

PREFERRED PRIME

SUMMARY OF COVERAGE

Deductible

per person per calendar year

Annual Benefit Maximum

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)
6-month waiting period

Periodontal Services

(gum and bone diseases, complex procedures)
6-month waiting period

High Cost Restorations

(cast restorations – crowns, inlays, onlays, posts, cores)
12-month waiting period

Prosthetics

(bridges, dentures)
12-month waiting period

Implants

12-month waiting period

Monthly Per-Person Rates



Adult (21+)
\$39.66



Child (up to age 21)
\$30.56

Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
\$50*	\$150*	\$225
\$1,000		
Coinsurance paid by member		
0%	0%	50%
50%	50%	70%
60%	60%	70%
50%	50%	70%
50%	50%	70%
50%	50%	70%
60%	60%	70%

* Deductible is waived for all diagnostic and preventive care.

Information on enrollment: To be eligible for this coverage, the policyholder must be a resident of Iowa and an Iowa Farm Bureau member. 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.

Information on waiting periods: There are no waiting periods for diagnostic and preventive services, fillings and extractions, and emergency treatment of dental pain. There is a 6-month waiting period for endodontics and periodontics and a 12-month waiting period for major restorative services, prosthetics and implants for covered persons on the Delta Dental Prime policies. 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.

Information on rates: Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of January 1 of the plan year. Rates are effective January 1, 2025 through December 31, 2025. 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.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 888-337-5159 or go to deltadentalia.com/fb.

Delta Dental — Prime Policies do not include the pediatric dental services as required under the Affordable Care Act.

