



Delta Dental PPO plus Premier - Individual Choice - Platinum Prime

January 1, 2017

ADDRESS BLOCK

Dear Delta Dental Customer:

Thank you for choosing Delta Dental of Iowa for your dental benefits. Taking care of your smile is important to maintaining your overall health. At Delta Dental, we are always looking for ways to provide you with the best dental benefits.

Starting in January 2017, your new monthly premium will be \$XXX.XX per month and will not change through December 31, 2017. The chart below displays how your rates will be calculated in 2017.

Benefit/ Rate Type	Current Member Enrolled	2017 Monthly Plan Type Rates	Rated Member Enrollment*	2017 Monthly Premium
Adult (21 & older)	XX	Rate	XX	XX
Child (20 & under)	XX	Rate	XX	XX
<b>Total</b>	<b>XX</b>		<b>XX</b>	<b>XXX</b>

\* Families with three or more enrolled children under the age of 21 as of January 1, 2017 only have to pay premium for up to a maximum of three children. There is no maximum on the number of Adults (ages 21 and older).

**Plan Changes in 2017.** The following changes are being made to your 2017 plan:

- **Summary of Benefits and Payment:** The deductible, coinsurance for diagnostic/preventive services, and coinsurance for routine/restorative services are changing if you see a Delta Dental Premier or out-of-network dentist. All other coinsurance for coverage will not change.
- **Gum and Bone Disease:** The benefit frequency for complex periodontal procedures will change from every 5 years to every 36 months.

**Download and Print Your 2017 Benefit Certificate**

To view the amendment to your Delta Dental plan and download an updated Benefit Certificate, go to [www.deltadentalia.com/indplatprime](http://www.deltadentalia.com/indplatprime). You can also request a copy by contacting Delta Dental at (877) 423-3582 ext. 3 or email [IndividualProduct@deltadentalia.com](mailto:IndividualProduct@deltadentalia.com).

**Changing Your Policy.** If you would like to make a change to your Delta Dental plan, please contact us at (877) 423-3582, ext. 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. (CST). If you would like to cancel your policy, Delta Dental must receive written notice at least 20 days prior to your requested

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termination date. Terminations will always be the last day of the month. For instance, if you request a May 31st termination date, your written request must be received at Delta Dental on or before May 11th. If you cancel your policy, or if your coverage is terminated for any reason, you may not re-enroll in Delta Dental of Iowa's individual dental coverage for 24 months.

At Delta Dental, we are committed to helping you maintain a healthy smile and look forward to providing your dental benefits in 2017.

Sincerely,

The Delta Dental of Iowa Team

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Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full non-discrimination notice, go to [www.deltadentalia.com/nondiscrimination](http://www.deltadentalia.com/nondiscrimination).