

## PREVENTIVE PLUS

### SUMMARY OF COVERAGE

**Deductible**  
per person per calendar year

**Adult Annual Benefit Maximum**  
per person per calendar year

Delta Dental PPO <sup>SM</sup> Dentist		Delta Dental Premier <sup>®</sup> Dentist		Out-of-Network Dentist	
Adult 21+	Child 0-20	Adult 21+	Child 0-20	Adult 21+	Child 0-20
\$50	\$75*	\$50	\$75*	\$75	\$225*
No coverage limit for routine and preventive care					

### BENEFIT CATEGORIES

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

**Routine & Restorative Services**  
(cavity repair, tooth extractions, restoration of decayed or fractured teeth)

**Posterior Composites**  
(tooth-colored filling on back teeth)

**Endodontic Services**  
(root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)

**Periodontal Services**  
(gum and bone diseases, complex procedures)

**High Cost Restorations**  
(cast restorations - crowns, inlays, onlays, posts, cores)

**Prosthetics**  
(bridges, dentures)

**Implants**

**Medically Necessary Orthodontia**  
up to age 21

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

Coinsurance paid by member					
Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist
20%**	0%	30%**	50%	50%**	50%
50%***	50%	50%***	50%	70%***	70%
50%	60%	50%	60%	70%	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	60%	Not Covered	60%	Not Covered	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.  
 \*\* Periodontal maintenance therapy is not covered under the adult plan.  
 \*\*\* Extractions and oral surgery are not covered under the adult plan.

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.

