



Delta Dental PPOSM plus Premier Platinum Prime

Individual Choice

	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible (per person per calendar year)	\$25*	\$100*	\$175
Annual Benefit Maximum	\$2,000		
Benefit Categories	Coinsurance paid by member		
Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy	0%	20%	40%
Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery	20%	40%	60%
Posterior Composites tooth-colored filling on back teeth	50%	60%	70%
Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings (6 - month waiting period)	50%	50%	60%
Periodontal Services gum and bone diseases, complex procedures (6 - month waiting period)	50%	50%	60%
High Cost Restorations cast restorations - crowns, inlays, onlays, posts, cores (12 - month waiting period)	50%	50%	60%
Prosthetics bridges, dentures (12 - month waiting period)	50%	50%	60%
Implants (12 - month waiting period)	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.