

Dental care is smart health care.

Preventive dental care helps protect your smile, can provide early detection of over 120 diseases¹ and can offer long-term savings. Delta Dental of Iowa's plans give you the flexibility to get the coverage you need and use.

Plus, when you select a dental plan from Delta Dental, you will receive a vision discount plan through EyeMed Vision Care at no additional cost.

Select your plan in three steps:

- 1 Pick who to cover.
- 2 Choose a plan type - with or without the Affordable Care Act (ACA) pediatric dental essential health benefit (EHB).
- 3 Select your coverage.

¹ Journal of the American Dental Association, Vol 134, No suppl_1, 41S-48S. 2003.



Calculate Your Monthly Premium

of Adults: _____
(21 and older) X
Monthly Premium: \$ _____

 Total Adult Monthly Premium: \$ _____

of Children: _____
(under 21; Maximum premium for three children under the age of 21) X
Monthly Premium: \$ _____

 Total Child Monthly Premium: \$ _____

Total Monthly Premium For Family

 \$ _____ per month

 DELTA DENTAL®

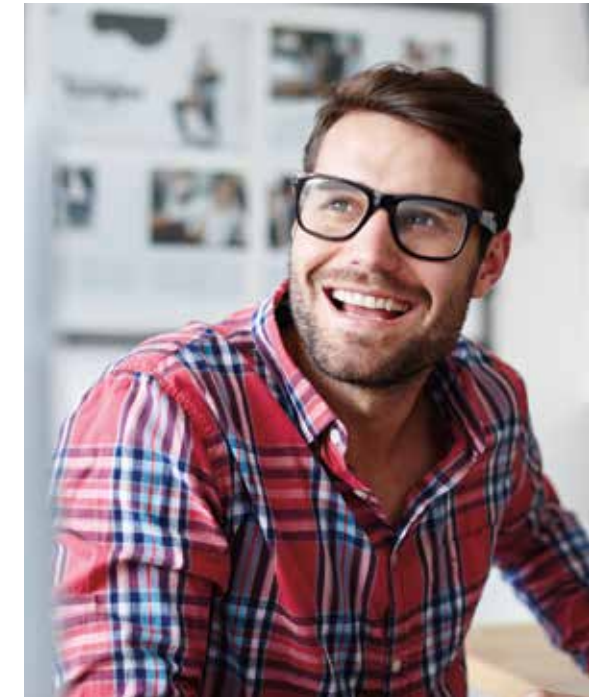
Delta Dental of Iowa
deltadentalia.com

Delta Dental of Iowa Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016.

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 DELTA DENTAL®

Delta Dental PPO plus Premier 2017 Employee Choice Plans



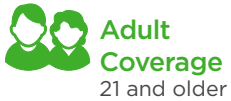
- Coverage for you, your spouse and/or your children
- Flexible plan options
- Affordable coverage
- Vision discount at no cost

1

Pick who to cover.

Choose to cover yourself, spouse, children or the entire family. All plans are priced per person – one rate for children and one rate for adults.

After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on your policy.



Choose Your Dentist & Your Savings

Delta Dental PPOSM Network

Includes 40 percent of Iowa dentists², with the **lowest** out-of-pocket expenses and the best benefits.

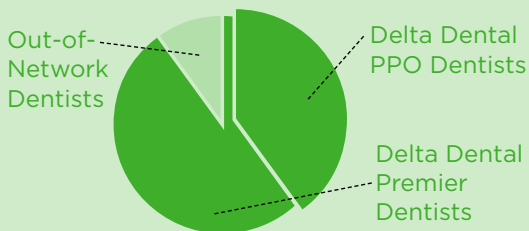
Delta Dental Premier[®] Network

Includes 90 percent of Iowa dentists², **lower** out-of-pocket costs and reduced benefits.

Out-of-Network Dentists

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

Delta Dental PPO plus Premier



² NetMinder, 2014.

2

Choose a plan type – with ACA (Plus) or without ACA (Prime) plan.

The Affordable Care Act (ACA) pediatric dental essential health benefit (EHB) only applies to coverage for children up to age 21. Adult coverage on the Plus and Prime plans is the same.

Consider a Plus Plan if...

You want a plan that meets the ACA pediatric dental EHB requirement and includes the following benefits for children (under 21):

- A maximum out-of-pocket limit of \$350 per child or \$700 for all children on the policy.
- Coverage for medically necessary orthodontia.
- No annual or lifetime maximums.

