



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

## Small Group Employee Choice

	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Out-of-Network Dentist
<b>Deductible</b> (per person per calendar year)	\$50*	\$150*	\$225
<b>Annual Benefit Maximum</b>	\$1,000		
<b>Benefit Categories</b>	Coinsurance paid by member		
<b>Diagnostic &amp; Preventive Services</b> check-ups, teeth cleaning, x-rays, maintenance therapy	0%	0%	50%
<b>Routine &amp; Restorative Services</b> cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery	50%	50%	70%
<b>Posterior Composites</b> tooth-colored filling on back teeth	60%	60%	70%
<b>Endodontic Services</b> root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	50%	50%	70%
<b>Periodontal Services</b> gum and bone diseases, complex procedures	50%	50%	70%
<b>High Cost Restorations</b> cast restorations – crowns, inlays, onlays, posts, cores	50%	50%	70%
<b>Prosthetics</b> bridges, dentures	50%	50%	70%
<b>Implants</b>	60%	60%	70%

\* 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 Prime policies do not include the pediatric dental services as required under the Federal Patient Protection and Affordable Care Act. This coverage is available in the Delta Dental Plus policies. You can purchase policies with the required pediatric dental services on the insurance Marketplace and these plans can be purchased without purchasing a medical plan. Please contact Delta Dental, your insurance agent, or Iowa's Health Insurance Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental policy.