

PREVENTIVE PRIME

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Annual Benefit Maximum
per person per calendar year

Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
\$50	\$50	\$75
No coverage limit for routine and preventive care		

BENEFIT CATEGORIES

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

Routine & Restorative Services
(cavity repair, general anesthesia/
sedation, restoration of decayed or
fractured teeth)

Posterior Composites
(tooth-colored filling on back teeth)

Coinsurance paid by member

Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
20%	30%	50%
50%	50%	70%
50%	50%	70%

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.

Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). This coverage is available in the Plus policies. You can purchase policies with the required pediatric dental services on the insurance Marketplace and these plans can be purchased without purchasing a medical plan. Please contact Delta Dental, your insurance agent, or Iowa's Health Insurance Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental policy.

