

Take care of your smile and your health.

Having a dental and vision plan can help you:

- **Save money.** When you need dental or vision work, we share the cost with you. You can save even more money by visiting in-network providers.
- **Be covered for the unexpected.** Without a dental or vision 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. Plus, regular eye exams can help identify early signs of chronic health conditions like high blood pressure, diabetes, heart disease and high cholesterol.²

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 coverage from us.

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

²American Academy of Ophthalmology: "Frequency of Ocular Examinations"; 2015.



DeltaVision®

Enroll Today!



CoverMySmile.com



Call 888-264-1432

Monday through Friday, 8 a.m. to 5 p.m. CST.



Contact your health insurance broker/agent



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

Delta Dental of Iowa Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of October 31, 2020.

2601-B10039 06/2020

2021 Individual and Family Dental and Vision Insurance

Coverage for you, your spouse and/or your children



WHY CHOOSE DELTA DENTAL

Network: Save time and money with our extensive national dental and vision networks:

DENTAL:

- Premier provides individuals the widest choice of dentists — over 90% of Iowa dentists and 80% of dentists nationwide
- PPOSM includes over 40% of Iowa dentists¹, with the lowest out-of-pocket costs and best benefits

VISION:

- Largest network in the U.S. with more than 74,000 providers
- Access to independent providers and leading optical retailers

¹ NetMinder, 2018.

Local: Reliable, local service. We are Iowa's most experienced and largest dental carrier.

- Our Iowa-based member services team and online member benefits site make managing your insurance simple.

Convenience: Have the flexibility to buy the best dental and vision insurance plan for you, all from a trusted company.

- Over-the-phone and online enrollment options

FIND THE RIGHT BENEFITS IN FOUR SIMPLE STEPS:

1 Decide who to cover.

Cover yourself, spouse, children or the entire family. For dental and vision coverage, you pay for the first three children (up to age 21 as of the first day of the plan year) on your policy - no charge for additional children.



2 Pick your plan type for dental.

Delta Dental offers two plan types: **Prime** and **Plus**. Both plans have the same adult coverage, but Plus plans cover the Affordable Care Act (ACA) pediatric dental essential health benefits² (EHB). This benefit only applies to children under the age of 21 (as of January 1 of the plan year). For more information on our Plus plans, visit www.deltadentalia.com/aca21.

² Delta Dental Plus policies are expected to be certified by the Iowa Health Insurance Marketplace and meet the ACA pediatric dental EHB requirement for children up to age 21.

3 Select your dental 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: \$\$\$

4 Choose to add vision coverage.

You can add vision coverage when you purchase a dental plan. Along with coverage for annual exams, you receive significant savings on frames, lenses, contact lenses, LASIK or PRK vision correction, and more. The vision plan also comes with a hearing discount. **See insert for more details on plan benefits.**

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PRIME

- Does not include Affordable Care Act defined pediatric dental benefit
- Children and adult benefits are the same

SUMMARY OF COVERAGE

	Preventive Prime			Preferred Prime			Platinum Prime		
	Monthly Per-Person Premium			Monthly Per-Person Premium			Monthly Per-Person Premium		
	Adult (21+) \$19.76	Child (up to age 21) \$19.18		Adult (21+) \$40.94	Child (up to age 21) \$31.38		Adult (21+) \$57.22	Child (up to age 21) \$43.88	
	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, 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) 6-month waiting period for adults	Not covered	Not covered	Not covered	50%	50%	70%	50%	50%	60%
Major Restorative Services (crowns, dentures, bridges) 12-month waiting period for adults	Not covered	Not covered	Not covered	50%	50%	70%	50%	50%	60%
Implants 12-month waiting period for adults	Not covered	Not covered	Not covered	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.

Delta Dental also offers dental plans that include the pediatric dental health benefits required by the Affordable Care Act (ACA). For more information on our Plus plans visit: www.deltadentalia.com/aca21.

Information on Delta Dental Prime Policies: Delta Dental Prime policies do not include the pediatric dental services as required under ACA. These policies can be purchased through Delta Dental or your insurance agent.

Information on Rates and Enrollment: Rates are effective January 1, 2021 through December 31, 2021. 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. Future rates are subject to change at a frequency of no more than once per year. You will be given a 60-day advance notification if there is any change in rates. For covered persons over 21, there is a 24-month waiting period to re-enroll if coverage is terminated for any reason. The 24-month waiting period to re-enroll is waived if proof of existing coverage is submitted. Applications must be received by the 20th of the month to be effective the 1st calendar day of the following month. Applications received after the 20th will be effective the 1st calendar day of the next month.

