



Large Group Employee Choice – Platinum Prime

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

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