

PLATINUM PLUS

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Adult Annual Benefit Maximum
per person per calendar year

| Delta Dental PPO™ Dentist | | Delta Dental Premier® Dentist | | Out-of-Network Dentist | |
|---------------------------|------------|-------------------------------|------------|------------------------|------------|
| Adult 21+ | Child 0-20 | Adult 21+ | Child 0-20 | Adult 21+ | Child 0-20 |
| \$25* | \$25* | \$100* | \$25* | \$175 | \$225* |
| \$2,000 | | | | | |

BENEFIT CATEGORIES

Diagnostic & Preventive Services
(check-ups, teeth cleaning, x-rays, maintenance therapy)

Routine & Restorative Services
(cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)

Posterior Composites
(tooth-colored filling on back teeth)

Endodontic Services
(root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)
6-month waiting period for adults

Periodontal Services
(gum and bone diseases, complex procedures)
6-month waiting period for adults

High Cost Restorations
(cast restorations – crowns, inlays, onlays, posts, cores)
12-month waiting period for adults

Prosthetics
(bridges, dentures)
12-month waiting period for adults

Implants
12-month waiting period for adults

Medically Necessary Orthodontia
up to age 21

Child Annual Out-of-Pocket Limit
only applies to in-network

| Coinsurance paid by member | | | | | |
|--|-----|-------------|-----|-------------|-------------|
| 0% | 0% | 20% | 0% | 40% | 50% |
| 20% | 20% | 40% | 50% | 60% | 70% |
| 50% | 60% | 60% | 60% | 70% | 70% |
| 50% | 50% | 50% | 50% | 60% | 70% |
| 50% | 50% | 50% | 50% | 60% | 70% |
| 50% | 50% | 50% | 50% | 60% | 70% |
| 60% | 60% | 60% | 60% | 70% | 70% |
| Not Covered | 50% | Not Covered | 50% | Not Covered | 50% |
| \$375 per child or \$750 for all children under 21 | | | | Not Covered | Not Covered |

* Deductible is waived for all diagnostic and preventive care.

Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of January 1 of the plan year.

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.

