

PREVENTIVE PLUS

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Adult Annual Benefit Maximum
per person per calendar year

BENEFIT CATEGORIES

Diagnostic & Preventive Services
(check-ups, teeth cleaning, x-rays, maintenance therapy)

Routine & Restorative Services
(cavity repair, tooth extractions, 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

Medically Necessary Orthodontia
up to age 21

Child Annual Out-of-Pocket Limit
only applies to in-network

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*	\$50	\$25*	\$75	\$225*
No coverage limit for routine and preventive care					

Coinsurance paid by member

20%**	0%	30%**	0%	50%**	50%
50%***	20%	50%***	50%	70%***	70%
50%	60%	50%	60%	70%	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	70%
Not Covered	60%	Not Covered	60%	Not Covered	70%
Not Covered	50%	Not Covered	50%	Not Covered	50%
\$450 per child or \$900 for all children under 21				Not Covered	Not Covered

* Deductible is waived for all diagnostic and preventive care.
** Periodontal maintenance therapy is not covered under the adult plan.
*** Extractions and oral surgery are not covered under the adult plan.

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.

