

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

## Individual Choice

|   | Delta Dental<br>PPO <sup>sM</sup> Dentist | Delta Dental<br>Premier® Dentist | Out-of-Network<br>Dentist |
|---|---|----------------------------------|---------------------------|
| Deductible<br>(per person per calendar year)  | \$50*                                     | \$150*                           | \$225                     |
| Annual Benefit Maximum  | \$1,000                                   |                                  |                           |
| Benefit Categories  | Coinsurance paid by member                |                                  |                           |
| Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy   | 0%  | 0%                               | 50%                       |
| Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery | 50%                                       | 50%                              | 70%                       |
| Posterior Composites tooth-colored filling on back teeth  | 60%                                       | 60%                              | 70%                       |
| Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings (6 - month waiting period)                                     | 50%                                       | 50%                              | 70%                       |
| Periodontal Services gum and bone diseases, complex procedures (6 - month waiting period)   | 50%                                       | 50%                              | 70%                       |
| High Cost Restorations cast restorations - crowns, inlays, onlays, posts, cores (12 - month waiting period)   | 50%                                       | 50%                              | 70%                       |
| Prosthetics bridges, dentures (12 - month waiting period)   | 50%                                       | 50%                              | 70%                       |
| Implants<br>(12 - month waiting period)   | 60%                                       | 60%                              | 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 lowa's Health Insurance Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental policy.

<sup>\*</sup> Deductible is waived for all diagnostic and preventive care.