50%	60%	70%
Posterior Composites tooth-colored filling on back teeth	60%	60%	70%	70%
Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	50%	50%	60%	70%
Periodontal Services gum and bone diseases, complex procedures	50%	50%	60%	70%
High Cost Restorations cast restorations - crowns, inlays, onlays, posts, cores	50%	50%	60%	70%
Prosthetics bridges, dentures	50%	50%	60%	70%
Implants	60%	60%	70%	70%
Medically Necessary Orthodontia	-	50%	-	50%
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$350 per child or \$700 for all children under 21		-	-
Enhanced Benefits Program extra dental benefits based on medical conditions	Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis			

L = Low Child Plan

* Deductible is waived for all diagnostic and preventive care.

** To GoSM annual maximum carryover - see Benefits Certificate for details.

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.