

WHY DELTA DENTAL?

EXPERIENCE

55+ years of experience **1.7** million members

We're the largest and most experienced provider of dental benefits in Iowa.

QUALITY

100% providers meet national quality standards

Get the highest level of care from providers across the country.

SAVINGS

you save even more with in-network providers

We share in the cost of services with you.

FREE SUNGLASSES

score designer sunglasses with a routine eye exam

One & Sun™ included with vision plans.

Enroll **today.**

ONLINE
Visit covermysmile.com

BY PHONE
Call 877-423-3582

IN PERSON
Contact your current insurance agent/broker

DELTA DENTAL®

DeltaVision®

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

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DELTA DENTAL®

DeltaVision®



2027

Dental & Vision Insurance

INDIVIDUALS AND FAMILIES
Affordable, comprehensive coverage for you and your entire family.

RETIREES
More benefits, larger network and more coverage than you'll find in traditional Medicare plans.

SELF-EMPLOYED
Get similar benefits to those offered through popular employer plans.

Coverage for **peace of mind.**

Going without dental and vision coverage puts you at risk of paying thousands out of your own pocket when you need care. Our plans offer peace of mind while helping you and your family stay healthy.

With multiple plans to choose from, and coverage that's accepted at 90% of Iowa dentists[1] and 140,000+ eye care providers[2] nationwide, Delta Dental of Iowa helps protect your smile, your sight and your wallet!

Typical Services	Without Coverage	With Delta Dental coverage (after mo. premium)
Cleanings, X-Rays*	$498	$0
Fillings	$266	$133
Root Canals	$1,250	$625
Eye Exam	$150	$10 copay
Frames	$180	$40
Contact Lenses	$275	Balance over $130

*It is recommended to see your dentist twice a year for exams and cleanings.

Cost estimates for services noted above are based on Delta Dental of Iowa average claims data using in-network providers in the Preferred Prime Dental and Insight Preferred Vision plans.

[1] Based on March 2026 Delta Dental Plans Association provider data.

[2] Based on Insight network, EyeMed book of business, February 2026.

2027 Individual and Family Dental Plans

DELTA DENTAL®

+ PLUS PLANS

- Includes the Affordable Care Act defined pediatric dental benefit
- Children and adult benefits are different

	Preventive Plus						Preferred Plus						Platinum Plus					
	Monthly Per-Person Premium						Monthly Per-Person Premium						Monthly Per-Person Premium					
	Adult (21+) $21.50		Child (up to 21 yrs.) $50.02				Adult (21+) $46.32		Child (up to 21 yrs.) $54.28				Adult (21+) $65.64		Child (up to 21 yrs.) $61.63			
	Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ 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	$25*	$50	$25*	$75	$225*	$50*	$25*	$150*	$25*	$225	$225*	$25*	$25*	$100*	$25*	$175	$225*
Your coinsurance amount																		
Exams, cleanings & X-rays	20%**	0%	30%**	0%	50%**	50%	0%	0%	0%	0%	50%	50%	0%	0%	20%	0%	40%	50%
Fillings, extractions & oral surgery	50%***	20%	50%***	50%	70%***	70%	50%	20%	50%	50%	70%	70%	20%	20%	40%	50%	60%	70%
Tooth-colored filling on back teeth	50%	60%	50%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	60%	60%	70%	70%
Root canals, gum & bone disease (6-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
Crowns, dentures & bridges (12-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
Implants (12-month waiting period for adults)	-	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 Max (per person, per year)	No limit						$1,000						$2,000					
Child Annual Out-of-Pocket Limit (only applies to in-network)	$450 per child or $900 for all children under 21				-	-	$450 per child or $900 for all children under 21				-	-	$450 per child or $900 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 Policies: Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies for individuals/families can be purchased through the Iowa Health Insurance Marketplace, Delta Dental or your insurance agent. You can purchase dental benefits with the required pediatric dental services as a stand-alone policy without purchasing a medical plan. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com. Plus policies are expected to be certified by the Iowa Health Insurance Marketplace.

Information on Rates and Enrollment: Plans and rates are effective January 1, 2027 through December 31, 2027 and are subject to Iowa 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. 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 25th of the month to be effective the 1st calendar day of the following month. Applications received after the 25th will be effective the 1st calendar day of the next month.

Important Information About Waiting Periods on the Platinum Plus and Preferred Plus 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 - Plus 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 the 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 the policy effective date or renewal date.

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VISION

	In-Network Cost	Out-of-Network Allowance
Benefit Frequency Contact Lenses or Lens, Exam, Frame	Once every calendar year	
Exam	$10 copay	Up to $35
Dilation & Refraction	$0	N/A
Frames	80% of balance over $130	Up to $65
Single, Bifocal, Trifocal Lenses	$10 copay (standard plastic)	Up to $25 (single vision) Up to $40 (bi-focal) Up to $55 (tri-focal)
Standard Progressive Lens	$75 copay	Up to $40
Premium Progressive Lens	$95 - $120 (tiers 1 - 3) $75 copay, plus 80% of charge less $120 (tier 4)	Up to $40
Lenticular Lens	$10 copay	Up to $55
Lens Material & Options	$15 - $75 copay (varies by material type)	N/A
Contact Lenses	85% of balance over $130 (conventional) Balance over $130 (disposable) $0 (medically necessary)	Up to $104 (conventional & disposable) Up to $200 (medically necessary)
Contact Lens Fit & Follow-Up Exam: Standard Premium	 Up to $40 copay 10% off retail price	 N/A N/A
LASIK or PRK Vision Correction	85% of retail price or 95% of promo price	N/A
One & Sun™ — a FREE pair of designer sunglasses when you get your annual eye exam	Included	
Additional Hearing and Vision Care Benefits — free hearing aid batteries for two years and additional vision benefits for individuals with diabetes	Included	
Per-Person Premium	**$17.72**	

To be eligible for this coverage, you must be enrolled in a Delta Dental Individual and Family dental plan. Plans and rates are effective January 1, 2027, through December 31, 2027 and are subject to Iowa 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.

Veratrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus, visit deltadentalia.com/veratrus.