

# PLAN 1

## SUMMARY OF COVERAGE

### Deductible

Individual  
Family

\$15\*  
\$45\*

### Delta Dental Premier®/ Out-of-Network Dentist

\$25\*  
\$75\*

**Annual Period Maximum**  
per person per calendar year

\$1,500

**Annual Maximum Carry Over -  
To Go<sup>SM</sup>\*\***

Included

**Enhanced Benefits Program**

Included

## BENEFIT CATEGORIES

Coinsurance paid by member

**Diagnostic & Preventive Services**  
(check-ups, teeth cleaning, x-rays)

0%

**Routine & Restorative Services**  
(cavity repair, tooth extractions,  
general anesthesia/sedation,  
restoration of decayed or fractured  
teeth, routine oral surgery)

10%

20%

**Endodontic Services**  
(root canals and therapy,  
apicoectomy, direct pulp cap,  
retrograde fillings)

20%

**Periodontal Services**  
conservative procedures (nonsurgical)  
and maintenance therapy  
complex procedures (surgical)

20%

50%

**High Cost Restorations**  
(cast restorations – crowns, inlays,  
onlays, posts, cores)

20%

**Prosthetics**  
(bridges, dentures, implants)

50%

**Corrective Orthodontia Benefit  
& Lifetime Maximum**

50% coinsurance and  
\$2,000 lifetime maximum

## Monthly Rates

Single

\$43

Employee / Child(ren)

\$92

Family

\$127

Percentages shown are what the member pays. Eligible children up to age 26. Full-time (unmarried) students eligible to age 99.

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions. Please refer to your dental benefits document or Delta Dental of Iowa's website, [www.deltadentalia.com](http://www.deltadentalia.com) for details.

\*Deductible is waived for all diagnostic and preventive care.

\*\*Annual Maximum Carry Over - To Go<sup>SM</sup> allows members to carry over a portion of their unused Annual Benefit Maximum to the next benefit year.

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.