



www.deltadentalia.com

Delta Dental PPO plus Premier Individual Choice Preventive Plus

November 1, 2017

<<Name>>
<<Address 1>>
<<Address 2>>
<<City>>, <<State>> <<Zip>>

Dear <<First Name>> <<Last Name>>,

Thank you for choosing Delta Dental of Iowa for your dental benefits. Taking care of your smile is important to maintaining your overall health. At Delta Dental, we are always looking for ways to provide you with the best dental benefits.

Starting in January 2018, **your new monthly premium will be <<\$XXX.XX>> per month and will not change through December 31, 2018**, unless you make changes to your plan. The chart below displays how your rates were calculated for 2018.

Benefit/Rate Type	Current Member Enrolled	2018 Monthly Preventive Plus Rates	Rated Member Enrollment*	2018 Monthly Premium
Adult (21 & older)	<<XX>>	\$18.50	<<XX>>	<<\$XX>>
Child (20 & under)	<<XX>>	\$43.10	<<XX>>	<<\$XX>>
Total	<<XX>>		<<XX>>	<<\$XXX>>

*Families with three or more enrolled children under the age of 21 as of January 1, 2018, only have to pay premium for up to a maximum of three children. There is no maximum on the number of adults (ages 21 and older).

Child Benefit Plan Changes in 2018. The following changes affect the child (20 and under) benefits on your plan for 2018:

- **Deductible:** The child deductible was changed to \$25 for the Delta Dental PPO and Premier networks.
- **Check-Ups and Teeth Cleanings** (Diagnostic and Preventive): The member coinsurance for children was changed to 0% for the Delta Dental Premier network.
- **Cavity Repair and Tooth Extractions** (Routine and Restorative Services): The member coinsurance for children was changed to 20% for the Delta Dental PPO network.

Download and Print Your 2018 Benefit Certificate

To view the amendment to your Delta Dental plan and download an updated Benefit Certificate, go to

(over, please)

www.deltadentalia.com/indpreventplus. You can also request a copy by contacting Delta Dental at (877) 423-3582, ext. 3 or email IndividualProduct@deltadentalia.com.

Changing Your Policy. If you would like to make a change to your Delta Dental plan, please contact us at (877) 423-3582, ext. 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. (CST). If you would like to cancel your policy, Delta Dental must receive written notice at least 20 days prior to your requested termination date. Terminations will always be the last day of the month. If you cancel your policy, or if your coverage is terminated for any reason, you may not re-enroll in Delta Dental of Iowa's individual dental coverage for 24 months.

At Delta Dental, we are committed to helping you maintain a healthy smile and look forward to providing your dental benefits in 2018.

Sincerely,

The Delta Dental of Iowa Team