



Delta Dental PPO plus Premier - Individual Choice - Platinum Prime

Dental Benefits Policy and Outline of Coverage 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
Benefit Category	\$25 PPO \$100 Premier \$175 Non-Par	
Check-Ups and Teeth Cleanings (Diagnostic and Preventive)	No No Yes	0% - PPO 20% - Premier 40% - Non-Par
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	Yes	20% - PPO 40% - Premier 60% - Non-Par

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

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