

PREFERRED PRIME

SUMMARY OF COVERAGE

|                                                               |
|---------------------------------------------------------------|
| <b>Deductible</b><br>per person per calendar year             |
| <b>Annual Benefit Maximum</b><br>per person per calendar year |

| Delta Dental<br>PPO™ Dentist | Delta Dental<br>Premier® Dentist | Out-of-Network<br>Dentist |
|------------------------------|----------------------------------|---------------------------|
| \$50*                        | \$150*                           | \$225                     |
| \$1,000                      |                                  |                           |

BENEFIT CATEGORIES

|                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diagnostic &amp; Preventive Services</b><br>(check-ups, teeth cleaning, x-rays, maintenance therapy)                                                                       |
| <b>Routine &amp; Restorative Services</b><br>(cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery) |
| <b>Posterior Composites</b><br>(tooth-colored filling on back teeth)                                                                                                          |
| <b>Endodontic Services</b><br>(root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)<br>6-month waiting period                                          |
| <b>Periodontal Services</b><br>(gum and bone diseases, complex procedures)<br>6-month waiting period                                                                          |
| <b>High Cost Restorations</b><br>(cast restorations – crowns, inlays, onlays, posts, cores)<br>12-month waiting period                                                        |
| <b>Prosthetics</b><br>(bridges, dentures)<br>12-month waiting period                                                                                                          |
| <b>Implants</b><br>12-month waiting period                                                                                                                                    |

Coinsurance paid by member

|     |     |     |
|-----|-----|-----|
| 0%  | 0%  | 50% |
| 50% | 50% | 70% |
| 60% | 60% | 70% |
| 50% | 50% | 70% |
| 50% | 50% | 70% |
| 50% | 50% | 70% |
| 50% | 50% | 70% |
| 60% | 60% | 70% |

\* 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.

Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). This coverage is available in the Plus policies. You can purchase policies with the required pediatric dental services on the insurance Marketplace and these plans can be purchased without purchasing a medical plan. Please contact Delta Dental, your insurance agent, or Iowa's Health Insurance Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental policy.

