



Delta Dental PPOSM plus Premier Preventive Plus

Individual Choice

	Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist	
	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20
Deductible (per person per calendar year)	\$50	\$75*	\$50	\$75*	\$75	\$225*
Adult Annual Benefit Maximum	No coverage limit for routine and preventive care					
Benefit Categories	Coinsurance paid by member					
Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy	20%**	0%	30%**	50%	50%**	50%
Routine & Restorative Services cavity repair, general anesthesia/sedation, restoration of decayed or fractured teeth, (tooth extractions and routine oral surgery only available for children)	50%***	50%	50%***	50%	70%***	70%
Posterior Composites tooth-colored filling on back teeth	50%	60%	50%	60%	70%	70%
Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	-	50%	-	50%	-	70%
Periodontal Services gum and bone diseases, complex procedures	-	50%	-	50%	-	70%
High Cost Restorations cast restorations - crowns, inlays, onlays, posts, cores	-	50%	-	50%	-	70%
Prosthetics bridges, dentures	-	50%	-	50%	-	70%
Implants	-	60%	-	60%	-	70%
Medically Necessary Orthodontia	-	50%	-	50%	-	50%
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$350 per child or \$700 for all children under 21				-	-

* Deductible is waived for all diagnostic and preventive care.

** Maintenance therapy is not covered under the adult plan.

*** Extractions and oral surgery are not covered under the adult plan.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.

Delta Dental of Iowa is a Qualified Health Plan issuer on the Iowa Health Insurance Marketplace.