Delta Dental Plus policies are certified by the Iowa Health Insurance Marketplace.

Consider a Prime Plan if...

- You are only covering adults 21 and older.
- You want to supplement your other health benefit coverage.
- You want the same coinsurance, deductible and annual benefit maximum for children and adults on the policy.

3

Select your coverage.

- **Platinum** – Richest benefits; covers preventive, restorative and major services with an annual benefit maximum of \$2,000.
- **Preferred** – Our most popular plan; covers preventive, restorative and major services with an annual benefit maximum of \$1,000.
- **Preventive** – Basic plan; covers preventive services and cavity repair. No limit on annual benefit maximum.

The chart below shows how much adults/children on Prime plans and adults on Plus plans would pay for certain dental services when they see a Delta Dental PPOSM or Delta Dental Premier[®] dentist.

	Platinum	Preferred	Preventive
Annual Benefit Maximum (per person)	\$2,000	\$1,000	No limit
Deductible (per person)	\$25-100	\$50-150	\$50
Diagnostic and Preventive (i.e., exams, cleanings, X-rays)	0-20%	0%	20-30%*
Routine and Restorative Services (i.e., cavity repair, extractions)	20-40%	50%	50%**
Major Services (i.e., root canal, bridges, crowns, implants)	50-60%	50-60%	Not covered
Monthly Premium	\$\$\$	\$\$	\$

*Deductible applies to diagnostic and preventive services under the Preventive plan.

**Oral surgery and extractions are not covered under the Preventive plan.

2017 Employee Choice Prime Plans

Prime	Platinum Prime			Preferred Prime			Preventive Prime		
<ul style="list-style-type: none"> Does not include Affordable Care Act defined pediatric dental benefit Children and adult benefits are the same Choose one plan for your entire family 	Monthly Per-Person Premium			Monthly Per-Person Premium			Monthly Per-Person Premium		
	Adult (21+) \$36.28 Child (up to age 21) \$27.82			Adult (21+) \$29.04 Child (up to age 21) \$22.26			Adult (21+) \$14.64 Child (up to age 21) \$14.16		
	Delta Dental PPO SM Dentist	Delta Dental Premier [*] Dentist	Out-of-Network Dentist	Delta Dental PPO SM Dentist	Delta Dental Premier [*] Dentist	Out-of-Network Dentist	Delta Dental PPO SM Dentist	Delta Dental Premier [*] Dentist	Out-of-Network Dentist
Deductible <i>per person per calendar year</i>	\$25*	\$100*	\$175	\$50*	\$150*	\$225	\$50	\$50	\$75
	Coinsurance paid by member			Coinsurance paid by member			Coinsurance paid by member		
Diagnostic and Preventive Care <i>(exams, cleanings, X-rays)</i>	0%	20%	40%	0%	0%	50%	20%	30%	50%
Routine and Restorative Services <i>(fillings, tooth extractions and oral surgery)</i>	20%	40%	60%	50%	50%	70%	50%**	50%**	70%**
Posterior Composites <i>(tooth-colored filling on back teeth)</i>	50%	60%	70%	60%	60%	70%	50%	50%	70%
Endodontics and Periodontics <i>(root canals, gum and bone disease)</i>	50%	50%	60%	50%	50%	70%	-	-	-
Major Restorative Services <i>(crowns, dentures and bridges)</i>	50%	50%	60%	50%	50%	70%	-	-	-
Implants	60%	60%	70%	60%	60%	70%	-	-	-
Annual Benefit Maximum <i>per person per calendar year</i>	\$2,000			\$1,000			No limit		

*Deductible is waived for diagnostic and preventive services.

**Extractions and oral surgery are not covered under the Preventive plan.

Information on Delta Dental Plus and Prime Policies

Delta Dental Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Delta Dental Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016. Delta Dental Prime policies do not include the pediatric dental services as required under ACA.

Information on Rates and Enrollment: Rates are effective as of January 1, 2017 through December 31, 2017. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy. Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of January 1 of the plan year.

