



Enroll **today.**



DeltaVision<sup>®</sup>



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Visit [covermysmile.com](https://covermysmile.com)



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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.

# 2025 Individual and Family Dental Plans



## + PLUS PLANS

- Includes the Affordable Care Act defined pediatric dental benefit
- Children and adult benefits are different

**Deductible**  
per person per calendar year

	Preventive Plus						Preferred Plus						Platinum Plus					
	Monthly Per-Person Premium						Monthly Per-Person Premium						Monthly Per-Person Premium					
	Adult (21+)		Child (up to 21 yrs.)				Adult (21+)		Child (up to 21 yrs.)				Adult (21+)		Child (up to 21 yrs.)			
	\$20.16		\$46.92				\$43.88		\$51.42				\$63.12		\$59.26			
	Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist		Delta Dental PPO™ Dentist		Delta Dental Premier® Dentist		Out-of-Network Dentist	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
	\$50	\$25*	\$50	\$25*	\$75	\$225*	\$50*	\$25*	\$150*	\$25*	\$225	\$225*	\$25*	\$25*	\$100*	\$25*	\$175	\$225*
	Your coinsurance amount																	
<b>Exams, cleanings &amp; X-rays</b>	20%**	0%	30%**	0%	50%**	50%	0%	0%	0%	0%	50%	50%	0%	0%	20%	0%	40%	50%
<b>Fillings, extractions &amp; oral surgery</b>	50%***	20%	50%***	50%	70%***	70%	50%	20%	50%	50%	70%	70%	20%	20%	40%	50%	60%	70%
<b>Tooth-colored filling on back teeth</b>	50%	60%	50%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	60%	60%	70%	70%
<b>Root canals, gum &amp; bone disease</b> (6-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
<b>Crowns, dentures &amp; bridges</b> (12-month waiting period for adults)	-	50%	-	50%	-	70%	50%	50%	50%	50%	70%	70%	50%	50%	50%	50%	60%	70%
<b>Implants</b> (12-month waiting period for adults)	-	60%	-	60%	-	70%	60%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%
<b>Medically Necessary Orthodontia</b>	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%
<b>Adult Annual Benefit Max</b> (per person, per year)	No limit						\$1,000						\$2,000					
<b>Child Annual Out-of-Pocket Limit</b> (only applies to in-network)	\$425 per child or \$850 for all children under 21						\$425 per child or \$850 for all children under 21						\$425 per child or \$850 for all children under 21					

\*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.

Information on Delta Dental — Plus Policies: Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies for individuals/families can be purchased through the Iowa Health Insurance Marketplace, Delta Dental or your insurance agent. You can purchase dental benefits with the required pediatric dental services as a stand-alone policy without purchasing a medical plan. 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). 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 on the Platinum Plus and Preferred Plus Plans: 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 and implants for covered persons on the Delta Dental - Plus 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 the 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.