

# Delta Dental PPO Plus Premier Voluntary Plan

No cost for employers. Substantial benefits for employees.



After medical and retirement plans, dental coverage is the next most requested employee benefit. With a voluntary dental plan from Delta Dental of Iowa, employers can offer employees an affordable dental plan at no cost to the employer. Employees pay the full premium and can choose from three options – Comprehensive, Preventive or Catastrophic. Each employee chooses the best plan to meet personal or family needs.

## CHOOSE FROM THREE OPTIONS :

### Comprehensive

- Covers dental check-ups, teeth cleanings and fillings
- Covers major dental treatment such as root canals, gum disease, crowns, dentures and bridges
- Choice of dentists from Delta Dental PPO, Delta Dental Premier or non-participating providers

### Preventive

- Covers dental check-ups, teeth cleanings and fillings
- Low premium, basic coverage
- Choice of dentists from Delta Dental PPO, Delta Dental Premier or non-participating providers

### Catastrophic

- Covers major dental treatment such as root canals, gum disease, crowns, dentures, bridges
- Choice of dentists from Delta Dental PPO, Delta Dental Premier or non-participating providers

| Comprehensive Plan  | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Non-Participating/ Out-Of-Network Dentist |
|---|--|---|---|
| Deductible per person per calendar year*                        | \$50                                   | \$150                                     | \$225                                     |
| Check-ups and Teeth cleaning                                    | 80%                                    | 70%                                       | 50%                                       |
| Cavity Repair **  | 50%                                    | 50%                                       | 30%                                       |
| Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges | 60%                                    | 50%                                       | 30%                                       |
| Annual Benefit Maximum per person per calendar year             | \$1,250                                | \$1,250                                   | \$1,250                                   |

**2018 Monthly Premiums**

|            |         |
|------------|---------|
| Single     | \$24.94 |
| Two-Person | \$48.72 |
| Family     | \$71.34 |

\* Deductible applies to all covered services  
 \*\* Extractions and oral surgery not covered

| Preventive Plan   | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Non-Participating/ Out-Of-Network Dentist |
|---|--|---|---|
| Deductible per person per calendar year*                        | \$50                                   | \$50                                      | \$75                                      |
| Check-ups and Teeth cleaning                                    | 80%                                    | 70%                                       | 50%                                       |
| Cavity Repair **  | 50%                                    | 50%                                       | 30%                                       |
| Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges | Not Covered                            | Not Covered                               | Not Covered                               |
| Annual Benefit Maximum per person per calendar year             | Unlimited                              | Unlimited                                 | Unlimited                                 |

**2018 Monthly Premiums**

|            |         |
|------------|---------|
| Single     | \$11.32 |
| Two-Person | \$22.64 |
| Family     | \$43.04 |

\* Deductible applies to all covered services  
 \*\* Extractions and oral surgery not covered

| Catastrophic Plan   | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Non-Participating/ Out-Of-Network Dentist |
|---|--|---|---|
| Deductible per person per calendar year*                        | \$0                                    | \$100                                     | \$150                                     |
| Check-ups and Teeth cleaning                                    | Not Covered                            | Not Covered                               | Not Covered                               |
| Cavity Repair **  | Not Covered                            | Not Covered                               | Not Covered                               |
| Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges | 60%                                    | 50%                                       | 30%                                       |
| Annual Benefit Maximum per person per calendar year             | \$1,250                                | \$1,250                                   | \$1,250                                   |

**2018 Monthly Premiums**

|            |         |
|------------|---------|
| Single     | \$13.62 |
| Two-Person | \$26.08 |
| Family     | \$28.34 |

\* Deductible applies to all covered services  
 \*\* Extractions and oral surgery not covered

Annual open enrollment allowed. Employee must remain on one plan for 12 months before switching to another plan. No late entrants permitted. 24-month waiting period to re-enroll if coverage is dropped. This is a summary of benefits. Please see the Benefit Certificate for complete coverage details.



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[www.deltadentalia.com](http://www.deltadentalia.com)