



Delta Dental PPO plus Premier Employee Choice – Platinum Prime

## Dental Benefits Policy Amendment

This amendment applies to your **Delta Dental Benefits Policy that is effective January 1, 2017**. It should be reviewed and kept with your Policy. All other terms and provisions of the Policy, including any amendments previously issued, remain unaltered and in effect.

### Summary of Benefits and Payment:

Only bolded benefits have changed. All other benefits remain the same.

Adult Chart	Deductible Applies	Member Coinsurance
<b>Benefit Category</b>	\$25 PPO <b>\$100 Premier</b> <b>\$175 Non-Par</b>	
<b>Check-Ups and Teeth Cleanings</b> (Diagnostic and Preventive)	No No Yes	0% - PPO <b>20% - Premier</b> <b>40% - Non-Par</b>
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services)	Yes	20% - PPO <b>40% - Premier</b> <b>60% - Non-Par</b>

### Section: Gum and Bone Disease (Periodontal Service) for Adult and Child Benefits

Replace paragraph on Complex Periodontal Procedures with the following:

#### Complex Periodontal Procedures

Various surgical interventions designed to repair and regenerate gum and bone tissues that support the teeth.

Limitation: Complex periodontal procedures are a benefit only once every 36 consecutive months for each quadrant of the mouth for natural teeth only.

All other terms and provisions of your Delta Dental Insurance Policy and Benefits Certificate remain unaltered and in effect.

Jeff Russell  
President and Chief Executive Officer  
Delta Dental of Iowa