

# We've got you covered.

## ▶ EXPERIENCE

We're a 50-year-old company trusted by 1.5 million members.

## ▶ QUALITY

Get the highest level of care from providers across the country — 100% meet national quality standards.

## ▶ SAVINGS

We share the cost with you, plus you save even more with in-network providers. We also offer these extra benefits at no additional cost when you sign up for vision coverage:

- Hearing care discounts
- Free hearing aid batteries for two years
- Additional vision benefits for individuals with diabetes
- FREE pair of designer sunglasses when you get your annual eye exam



# Enroll today.



ONLINE

Visit [covermysmile.com](https://covermysmile.com)

BY PHONE

Call 888-264-1432

IN PERSON

Contact your current insurance agent/broker



DeltaVision®

Delta Dental of Iowa  
877-423-3582  
[deltadentalia.com](https://deltadentalia.com)

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DeltaVision®



# All smiles for health and happiness.

Honestly, when you think about dental and vision insurance, **you really have two choices:**

1. Risk going without coverage and potentially paying thousands out of your own pocket when you need care.
2. Or enjoy coverage peace of mind that a) keeps you and your family healthy and b) helps pay for your dental and vision care.

With multiple plans to choose from, and coverage that's accepted at 92% of Iowa dentists and 125,000 eye care providers nationwide, Delta Dental of Iowa helps protect your smile, your sight and your wallet!<sup>1</sup>

2024

## Dental & Vision Insurance

### ▶ INDIVIDUALS AND FAMILIES

Affordable, comprehensive coverage for you and your entire family.

### ▶ RETIREES

More benefits, larger network and more coverage than you'll find in traditional Medicare plans.

### ▶ SELF-EMPLOYED

Get similar benefits to those offered through popular employer plans.

Typical Services	Without Coverage	With Delta Dental coverage (after mo. premium)
Cleanings, X-rays	\$249	\$0
Fillings	\$234	\$117
Root Canals	\$1,090	\$545
Eye Exam	\$150	\$10 copay
Frames	\$180	\$40
Contact Lenses	\$275	Balance over \$130

Cost estimates for services noted above are based on Delta Dental of Iowa average claims data using in-network providers in the Preferred Prime Dental and Insight Preferred Vision plans.

<sup>1</sup> Based on 2022 Delta Dental Plans Association provider data.

# Dental

	Basic Plan (Preventive Prime)	Most Popular Plan (Preferred Prime)	Richest Benefits (Platinum Prime)
<b>Benefit Frequency</b>	Three exams per calendar year		
<b>Deductible</b>	\$50	\$50 - \$150*	\$25 - \$100*
Your coinsurance amount			
<b>Exams, cleanings &amp; X-rays</b>	20 - 30%	0%	0 - 20%
<b>Fillings, extractions &amp; oral surgery</b>	50%**	50%	20 - 40%
<b>Tooth-colored filling on back teeth</b>	50%	60%	50 - 60%
<b>Root canals, gum &amp; bone disease</b> (6-month waiting period for adults)	Not covered	50%	50%
<b>Crowns, dentures &amp; bridges</b> (12-month waiting period for adults)	Not covered	50%	50%
<b>Implants</b> (12-month waiting period for adults)	Not covered	60%	60%
<b>Annual benefit max</b> (per person, per year)	No limit	\$1,000	\$2,000
<b>Per-person premium</b>	<b>\$20.16 adult</b> <b>\$19.56 child</b> (up to 21 yrs.)	<b>\$43.02 adult</b> <b>\$32.98 child</b> (up to 21 yrs.)	<b>\$60.70 adult</b> <b>\$46.56 child</b> (up to 21 yrs.)

\*Deductible is waived for diagnostic and preventive services.

\*\*Extractions and oral surgery are not covered.

Highlighted plans reflect coverage amounts when using a provider in the Delta Dental PPO™ or Premier® Dentist network. Coverage amounts may vary when using out-of-network providers. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to [deltadentalia.com](http://deltadentalia.com).

Information on Delta Dental — Prime Policies: Prime policies do not include the pediatric dental services as required under ACA. These policies can be purchased through Delta Dental or your insurance agent. For more information on our Plus plans visit: [www.deltadentalia.com/aca23](http://www.deltadentalia.com/aca23). Delta Dental of Iowa — Plus policies are expected to be certified by the Iowa Health Insurance Marketplace.

Information on Rates and Enrollment: Plans and rates are effective January 1, 2024 through December 31, 2024 and are subject to Iowa Insurance Division approval. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy. Future rates are subject to change at a frequency of no more than once per year. You will be given a 60-day advance notification if there is any change in rates. For covered persons over 21, there is a 24-month waiting period to re-enroll if coverage is terminated for any reason. The 24-month waiting period to re-enroll is waived if proof of existing coverage is submitted. Applications must be received by the 20th of the month to be effective the 1st calendar day of the following month. Applications received after the 20th will be effective the 1st calendar day of the next month.

Important Information About Waiting Periods: Credit toward waiting periods may be given for individuals who were covered under a qualifying plan within the past 60 days. Waiting periods must be satisfied if there has been a lapse in coverage for more than 60 days or for new members who are added to this policy.

Plans are available to Iowa residents only. Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of the policy effective date or renewal date.

# Vision

	In-Network Cost	Out-of-Network Allowance
<b>Benefit Frequency</b> Contact Lenses or Lens, Exam, Frame	Once every calendar year	
<b>Exam</b>	\$10 copay	Up to \$35
<b>Dilation &amp; Refraction</b>	\$0	N/A
<b>Frames</b>	80% of balance over \$130	Up to \$65
<b>Single, Bi-focal, Tri-focal Lenses</b>	\$10 copay (standard plastic)	Up to \$25 (single vision) Up to \$40 (bi-focal) Up to \$55 (tri-focal)
<b>Standard Progressive Lens</b>	\$75 copay	Up to \$40
<b>Premium Progressive Lens</b>	\$95 - \$120 (tiers 1 - 3) \$75 copay, plus 80% of charge less \$120 (tier 4)	Up to \$40
<b>Lenticular Lens</b>	\$10 copay	Up to \$55
<b>Lens Material &amp; Options</b>	\$15 - \$75 copay (varies by material type)	N/A
<b>Contact Lenses</b>	85% of balance over \$130 (conventional) Balance over \$130 (disposable) \$0 (medically necessary)	Up to \$104 (conventional & disposable) Up to \$200 (medically necessary)
<b>Contact Lens Fit &amp; Follow-Up Exam:</b>		
▶ Standard	Up to \$40 copay	N/A
▶ Premium	10% off retail price	N/A
<b>LASIK or PRK Vision Correction</b>	85% of retail price or 95% of promo price	N/A
<b>One &amp; Sun</b>	Included	
<b>Per-person premium</b>	<b>\$17.72</b>	

To be eligible for this coverage, you must be enrolled in a Delta Dental Individual and Family dental plan. Plans and rates are effective January 1, 2024, through December 31, 2024 and are subject to Iowa Insurance Division approval. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.