Important Information About Waiting Periods on the Platinum Prime and Preferred Prime Plans: There are no waiting periods for diagnostic and preventive services, fillings and extractions, and emergency treatment of dental pain. There is a 6-month waiting period for endodontics and periodontics and a 12-month waiting period for major restorative services and implants for covered persons on the Delta Dental Prime policies. Credit toward waiting periods may be given for individuals who were covered under a qualifying plan within the past 60 days. Waiting periods must be satisfied if there has been a lapse in coverage for more than 60 days or for new members who are added to this policy.

Plans are available to Iowa residents only. Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of January 1 of the plan year.

2021 Individual and Family Vision Plan

VISION CARE SERVICES	Insight-Preferred	
	In-Network Member Cost	Out-of-Network Allowance
Monthly Per-Person Rate	\$17.72	
Benefit Frequency	Once every calendar year	
Contact Lenses or Lens, Exam, Frame		
Exam	\$10 copay	Up to \$35
Dilation and Eye Exam Refraction	\$0	N/A
Frames	80% of balance over \$130	Up to \$65
Lens		
Single Vision	\$10 copay (standard plastic)	Up to \$25
Bi-focal	\$10 copay (standard plastic)	Up to \$40
Tri-focal	\$10 copay (standard plastic)	Up to \$55
Standard Progressive Lens	\$75 copay	Up to \$40
Premium Progressive Lens		
- Tier 1	\$95 copay	Up to \$40
- Tier 2	\$105 copay	Up to \$40
- Tier 3	\$120 copay	Up to \$40
- Tier 4	\$75 copay, plus 80% of charge less \$120	Up to \$40
Lenticular	\$10 copay	Up to \$55
Other Lens Type	80% of charge	N/A
Lens Options		
Standard Polycarbonate	\$40 copay	N/A
Standard Plastic Scratch Coating	\$15 copay	N/A
Tint (Solid and Gradient)	\$15 copay	N/A
UV Treatment	\$15 copay	N/A
Standard Anti-reflective (a/r) Coating	\$45 copay	N/A
Photochromatic/Transitions	\$75 copay	N/A
Other Lens Options	80% of charge	N/A
Premium Anti-reflective (a/r) Coating		N/A
- Tier 1	\$57 copay	N/A
- Tier 2	\$68 copay	N/A
- Tier 3	80% of retail price	N/A
Contact Lenses		
Conventional	85% of balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0	Up to \$200
Contact Lens Fit & Follow-up Exam		
Standard	Up to \$40 copay	N/A
Premium	10% discount off retail price	N/A
Non-Scheduled Items		
Doctor Misc. Materials	80% of charge	N/A
LASIK or PRK Vision Correction	85% of retail price or 95% of promotional price	N/A

BENEFITS AT NO ADDITIONAL COST

With a DeltaVision plan, you also get access to additional benefits, including:

- Diabetic vision benefits – for members with Type 1 or Type 2 diabetes, they get additional services per year.
- Hearing care discounts – this includes discounts on exams and hearing aids as well as free batteries for two years.



ENROLL TODAY!
CoverMySmile.com
888-264-1432

To be eligible for this coverage, you must be enrolled in a Delta Dental Individual and Family dental plan. Rates are effective January 1, 2021, through December 31, 2021. 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.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.

DeltaVision[®]

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 تساعده أسئلة بخصوص Delta Dental of Iowa، فلدليك 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 दूआषिए से बात करने के लिए 877-423-3582 x3 पर कॉल करें।

Karen – ສຳລັບຄູ່ຮ່ວມງານ ທີ່ມີຄຳຖາມ ກ່ຽວກັບ ດັລຕາ ດັນຕລ໌ ດອຟ ໄອວາ, ທ່ານມີສິດທິຈະໄດ້ຮັບກຳນົດສຳລັບການຊ່ວຍເຫຼືອ ແລະ ຈຸດຂໍ້ມູນ ທີ່ເໝາະສົມ ໃນພາສາຂອງທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກ ກັບ ນາຍພາສາ, ໃຫ້ໂທຫາ 877-423-3582 x3 ຕອກຕໍ່.

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, ທ່ານມີສິດທິຈະໄດ້ຮັບກຳນົດສຳລັບການຊ່ວຍເຫຼືອ ແລະ ຈຸດຂໍ້ມູນ ທີ່ເໝາະສົມ ໃນພາສາຂອງທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກ ກັບ ນາຍພາສາ, 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.