PLATINUM PLUS

SUMMARY OF COVERAGE	Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult 21+	Child 0-20	Adult 21+	Child 0-20	Adult 21+	Child 0-20
Deductible per person per calendar year	\$25*	\$25*	\$100*	\$25*	\$175	\$225*
Adult Annual Benefit Maximum per person per calendar year						

BENEFIT CATEGORIES	Coinsurance paid by member								
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	0%	0%	20%	0%	40%	50%			
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	20%	40%	50%	60%	70%			
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	60%	60%	70%	70%			
Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings) 6-month waiting period for adults	50%	50%	50%	50%	60%	70%			
Periodontal Services (gum and bone diseases, complex procedures) 6-month waiting period for adults	50%	50%	50%	50%	60%	70%			
High Cost Restorations (cast restorations - crowns, inlays, onlays, posts, cores) 12-month waiting period for adults	50%	50%	50%	50%	60%	70%			
Prosthetics (bridges, dentures) 12-month waiting period for adults	50%	50%	50%	50%	60%	70%			
Implants 12-month waiting period for adults	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	\$400 per	Not Covered	Not Covered						

* Deductible is waived for all diagnostic and preventive care.

Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of the policy effective date or renewal date.

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.

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