

PLAN **B** PLUS - H

SUMMARY OF COVERAGE

	Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult 21+	Child 0-20	Adult 21+	Child 0-20
Deductible per person per calendar year	\$25*	\$25*	\$50	\$225*
Adult Annual Benefit Maximum with To GoSM** per person per calendar year	\$2,000			

BENEFIT CATEGORIES

	Coinsurance paid by member			
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	0%	0%	20%	50%
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	50%	40%	70%
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	60%	70%
Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)	50%	50%	60%	70%
Periodontal Services (gum and bone diseases, complex procedures)	50%	50%	60%	70%
High Cost Restorations (cast restorations - crowns, inlays, onlays, posts, cores)	50%	50%	60%	70%
Prosthetics (bridges, dentures)	50%	50%	60%	70%
Implants	60%	60%	70%	70%
Medically Necessary Orthodontia up to age 21	Not Covered	50%	Not Covered	50%
Child Annual Out-of-Pocket Limit only applies to in-network	\$350 per child or \$700 for all children under 21		Not Covered	Not Covered
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			

H = High Child Plan

* Deductible is waived for all diagnostic and preventive care.

** To GoSM annual maximum carryover for adult benefits - see Benefits Certificate for details.

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.

