



# Delta Dental PPO<sup>SM</sup> plus Premier Preventive 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	\$50	\$75
<b>Annual Benefit Maximum</b>	No coverage limit for routine and preventive care		
<b>Benefit Categories</b>	Coinsurance paid by member		
<b>Diagnostic &amp; Preventive Services</b> check-ups, teeth cleaning, x-rays	20%	30%	50%
<b>Routine &amp; Restorative Services</b> cavity repair, general anesthesia/ sedation, restoration of decayed or fractured teeth	50%	50%	70%
<b>Posterior Composites</b> tooth-colored filling on back teeth	50%	50%	70%

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.