2017 Employee Choice Plus Plans

Plus	Platinum Plus						Preferred Plus						Preventive Plus					
<ul style="list-style-type: none"> Includes Affordable Care Act (ACA) defined pediatric dental benefit Children and adult benefits are different Choose one plan for your entire family 	Monthly Per-Person Premium						Monthly Per-Person Premium						Monthly Per-Person Premium					
	Adult (21+) \$36.28		Child (up to age 21) \$34.04				Adult (21+) \$29.04		Child (up to age 21) \$34.04				Adult (21+) \$14.64		Child (up to age 21) \$28.54			
	Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist		Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist		Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	
Deductible <i>per person per calendar year</i>	\$25*	\$25*	\$100*	\$25*	\$175	\$225*	\$50*	\$25*	\$150*	\$25*	\$225	\$225*	\$50	\$75*	\$50	\$75*	\$75	\$225*
	Coinsurance paid by member						Coinsurance paid by member						Coinsurance paid by member					
Diagnostic and Preventive Care <i>(exams, cleanings, X-rays)</i>	0%	0%	20%	0%	40%	50%	0%	0%	0%	0%	50%	50%	20%**	0%	30%**	50%	50%**	50%
Routine and Restorative Services <i>(fillings, tooth extractions and oral surgery)</i>	20%	20%	40%	50%	60%	70%	50%	20%	50%	50%	70%	70%	50%***	50%	50%***	50%	70%***	70%
Posterior Composites <i>(tooth-colored filling on back teeth)</i>	50%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	50%	60%	70%	70%
Endodontics and Periodontics <i>(root canals, gum and bone disease)</i>	50%	50%	50%	50%	60%	70%	50%	50%	50%	50%	70%	70%	-	50%	-	50%	-	70%
Major Restorative Services <i>(crowns, dentures and bridges)</i>	50%	50%	50%	50%	60%	70%	50%	50%	50%	50%	70%	70%	-	50%	-	50%	-	70%
Implants	60%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%	-	60%	-	60%	-	70%
Medically Necessary Orthodontia	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%
Adult Annual Benefit Maximum <i>per person per calendar year</i>	\$2,000						\$1,000						No limit					
Child Annual Out-of-Pocket Limit <i>(only applies to in-network)</i>	\$350 per child or \$700 for all children under 21				-	-	\$350 per child or \$700 for all children under 21				-	-	\$350 per child or \$700 for all children under 21				-	-

*Deductible is waived for diagnostic and preventive services. **Maintenance therapy is not covered under the adult plan. ***Extractions and oral surgery are not covered under the adult plan.

Information on Delta Dental Plus and Prime Policies

Delta Dental Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Delta Dental Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016. Delta Dental Prime policies do not include the pediatric dental services as required under ACA.

Information on Rates and Enrollment: Rates are effective January 1, 2017 through December 31, 2017. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy. Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of January 1 of the plan year.

Language Access Services

If you, or someone you're helping, has questions about Delta Dental of Iowa, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 877-423-3582.

Arabic –

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Delta Dental of Iowa، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-423-3582.

Chinese – 如果您，或是您正在協助的對象，有關於[插入 項目的名稱 Delta Dental of Iowa 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 [在此插入數字 877-423-3582

French – Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Delta Dental of Iowa, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-423-3582.

German – Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Iowa haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-423-3582 an.

Hindi – यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के Delta Dental of Iowa के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिण से बात करने के लिए 877-423-3582 पर कॉल करें।

Karen – မှုတမ့်ပုၤတကၢၤလၢနမၤစၢၤအိၣ်, မ့ၢ်အိၣ်ဒီးတၢ်သံကွၢ်တဖၣ်ဘၣ်ယးဒီး

Delta Dental of Iowa န့ၣ်, နအိၣ်ဒီးတၢ်ခွဲးတၢ်ယာ်လၢနကဒီးန့ၢ်ဘၣ် တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢနကျိၣ်ဒၣ် နဲလၢတလိၣ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ. လၢနကကတိၤတၢ်ဒီးပုၤကတိၤကျိၣ်ထံတၢ်အဂီၢ်, ကိး 877-423-3582 တက့ၢ်.

Korean – 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Iowa에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-423-3582 로 전화하십시오.

Laotian – ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບກຳນຸຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກກັບນາຍພາສາ, ໃຫ້ໂທຫາ 877-423-3582.

Russian – Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Iowa, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-423-3582.

Serbo-Croatian – Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Delta Dental of Iowa, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-423-3582.

Spanish – Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Iowa, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 877-423-3582.

Tagalog – Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Delta Dental of Iowa, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-423-3582.

Thai – หากคุณ หรือคนที่คุณกำลังช่วยเหลือ มีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูล ในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุย กับล่าม โทร 877-423-3582

Vietnamese – Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Iowa, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-423-3582.

Pennsylvania Dutch - Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Delta Dental of Iowa, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 877-423-3582 uffrufe.

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full non-discrimination notice, go to deltadentalia.com/nondiscrimination.