

Here's a smart choice.

Going without dental coverage could cost you big time. Basic things like routine visits, exams, fillings and crowns could cost you thousands. Luckily, your employer is giving you affordable plan choices from Delta Dental, all of which not only save you money, but protect your family's health. So, how do you choose the right one? We can help with that!

3 steps to choosing the right plan



You can choose to cover yourself, your spouse, children or the entire family.









▶ PRIME PLANS - Benefits are the same for adults and children. ▶ PLUS PLANS - Include additional benefits for children, like maximum out-of-pocket limits.



PRIME PLANS | 3 COVERAGE OPTIONS

	Basic Plan Most Popular Plan (Preventive Prime) (Preferred Prime)		Richest Benefits (Platinum Prime)					
Deductible (per person per year)	\$50	\$50* - \$150*	\$25* - \$100*					
	Your coinsurance amount							
Exams, cleanings & X-rays	20 - 30%	0%	0 - 20%					
Fillings, extractions & oral surgery	50%**	50%	20 - 40%					
Tooth-colored filling on back teeth	50%	60%	50 - 60%					
Root canals, gum & bone disease	Not covered	50%	50%					
Crowns, dentures & bridges	Not covered	50%	50%					
Implants	Not covered	60%	60%					
Annual benefit maximum (per person per year)	No limit	\$1,000	\$2,000					
Per-person premium	\$16.76 adult \$16.22 child (up to 21 yrs.)	\$33.20 adult \$25.46 child (up to 21 yrs.)	\$41.48 adult \$31.80 child (up to 21 yrs.)					

Coverage amounts shown for providers in the Delta Dental PPO™ or Premier* Dentist network. Coverage amounts may vary when using out-of-network providers.

^{*} Deductible is waived for diagnostic and preventive services. ** Extractions and oral surgery are not covered under the Preventive Plan.

+ PLUS PLANS | 3 COVERAGE OPTIONS

	Basic Plan (Preventive Plus)		Most Popular Plan (Preferred Plus)		Richest Benefits (Platinum Plus)		
	Adult	Child	Adult	Child	Adult	Child	
Deductible (per person per year)	\$50	\$75*	\$50* - \$150*	\$25*	\$25* - \$100*	\$25*	
	Your coinsurance amount						
Exams, cleanings & X-rays	20%** - 30%**	0% - 50%	0%	0%	0% - 20%	0%	
Fillings, extractions & oral surgery	50%***	50%	50%	20% - 50%	20% - 40%	20% - 50%	
Tooth-colored filling on back teeth	50%	60%	60%	60%	50% - 60%	60%	
Root canals, gum & bone disease	Not covered	50%	50%	50%	50%	50%	
Crowns, dentures & bridges	Not covered	50%	50%	50%	50%	50%	
Implants	Not covered	60%	60%	60%	60%	60%	
Medically necessary orthodontia	Not covered	50%	Not covered	50%	Not covered	50%	
Adult annual benefit maximum (per person per year)	No	limit	\$1,	000	\$2,	000	
Child annual out-of-pocket limit (only applies to in-network)	Not Covered	\$375 per child or \$750 for all children under 21	Not Covered	\$375 per child or \$750 for all children under 21	Not Covered	\$375 per child or \$750 for all children under 21	
Per-person premium	\$16.76 adult	\$32.62 child (under 21 yrs.)	\$33.20 adult	\$38.90 child (under 21 yrs.)	\$41.48 adult	\$38.90 child (under 21 yrs.)	

^{*}Deductible is waived for diagnostic and preventive services.

Why Delta Dental?



With our large network covering 93% of lowa dentists¹, it's likely your current dentist participates.



We share the costs with you, plus you save even more when you visit an in-network provider.



You'll be covered by the name

1.5 million members already trust
with their dental coverage.



Complete an **enrollment form** through your **employer or insurance agent.**



877-423-3582 deltadentalia.com

¹Based on 2022 Delta Dental of Iowa provider data.

Information on Delta Dental - Plus and Prime Policies

Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies are expected to be certified as qualified health plans. Prime policies do not include the pediatric dental services as required under ACA.

Information on Rates and Enrollment

Plans and rates are effective as of January 1, 2023 through December 31, 2023 and are subject to lowa Insurance Division approval. 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.

 $For complete \ details \ of the \ coverage, \ including \ exclusions, \ limitations, \ and \ out-of-network \ coverage, \ call \ 877-423-3582 \ or \ go \ to \ delta \ dentalia. combined \ of \ coverage \ coverage \ call \ exclusions \ ex$

^{**}Maintenance therapy is not covered under the adult plan. ***Extractions and oral surgery are not covered under the adult plan.

Coverage amounts shown for a provider in the Delta Dental PPO™ or Premier* Dentist network. Coverage amounts may vary based when using out-of-network providers.