



Enroll **today.**



DeltaVision<sup>®</sup>



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# Coverage for peace of mind.

Going without dental and vision coverage puts you at risk of paying thousands out of your own pocket when you need care. Our plans offer peace of mind while helping you and your family stay healthy.

With multiple plans to choose from, and coverage that's accepted at 92% of Iowa dentists and 125,000 eye care providers nationwide, Delta Dental of Iowa helps protect your smile, your sight and your wallet!

## WHY DELTA DENTAL?

### EXPERIENCE

**50+** years of experience **1.6** million members

We're the largest and most experienced provider of dental benefits in Iowa.

### QUALITY

**100%** providers meet national quality standards

Get the highest level of care from providers across the country.

### SAVINGS



you save even more with in-network providers

We share in the cost of services with you.

### FREE SUNGLASSES



score designer sunglasses with a routine eye exam

One & Sun™ included with vision plans.



DeltaVision<sup>®</sup>

Delta Dental of Iowa  
877-423-3582  
[deltadentalia.com](https://deltadentalia.com)

2025

# Dental & Vision Insurance

### INDIVIDUALS AND FAMILIES

Affordable, comprehensive coverage for you and your entire family.

### RETIREES

More benefits, larger network and more coverage than you'll find in traditional Medicare plans.

### SELF-EMPLOYED

Get similar benefits to those offered through popular employer plans.

Typical Services	Without Coverage	With Delta Dental coverage (after mo. premium)
Cleanings, X-Rays*	\$498	\$0
Fillings	\$266	\$133
Root Canals	\$1,250	\$625
Eye Exam	\$150	\$10 copay
Frames	\$180	\$40
Contact Lenses	\$275	Balance over \$130

\*It is recommended to see your dentist twice a year for exams and cleanings.

Cost estimates for services noted above are based on Delta Dental of Iowa average claims data using in-network providers in the Preferred Prime Dental and Insight Preferred Vision plans.

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

# Coverage at a glance



	Basic Plan (Preventive Prime)	Most Popular Plan (Preferred Prime)	Richest Benefits (Platinum Prime)
<b>Benefit Frequency</b>	Three exams and two cleanings per calendar year		
<b>Deductible</b>	\$50	\$50 – \$150*	\$25 – \$100*
<b>Annual Benefit Max</b> (per person, per year)	No limit	\$1,000	\$2,000
Your coinsurance amount			
<b>Exams, Cleanings &amp; X-Rays</b>	20 – 30%	0%	0 – 20%
<b>Fillings, Extractions &amp; Oral Surgery</b>	50%**	50%	20 – 40%
<b>Tooth-Colored Filling on Back Teeth</b>	50%	60%	50 – 60%
<b>Root Canals, Gum &amp; Bone Disease</b> (6-month waiting period for adults)	Not covered	50%	50%
<b>Crowns, Dentures &amp; Bridges</b> (12-month waiting period for adults)	Not covered	50%	50%
<b>Implants</b> (12-month waiting period for adults)	Not covered	60%	60%
<b>Per-Person Premium</b>	<b>\$20.16 adult</b> <b>\$19.56 child</b> (up to 21 yrs.)	<b>\$43.88 adult</b> <b>\$33.64 child</b> (up to 21 yrs.)	<b>\$63.12 adult</b> <b>\$48.42 child</b> (up to 21 yrs.)

\*Deductible is waived for diagnostic and preventive services.

\*\*Extractions and oral surgery are not covered.

Highlighted plans reflect coverage amounts when using a provider in the Delta Dental PPO™ or Premier\* Dentist network. Coverage amounts may vary when using out-of-network providers. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to [deltadentalia.com](http://deltadentalia.com).

Information on Delta Dental — Prime Policies: Prime policies do not include the pediatric dental services as required under ACA. These policies can be purchased through Delta Dental or your insurance agent. For more information on our Plus plans visit: [www.deltadentalia.com/aca23](http://www.deltadentalia.com/aca23). Delta Dental of Iowa — Plus policies are expected to be certified by the Iowa Health Insurance Marketplace.

Information on Rates and Enrollment: Plans and rates are effective January 1, 2025 through December 31, 2025 and are subject to Iowa Insurance Division approval. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy. Future rates are subject to change at a frequency of no more than once per year. You will be given a 60-day advance notification if there is any change in rates. For covered persons over 21, there is a 24-month waiting period to re-enroll if coverage is terminated for any reason. The 24-month waiting period to re-enroll is waived if proof of existing coverage is submitted. Applications must be received by the 20th of the month to be effective the 1st calendar day of the following month. Applications received after the 20th will be effective the 1st calendar day of the next month.

Important Information About Waiting Periods: Credit toward waiting periods may be given for individuals who were covered under a qualifying plan within the past 60 days. Waiting periods must be satisfied if there has been a lapse in coverage for more than 60 days or for new members who are added to this policy.

Plans are available to Iowa residents only. Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of the policy effective date or renewal date.



	In-Network Cost	Out-of-Network Allowance
<b>Benefit Frequency</b>	Once every calendar year	
Contact Lenses or Lens, Exam, Frame		
<b>Exam</b>	\$10 copay	Up to \$35
<b>Dilation &amp; Refraction</b>	\$0	N/A
<b>Frames</b>	80% of balance over \$130	Up to \$65
<b>Single, Bifocal, Trifocal Lenses</b>	\$10 copay (standard plastic)	Up to \$25 (single vision) Up to \$40 (bi-focal) Up to \$55 (tri-focal)
<b>Standard Progressive Lens</b>	\$75 copay	Up to \$40
<b>Premium Progressive Lens</b>	\$95 - \$120 (tiers 1 - 3) \$75 copay, plus 80% of charge less \$120 (tier 4)	Up to \$40
<b>Lenticular Lens</b>	\$10 copay	Up to \$55
<b>Lens Material &amp; Options</b>	\$15 - \$75 copay (varies by material type)	N/A
<b>Contact Lenses</b>	85% of balance over \$130 (conventional) Balance over \$130 (disposable) \$0 (medically necessary)	Up to \$104 (conventional & disposable) Up to \$200 (medically necessary)
<b>Contact Lens Fit &amp; Follow-Up Exam:</b>		
Standard	Up to \$40 copay	N/A
Premium	10% off retail price	N/A
<b>LASIK or PRK Vision Correction</b>	85% of retail price or 95% of promo price	N/A
<b>One &amp; Sun™ — a FREE pair of designer sunglasses when you get your annual eye exam</b>		Included
<b>Additional Hearing and Vision Care Benefits — free hearing aid batteries for two years and additional vision benefits for individuals with diabetes</b>		Included
<b>Per-Person Premium</b>	<b>\$17.72</b>	

To be eligible for this coverage, you must be enrolled in a Delta Dental Individual and Family dental plan. Plans and rates are effective January 1, 2025, through December 31, 2025 and are subject to Iowa Insurance Division approval. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy.

Veratrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus, visit [deltadentalia.com/veratrus](http://deltadentalia.com/veratrus).