



Dental care is smart health care.

Preventive dental care helps protect your smile, can provide early detection of more than 120 diseases¹ and can offer long-term savings. Delta Dental offers you and your family a choice when it comes to your dental care. Your employer has made it easy for you to get the dental coverage you need by providing convenient, pre-tax premium deductions from your paycheck.

Select your coverage.

Delta Dental's plans give you the flexibility to get the coverage you need and use.

- **Preventive** – Basic plan; covers preventive services and cavity repair.
- **Preferred** – Covers preventive, restorative and major services with an annual benefit maximum of \$1,000.
- **Platinum** – Richest benefits; covers preventive, restorative and major services with an annual benefit maximum of \$2,000.

The chart on the right shows how much you would pay for certain dental services when you see a Delta Dental PPO or Premier dentist.

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

*Diagnostic and preventive services apply to deductible for the Preventive plan.
 **Oral surgery and extractions are not covered under the Preventive plan.

Choose your dentist and your savings.

These plans are based on Delta Dental's PPO plus Premier network. You can see any dentist you wish, but will have greater cost savings by seeing a Delta Dental PPOSM or Delta Dental Premier[®] dentist.

DELTA DENTAL PREMIER[®] DENTISTS

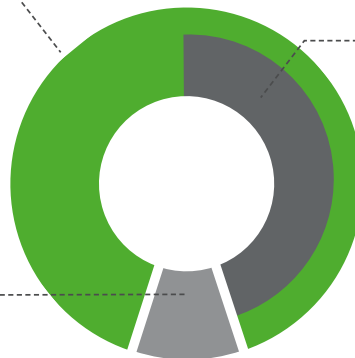
Includes over 90 percent of Iowa dentists², with **lower** out-of-pocket costs and reduced benefits.

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 and with reduced benefits.



¹ Journal of the American Dental Association, Vol 134, No suppl_1, 41S-48S, 2003.
² NetMinder, 2018.



Preventive Plan	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible per person per calendar year	\$50	\$50	\$75
Diagnostic and Preventive Care (exams, cleanings, X-rays)	20%	30%	50%
Routine and Restorative Services (fillings, cavity repair)	50%**	50%**	70%**
Posterior Composites (tooth-colored filling on back teeth)	50%	50%	70%
Endodontics and Periodontics (root canals, gum and bone disease, crowns, dentures, bridges)	Not covered	Not covered	Not covered
Implants	Not covered	Not covered	Not covered
Annual Benefit Maximum per person per calendar year	Unlimited		

Monthly Premium:  **Single:** \$12.70  **Two-Person:** \$25.32  **Family:** \$52.58

Preferred Plan	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible per person per calendar year	\$50*	\$150*	\$225
Diagnostic and Preventive Care (exams, cleanings, X-rays)	0%	0%	50%
Routine and Restorative Services (fillings, tooth extractions, oral surgery)	50%	50%	70%
Posterior Composites (tooth-colored filling on back teeth)	60%	60%	70%
Endodontics (root canals)	50%	50%	70%
Periodontics (gum and bone disease, crowns, dentures, bridges)	50%	50%	70%
Implants	60%	60%	70%
Annual Benefit Maximum per person per calendar year	\$1,000		

Monthly Premium:  **Single:** \$25.64  **Two-Person:** \$50.18  **Family:** \$94.22

Platinum Plan	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible per person per calendar year	\$25*	\$100*	\$175
Diagnostic and Preventive Care (exams, cleanings, X-rays)	0%	20%	40%
Routine and Restorative Services (fillings, tooth extractions, oral surgery)	20%	40%	60%
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	70%
Endodontics (root canals)	50%	50%	60%
Periodontics (gum and bone disease, crowns, dentures, bridges)	50%	50%	60%
Implants	60%	60%	70%
Annual Benefit Maximum per person per calendar year	\$2,000		

Monthly Premium:  **Single:** \$32.98  **Two-Person:** \$64.56  **Family:** \$121.22

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

Rates effective January 1, 2020 through December 31, 2020.
 Percentages shown are what the patient pays. For example, if the patient's coinsurance is 20%, Delta Dental pays 80%.
 Annual open enrollment allowed. No late entrants permitted, unless there is a qualifying event.
 Not a full description of benefits. Please see your benefit certificate for complete coverage details.

