

Take care of your smile and your health.

Having a dental plan can help you:

- **Save money.** When you need dental work, Delta Dental shares the cost with you. You can save even more by visiting in-network dentists.
- **Be covered for the unexpected.** Without a dental plan, you would be responsible for the full treatment cost.
- **Detect health issues sooner.** More than 120 diseases¹, including heart disease and diabetes, have symptoms that appear in the mouth.

With Delta Dental of Iowa, you have the flexibility to get the coverage you need and will use. See for yourself why one million Iowans choose Delta Dental for their dental coverage.

¹Dental Management of the Medically Compromised Patient (7th ed.). 2008.



Calculate Your Monthly Premium

of Adults: _____
(21 and older)

X

Monthly Rate: _____ \$



Total Adult Monthly Premium: _____ \$

of Children: _____
(under 21; Maximum premium for three children under the age of 21)

X

Monthly Rate: _____ \$



Total Child Monthly Premium: _____ \$

Total Monthly Premium For Family
(Total Adult Monthly Premium + Total Child Monthly Premium)



\$ _____ per month



Delta Dental of Iowa
877-423-3582
deltadentalia.com

Delta Dental of Iowa Plus policies are expected to be certified as qualified health plans.

2462-B10030 09/2019



DELTA DENTAL PPO PLUS PREMIER 2020 Small Group Employee Choice Plans

Coverage for you, your spouse and/or your children



BEFORE YOU GET STARTED

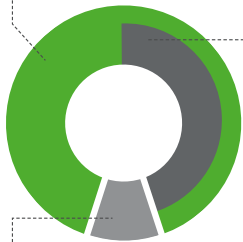
Compare network options

ALREADY HAVE A DENTIST?

Chances are your dentist participates in Delta Dental's vast provider network. To find your dentist, visit deltadentalia.com and click **Find a Dentist**.

DELTA DENTAL PREMIER[®] DENTISTS

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



DELTA DENTAL PPOSM DENTISTS

Includes over 40 percent of Iowa dentists², 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.

² NetMinder, 2018.

FIND THE RIGHT BENEFITS IN THREE SIMPLE STEPS:

1

Decide who to cover.

Cover yourself, spouse, children or the entire family.



TWO RATES

All plans are priced per person:

- **Adult Rate** - age 21 and older
- **Child Rate** - up to age 21 as of the group's effective/renewal date for the first three children on your policy (no charge for additional children)

2

Pick your plan type.

Delta Dental offers two plan types: Prime and Plus. Both plans have the same adult coverage, but Plus plans have different benefits for children up to age 21.



The Prime plan may be best if you:

- Are only covering adults 21 and older
- Want to supplement your other health benefit coverage
- Want the same benefits for children and adults on the policy



The Plus plan may be best if you:

- Are covering children and want a plan that meets ACA requirements³ for children up to age 21
- Want maximum out-of-pocket limits and no annual/lifetime maximums on child coverage
- Want coverage for medically necessary orthodontia for children

³ Delta Dental Plus policies are expected to be certified as qualified health plans. They meet the Affordable Care Act (ACA) pediatric dental essential health benefit (EHB) requirement for children up to age 21.

3

Select your coverage.

PREVENTIVE

Basic plan.

No coverage limit for routine, preventive care

Annual benefit maximum:

No Limit

Monthly Premium: \$

PREFERRED

Most popular.

Low monthly premium for comprehensive dental coverage

Annual benefit maximum:

\$1,000

Monthly Premium: \$\$

PLATINUM

Richest benefits.

Lower deductibles/ out-of-pocket expenses

Annual benefit maximum:

\$2,000

Monthly Premium: \$\$\$

ENROLL TODAY!   

