

Delta Dental PPO plus Premier Plan B Prime with Ortho

## 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.

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### **Section: Gum and Bone Disease (Periodontal Service) for Adult and Child Benefits**

Replace paragraph on Complex Periodontal Procedures with the following:

#### **Complex Periodontal Procedures**

Various surgical interventions designed to repair and regenerate gum and bone tissues that support the teeth.

Limitation: Complex periodontal procedures are a benefit only once every 36 consecutive months for each quadrant of the mouth for natural teeth only.

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### **Section: Straighter Teeth – Corrective Orthodontics**

Replace paragraph five with the following:

When an orthodontic treatment plan is established, Delta Dental of Iowa will calculate an initial payment at the time the banding takes place. The balance of the allowed fee will then be divided into payments over the course of treatment, providing coverage still exists.

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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 Office  
Delta Dental of Iowa