



Delta Dental PPO plus Premier

Two networks, more choices



Delta Dental of Iowa's unique dual network gives you more choices from a broader selection of dentists by utilizing two networks — Delta Dental PPO™ and Delta Dental Premier®.

Delta Dental PPO provides you with the **lowest out-of-pocket costs**. That's because dentists who participate in the PPO network have agreed to accept lower reimbursements for services. The Delta Dental PPO network includes 37% of all Iowa dentists¹.

Delta Dental Premier is the **largest dental network in the nation**, with 91% of all dentists in Iowa¹ and 73% of dentists nationally¹ participating. Delta Dental Premier gives you a wider selection of dentists while keeping out-of-pocket costs economical.

DELTA DENTAL PREMIER DENTISTS

Includes **91%** of Iowa dentists¹, with **lower** out-of-pocket costs and reduced benefits.

DELTA DENTAL PPO DENTISTS

Includes **37%** of Iowa dentists¹, with the **lowest** out-of-pocket costs and best benefits.

OUT-OF-NETWORK DENTISTS

Allows you to see an out-of-network dentist at higher costs with reduced benefits.

¹Based on June 2025 Delta Dental Plans Association data.

In-network dentists offer you the **greatest savings.**

You are free to go to any dentist, but may save more money by going to a PPO or Premier network dentist. Plus, network dentists have agreed not to charge more than Delta Dental's maximum allowed fees — *and* they won't balance bill you the difference between the maximum allowed fees and their regular fees. See example below.

| | < GREATEST PATIENT SAVINGS TO LEAST PATIENT SAVINGS > | | |
|--|---|-------------------------------|--------------------------|
| | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
| | In-Network | | Out-of-Network |
| Regular Fee Charged By Dentist | \$1,000 | | |
| Delta Dental's Maximum Allowed Fee | \$710 | \$900 | \$900 |
| Benefit Percentage | 50% | 50% | 50% |
| Delta Dental Pays | \$355 | \$450 | \$450 |
| Additional Amount Dentist May "Balance Bill" the Patient | \$0 | \$0 | \$100 |
| Patient Pays | \$355 | \$450 | \$550 (\$450 + \$100) |

Please note that this is an example of dental services for illustrative purposes and assumes the patient deductible has been met. Benefit percentage will vary by plan and procedure.

FIND A DELTA DENTAL NETWORK DENTIST

To see if your dentist participates in the Delta Dental PPO or Premier networks, visit our website at **deltadentalia.com** or call customer service at **800-544-0718**.

