

## PLAN B PLUS - H

### SUMMARY OF COVERAGE

**Deductible**

per person per calendar year

**Adult Annual Benefit Maximum with To Go<sup>SM\*\*</sup>**

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
\$25*	\$25*	\$50	\$25*	\$50	\$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)

**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**

**Enhanced Benefits Program (extra dental benefits based on medical conditions)**

Coinsurance paid by member

	0%	0%	10%	0%	30%	50%
Diagnostic & Preventive Services	0%	0%	10%	0%	30%	50%
Routine & Restorative Services	20%	20%	30%	50%	50%	70%
Posterior Composites	50%	60%	60%	60%	70%	70%
Endodontic Services	50%	50%	50%	50%	60%	70%
Periodontal Services	50%	50%	50%	50%	60%	70%
High Cost Restorations	50%	50%	50%	50%	60%	70%
Prosthetics	50%	50%	50%	50%	60%	70%
Implants	60%	60%	60%	60%	70%	70%
Medically Necessary Orthodontia up to age 21	Not Covered	50%	Not Covered	50%	Not Covered	50%
Child Annual Out-of-Pocket Limit only applies to in-network	\$375 per child or \$750 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 Go<sup>SM</sup> 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.

