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	$2,000					
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)	50%	50%	50%	50%	60%	70%
Periodontal Services (gum and bone diseases, complex procedures)	50%	50%	50%	50%	60%	70%
High Cost Restorations (cast restorations – crowns, inlays, onlays, posts, cores)	50%	50%	50%	50%	60%	70%
Prosthetics (bridges, dentures)	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	$450 per child or $900 for all children under 21				Not Covered	Not Covered

* Deductible is waived for all diagnostic and preventive care.

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.

DELTA DENTAL®