## We've got you **covered.**

#### **▶** EXPERIENCE

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

#### **D** 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

BY PHONE Call 888-264-1432

IN PERSON

Contact your current insurance agent/broker



**DeltaVision**<sup>®</sup>

Delta Dental of Iowa 877-423-3582 deltadentalia.com



**DeltaVision** 



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.

# All smiles for health and happiness.

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

- Risk going without coverage and potentially paying thousands out of your own pocket when you need care.
- Or enjoy coverage peace of mind that

   keeps you and your family healthy

   helps pay for your dental and
   vision care.
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With multiple plans to choose from, and coverage that's accepted at 92% of lowa dentists and 125,000 eye care providers nationwide, Delta Dental of lowa helps protect your smile, your sight and your wallet!

Typical Services	Without Coverage	With Delta Dental coverage (after mo. premium)
Cleanings, X-rays	\$249	<b>\$</b> O
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 lowa average claims data using in-network providers in the Preferred Prime Dental and Insight Preferred Vision plans

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



### (🛪) 2024 Individual and Family Dental Plans

**Preventive Plus** 



**Platinum Plus** 

#### + PLUS PLANS

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• Includes the Affordable	Monthly Per-Person Premium					Monthly Per-Person Premium					Monthly Per-Person Premium								
Care Act defined pediatric dental benefit	Adult (21+) \$20.16		Child (up to 21 yrs.) \$46.92		Adult (21+) \$43.02		Child (up to 21 yrs.) \$50.42			:	t (21+) 0.70	Child (up to 21 yrs.) \$56.98							
Children and adult benefits are different		Delta Dental PPO™ Dentist		Delta Dental Ou Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	
<b>Deductible</b> per person per calendar year	\$50	\$25*	\$50	\$25*	\$75	\$225*	\$50*	\$25*	\$150*	\$25*	\$225	\$225*	\$25*	\$25*	\$100*	\$25*	\$175	\$225*	
							Your coinsurance amount												
Exams, cleanings & X-rays	20%**	0%	30%**	0%	50%**	50%	0%	0%	0%	0%	50%	50%	0%	0%	20%	0%	40%	50%	
Fillings, extractions & oral surgery	50%***	20%	50%***	50%	70%***	70%	50%	20%	50%	50%	70%	70%	20%	20%	40%	50%	60%	70%	
Tooth-colored filling on back teeth	50%	60%	50%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	60%	60%	70%	70%	
Root canals, gum & bone disease (6-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%	
Crowns, dentures & bridges (12-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%	
Implants (12-month waiting period for adults)	-	60%	-	60%	-	70%	60%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%	
Medically Necessary Orthodontia	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	
Adult Annual Benefit Max (per person, per year)	No limit						\$1,000				\$2,000								
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$400	•	d or \$800 under 21	for all	-	-	\$400		l or \$800 under 21	for all	-	-	\$400	D per child children	or \$800 ander 21	for all	-	-	

**Preferred Plus** 

Information on Delta Dental — Plus Policies: Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies for individuals/families can be purchased through the lowa Health Insurance Marketplace, Delta Dental or your insurance agent. You can purchase dental benefits with the required pediatric dental services as a stand-alone policy without purchasing a medical plan. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com. Plus policies are expected to be certified by the lowa Health Insurance Marketplace.

Information on Rates and Enrollment: Plans and rates are effective January 1, 2024 through December 31, 2024 and are subject to lowa 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 on the Platinum Plus and Preferred Plus Plans: There are no waiting periods for diagnostic and preventive services, fillings and extractions, and emergency treatment of dental pain. There is a 6-month waiting period for endodontics and periodontics and a 12-month waiting period for major restorative services and implants for covered persons on the Delta Dental - Plus policies. 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 the policy.

Plans are available to lowa 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.

<sup>\*</sup>Deductible is waived for diagnostic and preventive services. \*\*Maintenance therapy is not covered under the adult plan. \*\*\*Extractions and oral surgery are not covered under the adult plan.