

PREFERRED PLUS

SUMMARY OF COVERAGE

Deductible per person per calendar year
Adult Annual Benefit Maximum per person per calendar year

Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist	
Adult 21+	Child 0-20	Adult 21+	Child 0-20	Adult 21+	Child 0-20
\$50*	\$25*	\$150*	\$25*	\$225	\$225*
\$1,000					

BENEFIT CATEGORIES

Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)
Posterior Composites (tooth-colored filling on back teeth)
Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)
Periodontal Services (gum and bone diseases, complex procedures)
High Cost Restorations (cast restorations – crowns, inlays, onlays, posts, cores)
Prosthetics (bridges, dentures)
Implants
Medically Necessary Orthodontia up to age 21
Child Annual Out-of-Pocket Limit only applies to in-network

Coinsurance paid by member					
0%	0%	0%	0%	50%	50%
50%	20%	50%	50%	70%	70%
60%	60%	60%	60%	70%	70%
50%	50%	50%	50%	70%	70%
50%	50%	50%	50%	70%	70%
50%	50%	50%	50%	70%	70%
50%	50%	50%	50%	70%	70%
60%	60%	60%	60%	70%	70%
Not Covered	50%	Not Covered	50%	Not Covered	50%
\$425 per child or \$850 for all children under 21				Not Covered	Not Covered

* Deductible is waived for all diagnostic and preventive care.

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.

