

Delta Dental PPO plus Premier® Plan A Plus - LC (with orthodontia)

Small Group Employer Choice

	Delta Dental PPO sM Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20
Deductible (per person per calendar year)	\$25*	\$75*	\$50	\$75*	\$50	\$225*
Adult Annual Benefit Maximum with To Go ^{SM**}	\$1,500					
Benefit Categories	Coinsurance paid by member					
Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy	20%	0%	30%	50%	50%	50%
Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery	50%	50%	50%	50%	60%	70%
Posterior Composites tooth-colored filling on back teeth	60%	60%	70%	60%	80%	70%
Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	50%	50%	50%	50%	60%	70%
Periodontal Services gum and bone diseases, complex procedures	50%	50%	50%	50%	60%	70%
High Cost Restorations cast restorations – crowns, inlays, onlays, posts, cores	50%	50%	50%	50%	60%	70%
Prosthetics bridges, dentures	50%	50%	50%	50%	60%	70%
Implants	60%	60%	60%	60%	70%	70%
Medically Necessary Orthodontia	-	50%	-	50%	-	50%
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$350 per child or \$700 for all children under 21					
Corrective Orthodontia Benefit & Lifetime Maximum (up to age 19)	50% copay and \$1,500 lifetime maximum					
Enhanced Benefits Program extra dental benefits based on medical conditions	Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis					

L = Low Child Plan; C = Corrective Orthodontia

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 of Iowa is a Qualified Health Plan issuer on the Iowa Health Insurance Marketplace.

^{*} Deductible is waived for all diagnostic and preventive care.

^{**} To GoSM annual maximum carryover – see Benefits Certificate for details.