

Dental care is smart health care.

Preventive dental care helps protect your smile, can provide early detection of over 120 diseases¹ and can offer long-term savings. Delta Dental of Iowa's plans give you the flexibility to get the coverage you need and use.

Plus, when you select a dental plan from Delta Dental, you will receive a vision discount plan through EyeMed Vision Care at no additional cost.

Select your plan in three steps:

- 1 Pick who to cover.
- 2 Choose a plan type - with or without the Affordable Care Act (ACA) pediatric dental essential health benefit (EHB).
- 3 Select your coverage.

¹ Journal of the American Dental Association, Vol 134, No suppl_1, 41S-48S. 2003.



Delta Dental PPO plus Premier 2017 Individual and Family Dental Insurance



Need help choosing your coverage?

To discuss your dental plan options, contact your health insurance broker/agent or call Delta Dental of Iowa at 877-423-3582, ext. 3, Monday through Friday, 8 a.m. to 5 p.m. CST.



Delta Dental of Iowa
877-423-3582

CoverMySmile.com
deltadentalia.com

- Coverage for you, your spouse and/or your children
- Flexible plan options
- Affordable coverage
- Vision discount at no cost

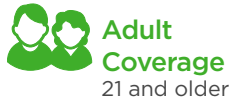
Delta Dental of Iowa Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016.

1

Pick who to cover.

Choose to cover yourself, spouse, children or the entire family. All plans are priced per person – one rate for children and one rate for adults.

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 your policy.



Choose Your Dentist & Your Savings

Delta Dental PPOSM Network

Includes 40 percent of Iowa dentists², with the **lowest** out-of-pocket expenses and the best benefits.

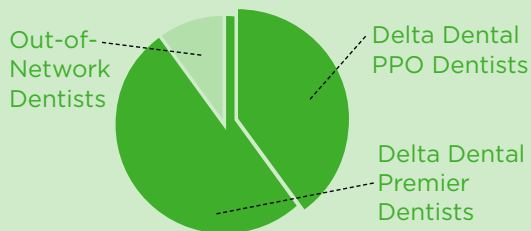
Delta Dental Premier[®] Network

Includes 90 percent of Iowa dentists², **lower** out-of-pocket costs and reduced benefits.

Out-of-Network Dentists

Allows you to see an out-of-network dentist at higher costs with reduced benefits.

Delta Dental PPO plus Premier



■ Network Savings

² NetMinder, 2014.

2

Choose a plan type – without (Prime) or with (Plus) the ACA pediatric dental benefit.

The Affordable Care Act (ACA) pediatric dental essential health benefit (EHB) only applies to coverage for children up to age 21. Adult coverage on the Plus and Prime plans is the same.

Consider a Prime Plan if...

- You are only covering adults 21 and older.
- You want to supplement your other health benefit coverage.
- You want the same coinsurance, deductible and annual benefit maximum for children and adults on the policy.

Consider a Plus Plan if...

You want a plan that meets the ACA pediatric dental EHB requirement and includes the following benefits for children (under 21):

- A maximum out-of-pocket limit of \$350 per child or \$700 for all children on the policy.
- Coverage for medically necessary orthodontia.
- No annual or lifetime maximums.

Delta Dental Plus policies are certified by the Iowa Health Insurance Marketplace.

3

Select your coverage.

- **Platinum** – Richest benefits; covers preventive, restorative and major services with an annual benefit maximum of \$2,000.
- **Preferred** – Our most popular plan; covers preventive, restorative and major services with an annual benefit maximum of \$1,000.
- **Preventive** – Basic plan; covers preventive services and cavity repair. No limit on annual benefit maximum.

The chart below shows how much adults/children on Prime plans and adults on Plus plans would pay for certain dental services when they see a Delta Dental PPOSM or Delta Dental Premier[®] dentist.

	Platinum	Preferred	Preventive
Annual Benefit Maximum (per person)	\$2,000	\$1,000	No limit
Deductible (per person)	\$25-100	\$50-150	\$50
Diagnostic and Preventive (i.e., exams, cleanings, X-rays)	0-20%	0%	20-30%*
Routine and Restorative Services (i.e., cavity repair, extractions)	20-40%	50%	50%**
Major Services (i.e., root canal, bridges, crowns, implants)	50-60%	50-60%	Not covered
Monthly Premium	\$\$\$	\$\$	\$

*Deductible applies to diagnostic and preventive services under the Preventive plan.

