

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 helps save you money and protect your family's health. So, how do you choose the right one? We can help with that!



TWO SIMPLE STEPS

1 Select your coverage.

Choose the plan type that fits your needs.

Preventive

Basic plan; covers preventive services and cavity repair.

Preferred

Covers preventive, restorative and major services with an annual benefit maximum of \$1,000.

Platinum

Richest benefits; covers preventive, restorative and major services with an annual benefit maximum of \$2,000.

2 Choose your dentist ... and savings!

You can see any dentist you wish, but you'll save more when you use a Delta Dental PPO™ or Delta Dental Premier® dentist.

Delta Dental PPO™ includes 38% of Iowa dentists,¹ with the lowest out-of-pocket costs and best benefits.

Delta Dental Premier® includes 92% of Iowa dentists,¹ with lower out-of-pocket costs and reduced benefits.

Out-of-Network allows you to see an out-of-network dentist at higher costs and with reduced benefits.

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Dental plans at a glance

	Basic Plan (Preventive)			Most Popular Plan (Preferred)			Richest Benefits (Platinum)		
	Delta Dental PPO Dentist/ Premier Dentist	Out-of- Network Dentist		Delta Dental PPO Dentist/ Premier Dentist	Out-of- Network Dentist		Delta Dental PPO Dentist/ Premier Dentist	Out-of- Network Dentist	
Deductible (per person per calendar year)	\$50	\$75		\$50* / \$150*	\$225		\$25* / \$100*	\$175	
Annual Benefit Maximum (per person per calendar year)	Unlimited			\$1,000			\$2,000		
Your coinsurance (amount you pay)									
Exams, Cleanings & X-Rays	20% / 30%	50%		0%	50%		0% / 20%	40%	
Fillings, Extractions & Oral Surgery	50%**	70%**		50%	70%		20% / 40%	60%	
Tooth-Colored Filling on Back Teeth	50%	70%		60%	70%		50% / 60%	70%	
Root Canals, Gum & Bone Disease, Crowns, Dentures, Bridges	Not covered			50%	70%		50%	60%	
Implants	Not covered			60%	70%		60%	70%	
Monthly Premium	Single: \$12.70	2-Person: \$25.32	Family: \$52.58	Single: \$25.64	2-Person: \$50.18	Family: \$94.22	Single: \$32.98	2-Person: \$64.56	Family: \$121.22

*Deductible is waived for diagnostic and preventive services.

** Extractions and oral surgery are not covered under the Preventive Plan.

WHY DELTA DENTAL?



With our **large provider network**, chances are your current dentist participates in our network.



We pay a portion of the cost of services, 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**.



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Information on Rates and Enrollment

Rates are effective as of January 1, 2025 through December 31, 2025. Percentages shown are what the patient pays. For example, if the patient's coinsurance is 20%, Delta Dental pays 80%. Annual open enrollment allowed. No late entrants permitted, unless there is a qualifying event. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com.

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