

PREFERRED PLUS

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Adult Annual Benefit Maximum
per person per calendar year

| 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 |
| \$50* | \$25* | \$150* | \$25* | \$225 | \$225* |
| \$1,000 | | | | | |

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)
6-month waiting period for adults

Periodontal Services
(gum and bone diseases, complex procedures)
6-month waiting period for adults

High Cost Restorations
(cast restorations – crowns, inlays, onlays, posts, cores)
12-month waiting period for adults

Prosthetics
(bridges, dentures)
12-month waiting period for adults

Implants
12-month waiting period for adults

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™ Dentist | Delta Dental Premier® Dentist | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist | Out-of-Network Dentist |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|------------------------|
| 0% | 0% | 0% | 0% | 50% | 50% |
| 50% | 20% | 50% | 50% | 70% | 70% |
| 60% | 60% | 60% | 60% | 70% | 70% |
| 50% | 50% | 50% | 50% | 70% | 70% |
| 50% | 50% | 50% | 50% | 70% | 70% |
| 50% | 50% | 50% | 50% | 70% | 70% |
| 50% | 50% | 50% | 50% | 70% | 70% |
| 60% | 60% | 60% | 60% | 70% | 70% |
| Not Covered | 50% | Not Covered | 50% | Not Covered | 50% |
| \$400 per child or \$800 for all children under 21 | | | | 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.