Complete an application | Contact your employer or insurance broker/agent

PRIME

- Does not include Affordable Care Act defined pediatric dental benefit
- Children and adult benefits are the same
- Choose one plan for your entire family

	Preventive Prime			Preferred Prime			Platinum Prime		
	Monthly Per-Person Premium			Monthly Per-Person Premium			Monthly Per-Person Premium		
	Adult (21+) Child (up to age 21)			Adult (21+) Child (up to age 21)			Adult (21+) Child (up to age 21)		
	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 per person per calendar year	\$50	\$50	\$75	\$50*	\$150*	\$225	\$25*	\$100*	\$175
	Coinsurance paid by member			Coinsurance paid by member			Coinsurance paid by member		
Diagnostic and Preventive Care (exams, cleanings, X-rays)	20%	30%	50%	0%	0%	50%	0%	20%	40%
Routine and Restorative Services (fillings, tooth extractions and oral surgery)	50%**	50%**	70%**	50%	50%	70%	20%	40%	60%
Posterior Composites (tooth-colored filling on back teeth)	50%	50%	70%	60%	60%	70%	50%	60%	70%
Endodontics and Periodontics (root canals, gum and bone disease)	-	-	-	50%	50%	70%	50%	50%	60%
Major Restorative Services (crowns, dentures and bridges)	-	-	-	50%	50%	70%	50%	50%	60%
Implants	-	-	-	60%	60%	70%	60%	60%	70%
Annual Benefit Maximum per person per calendar year	No limit			\$1,000			\$2,000		

*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 as qualified health plans. 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, 2020 through December 31, 2020. 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 the group's effective/renewal date.

PLUS

- Includes the Affordable Care Act defined pediatric dental benefit
- Children and adult benefits are different
- Choose one plan for your entire family

	Preventive Plus						Preferred Plus						Platinum Plus					
	Monthly Per-Person Premium						Monthly Per-Person Premium						Monthly Per-Person Premium					
	Adult (21+) \$15.86		Child (up to age 21) \$30.90				Adult (21+) \$31.44		Child (up to age 21) \$36.84				Adult (21+) \$39.28		Child (up to age 21) \$36.84			
	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 per person per calendar year	\$50	\$75*	\$50	\$75*	\$75	\$225*	\$50*	\$25*	\$150*	\$25*	\$225	\$225*	\$25*	\$25*	\$100*	\$25*	\$175	\$225*
	Coinsurance paid by member						Coinsurance paid by member						Coinsurance paid by member					
Diagnostic and Preventive Care (exams, cleanings, X-rays)	20%**	0%	30%**	50%	50%**	50%	0%	0%	0%	0%	50%	50%	0%	0%	20%	0%	40%	50%
Routine and Restorative Services (fillings, tooth extractions and oral surgery)	50%***	50%	50%***	50%	70%***	70%	50%	20%	50%	50%	70%	70%	20%	20%	40%	50%	60%	70%
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	50%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	60%	60%	70%	70%
Endodontics and Periodontics (root canals, gum and bone disease)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
Major Restorative Services (crowns, dentures and bridges)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
Implants	-	60%	-	60%	-	70%	60%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%
Medically Necessary Orthodontia	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%
Adult Annual Benefit Maximum per person per calendar year	No limit						\$1,000						\$2,000					
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$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 as qualified health plans. 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, 2020 through December 31, 2020. 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 the group's effective/renewal date.

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 x3.

Arabic –

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Delta Dental of Iowa. فلدنياك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-423-3582 x3.

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 x3

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 x3.

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 x3 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 दूभाषिए से बात करने के लिए 877-423-3582 x3 पर कॉल करें।

Karen – ກຳລັງຊ່ວຍເຫຼືອທ່ານ ກ່ຽວກັບ ດິລຕາ ດີນຕາ ມາດລ໌ ດີ ດອນ ລ໌ ມີ ສິດທິ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ແລະ ຂໍ້ ມູນ ຂ່າວ ສານ ທີ່ ດັ່ງ ນັ້ນ ພາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າຍ. ການ ໂອ້ ນຶມ ກັບ ບາ ຍພາ ສາ, ໃຫ້ ໂທ ຫາ 877-423-3582 x3 ຕອກ ັ້ນ.

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 x3로 전화하십시오.

Laotian – ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ດັ່ງນັ້ນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນຶມກັບພາສາ, ໃຫ້ໂທຫາ 877-423-3582 x3.

Pennsylvania Dutch - Wann du hoscht en Froog, odder ebber, wu du helpscht, 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 x3 uffrufe.

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 x3.

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 x3.

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 x3.

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 x3.

Thai – หากคุณ หรือคนที่คุณกำลังช่วยเหลือ มีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-423-3582 x3

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 1-800-544-0718. 877-423-3582 x3.

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.