

# Flexible coverage for a healthy smile.

Without dental coverage, basic things like routine visits, exams, fillings and crowns could cost you thousands. Luckily, your employer offers affordable plan choices from Delta Dental of Iowa which saves you money and protects your family’s health. So, how do you choose the right one? We can help with that!

## 3 STEPS TO CHOOSE THE RIGHT PLAN

### 1 Decide who you’ll cover.

You can choose to cover yourself, your spouse, children or the entire family.

### 2 Pick your plan type.

#### PRIME PLANS OR PLUS PLANS

Benefits are the same for adults and children.

Include additional benefits for children, like maximum out-of-pocket limits.

### 3 Review your plan options.

#### PRIME PLANS | 3 COVERAGE OPTIONS

	Basic Plan (Preventive Prime)	Most Popular Plan (Preferred Prime)	Richest Benefits (Platinum Prime)
Deductible (per person per year)	\$50	\$50* - \$150*	\$25* - \$100*
Annual benefit maximum (per person per year)	No limit	\$1,000	\$2,000
Your coinsurance amount			
Exams, Cleanings & X-Rays	20 - 30%	0%	0 - 20%
Fillings, Extractions & Oral Surgery	50%**	50%	20 - 40%
Tooth-Colored Filling on Back Teeth	50%	60%	50 - 60%
Root Canals, Gum & Bone Disease	Not covered	50%	50%
Crowns, Dentures & Bridges	Not covered	50%	50%
Implants	Not covered	60%	60%
<b>Per-Person Premium</b>	<b>\$17.10 adult</b> <b>\$16.54 child (up to 21 yrs.)</b>	<b>\$33.86 adult</b> <b>\$25.98 child (up to 21 yrs.)</b>	<b>\$42.32 adult</b> <b>\$32.44 child (up to 21 yrs.)</b>

Coverage amounts shown for providers in the Delta Dental PPO™ or Premier® Dentist network. Coverage amounts may vary when using out-of-network providers. \* Deductible is waived for diagnostic and preventive services. \*\* Extractions and oral surgery are not covered under the Preventive Plan.

### 3 Review your plan options. (cont'd)

#### PLUS PLANS | 3 COVERAGE OPTIONS

	Basic Plan (Preventive Plus)		Most Popular Plan (Preferred Plus)		Richest Benefits (Platinum Plus)	
	Adult	Child	Adult	Child	Adult	Child
Deductible (per person per year)	\$50	\$75*	\$50* - \$150*	\$25*	\$25* - \$100*	\$25*
Adult Annual Benefit Maximum (per person per year)	No limit		\$1,000		\$2,000	
Your coinsurance amount						
Exams, Cleanings & X-Rays	20%** - 30%**	0% - 50%	0%	0%	0% - 20%	0%
Fillings, Extractions & Oral Surgery	50%***	50%	50%	20% - 50%	20% - 40%	20% - 50%
Tooth-Colored Filling on Back Teeth	50%	60%	60%	60%	50% - 60%	60%
Root Canals, Gum & Bone Disease	Not covered	50%	50%	50%	50%	50%
Crowns, Dentures & Bridges	Not covered	50%	50%	50%	50%	50%
Implants	Not covered	60%	60%	60%	60%	60%
Medically Necessary Orthodontia	Not covered	50%	Not covered	50%	Not covered	50%
Child Annual Out-Of-Pocket Limit (only applies to in-network)	Not Covered	\$425 per child or \$850 for all children under 21	Not Covered	\$425 per child or \$850 for all children under 21	Not Covered	\$425 per child or \$850 for all children under 21
<b>Per-Person Premium</b>	<b>\$17.10 adult</b>	<b>\$33.28 child</b> (under 21 yrs.)	<b>\$33.86 adult</b>	<b>\$39.68 child</b> (under 21 yrs.)	<b>\$42.32 adult</b>	<b>\$39.68 child</b> (under 21 yrs.)

\*Deductible is waived for diagnostic and preventive services.

\*\*Maintenance therapy is not covered under the adult plan.

\*\*\*Extractions and oral surgery are not covered under the adult plan.

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#### WHY DELTA DENTAL?



With our large network covering **92% of Iowa dentists**,<sup>1</sup> it's likely your current dentist participates.



We share in the costs with you, plus you **save even more** when you visit an in-network provider.



You'll have dental coverage from a company trusted by **1.6 million members**.

**READY TO ENROLL?** Complete an **enrollment form** through your **employer or insurance agent**.



**877-423-3582 | [deltadentalia.com](https://deltadentalia.com)**

<sup>1</sup>Based on March 2024 Delta Dental Plans Association data.

#### Information on Delta Dental - Plus and Prime Policies

Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies are expected to be certified as qualified health plans. Prime policies do not include the pediatric dental services as required under ACA.

#### Information on Rates and Enrollment

Plans and rates are effective as of January 1, 2025 through December 31, 2025 and are subject to Iowa Insurance Division approval. For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date.

For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to [deltadentalia.com](https://deltadentalia.com).

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