



Delta Dental PPO plus Premier  
Individual Choice – Preventive Plus

## Dental Benefits Policy and Outline of Coverage Amendment

This amendment applies to your **Delta Dental Benefits Policy that is effective January 1, 2018**. It should be reviewed and kept with your Policy. All other terms and provisions of the Policy, including any amendments previously issued, remain unaltered and in effect.

**Summary of Benefits and Payment:**

Only bolded benefits have changed. All other benefits remain the same.

Child Chart	Deductible Applies	Member Coinsurance
<b>Benefit Category</b>	<b>\$25 PPO</b> <b>\$25 Premier</b> <b>\$225 Non-Par</b>	
<b>Check-Ups and Teeth Cleanings</b> (Diagnostic and Preventive)	No	0% - PPO <b>0% - Premier</b> 50% - Non-Par
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services)	Yes	<b>20% - PPO</b> 50% - Premier 70% - Non-Par

All other terms and provisions of your Delta Dental Insurance Policy and Benefits Certificate remain unaltered and in effect.

Jeff Russell  
President and Chief Executive Officer  
Delta Dental of Iowa