

PLAN **B** PLUS - H

SUMMARY OF COVERAGE

	Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult 21+	Child 0-20	Adult 21+	Child 0-20
<b>Deductible</b> per person per calendar year	\$25*	\$25*	\$50	\$225*
<b>Adult Annual Benefit Maximum with To Go<sup>SM</sup>**</b> per person per calendar year	\$2,000			

BENEFIT CATEGORIES

	Coinsurance paid by member			
	Delta Dental Premier® Dentist Adult 21+	Delta Dental Premier® Dentist Child 0-20	Out-of-Network Dentist Adult 21+	Out-of-Network Dentist Child 0-20
<b>Diagnostic &amp; Preventive Services</b> (check-ups, teeth cleaning, x-rays, maintenance therapy)	0%	0%	20%	50%
<b>Routine &amp; Restorative Services</b> (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	50%	40%	70%
<b>Posterior Composites</b> (tooth-colored filling on back teeth)	50%	60%	60%	70%
<b>Endodontic Services</b> (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)	50%	50%	60%	70%
<b>Periodontal Services</b> (gum and bone diseases, complex procedures)	50%	50%	60%	70%
<b>High Cost Restorations</b> (cast restorations - crowns, inlays, onlays, posts, cores)	50%	50%	60%	70%
<b>Prosthetics</b> (bridges, dentures)	50%	50%	60%	70%
<b>Implants</b>	60%	60%	70%	70%
<b>Medically Necessary Orthodontia</b> up to age 21	Not Covered	50%	Not Covered	50%
<b>Child Annual Out-of-Pocket Limit</b> only applies to in-network	\$425 per child or \$850 for all children under 21		Not Covered	Not Covered
<b>Enhanced Benefits Program</b> (extra dental benefits based on medical conditions)	Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis			

H = High Child Plan

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

\*\* To Go<sup>SM</sup> annual maximum carryover for adult benefits - see Benefits Certificate for details.

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.

