



# Delta Dental PPO<sup>SM</sup> plus Premier Preventive Plus

## Individual Choice

	Delta Dental PPO <sup>SM</sup> Dentist		Delta Dental Premier <sup>®</sup> Dentist		Out-of-Network Dentist	
	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20	Adult 21 +	Child 0-20
<b>Deductible</b> (per person per calendar year)	\$50	\$25*	\$50	\$25*	\$75	\$225*
<b>Adult Annual Benefit Maximum</b>	No coverage limit for routine and preventive care					
<b>Benefit Categories</b>	Coinsurance paid by member					
<b>Diagnostic &amp; Preventive Services</b> check-ups, teeth cleaning, x-rays, maintenance therapy	20%**	0%	30%**	0%	50%**	50%
<b>Routine &amp; Restorative Services</b> cavity repair, general anesthesia/sedation, restoration of decayed or fractured teeth, (tooth extractions and routine oral surgery only available for children)	50%***	20%	50%***	50%	70%***	70%
<b>Posterior Composites</b> tooth-colored filling on back teeth	50%	60%	50%	60%	70%	70%
<b>Endodontic Services</b> root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	-	50%	-	50%	-	70%
<b>Periodontal Services</b> gum and bone diseases, complex procedures	-	50%	-	50%	-	70%
<b>High Cost Restorations</b> cast restorations - crowns, inlays, onlays, posts, cores	-	50%	-	50%	-	70%
<b>Prosthetics</b> bridges, dentures	-	50%	-	50%	-	70%
<b>Implants</b>	-	60%	-	60%	-	70%
<b>Medically Necessary Orthodontia</b>	-	50%	-	50%	-	50%
<b>Child Annual Out-of-Pocket Limit</b> (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.