**Oral surgery and extractions are not covered under the Preventive plan.

2017 Individual and Family Prime Plans

Prime	Platinum Prime			Preferred Prime			Preventive Prime		
<ul style="list-style-type: none"> Does not include Affordable Care Act defined pediatric dental benefit Children and adult benefits are the same 	Monthly Per-Person Premium			Monthly Per-Person Premium			Monthly Per-Person Premium		
	Adult (21+) \$49.96 Child (up to age 21) \$38.28			Adult (21+) \$36.76 Child (up to age 21) \$28.16			Adult (21+) \$18.52 Child (up to age 21) \$17.94		
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible <i>per person per calendar year</i>	\$25*	\$100*	\$175	\$50*	\$150*	\$225	\$50	\$50	\$75
	Coinsurance paid by member			Coinsurance paid by member			Coinsurance paid by member		
Diagnostic and Preventive Care <i>(exams, cleanings, X-rays)</i>	0%	20%	40%	0%	0%	50%	20%	30%	50%
Routine and Restorative Services <i>(fillings, tooth extractions and oral surgery)</i>	20%	40%	60%	50%	50%	70%	50%**	50%**	70%**
Posterior Composites <i>(tooth-colored filling on back teeth)</i>	50%	60%	70%	60%	60%	70%	50%	50%	70%
Endodontics and Periodontics <i>(root canals, gum and bone disease) 6-month waiting period</i>	50%	50%	60%	50%	50%	70%	-	-	-
Major Restorative Services <i>(crowns, dentures and bridges) 12-month waiting period</i>	50%	50%	60%	50%	50%	70%	-	-	-
Implants <i>12-month waiting period</i>	60%	60%	70%	60%	60%	70%	-	-	-
Annual Benefit Maximum <i>per person per calendar year</i>	\$2,000			\$1,000			No limit		

*Deductible is waived for diagnostic and preventive services.

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

Information on Delta Dental Plus and Prime Policies

Delta Dental Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Delta Dental Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016. 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. Delta Dental 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.

Information on Rates and Enrollment: Rates are effective January 1, 2017 through December 31, 2017. 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 Prime and Preferred Prime 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 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 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 January 1 of the plan year.

2017 Individual and Family Plus Plans

Plus	Platinum Plus						Preferred Plus						Preventive Plus					
<ul style="list-style-type: none"> Includes Affordable Care Act (ACA) defined pediatric dental benefit Children and adult benefits are different 	Monthly Per-Person Premium						Monthly Per-Person Premium						Monthly Per-Person Premium					
	Adult (21+) \$49.96		Child (up to age 21) \$46.86				Adult (21+) \$36.76		Child (up to age 21) \$43.10				Adult (21+) \$18.52		Child (up to age 21) \$36.12			
	Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist		Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist		Delta Dental PPO SM 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
Deductible <i>per person per calendar year</i>	\$25*	\$25*	\$100*	\$25*	\$175	\$225*	\$50*	\$25*	\$150*	\$25*	\$225	\$225*	\$50	\$75*	\$50	\$75*	\$75	\$225*
	Coinsurance paid by member						Coinsurance paid by member						Coinsurance paid by member					
Diagnostic and Preventive Care <i>(exams, cleanings, X-rays)</i>	0%	0%	20%	0%	40%	50%	0%	0%	0%	0%	50%	50%	20%**	0%	30%**	50%	50%**	50%
Routine and Restorative Services <i>(fillings, tooth extractions and oral surgery)</i>	20%	20%	40%	50%	60%	70%	50%	20%	50%	50%	70%	70%	50%***	50%	50%***	50%	70%***	70%
Posterior Composites <i>(tooth-colored filling on back teeth)</i>	50%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%	50%	60%	50%	60%	70%	70%
Endodontics and Periodontics <i>(root canals, gum and bone disease) 6-month waiting period for adults</i>	50%	50%	50%	50%	60%	70%	50%	50%	50%	50%	70%	70%	-	50%	-	50%	-	70%
Major Restorative Services <i>(crowns, dentures and bridges) 12-month waiting period for adults</i>	50%	50%	50%	50%	60%	70%	50%	50%	50%	50%	70%	70%	-	50%	-	50%	-	70%
Implants <i>12-month waiting period for adults</i>	60%	60%	60%	60%	70%	70%	60%	60%	60%	60%	70%	70%	-	60%	-	60%	-	70%
Medically Necessary Orthodontia	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%	-	50%
Annual Benefit Maximum <i>per person per calendar year</i>	\$2,000						\$1,000						No limit					
Child Annual Out-of-Pocket Limit <i>(only applies to in-network)</i>	\$350 per child or \$700 for all children under 21				-	-	\$350 per child or \$700 for all children under 21				-	-	\$350 per child or \$700 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 and Prime Policies

Delta Dental Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Delta Dental Plus policies are expected to be certified by the Iowa Health Insurance Marketplace as of July 31, 2016. 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. Delta Dental 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.

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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 for adults 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 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 January 1 of the plan year.

Language Access Services

If you, or someone you're helping, has questions about Delta Dental of Iowa, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-544-0718.

Arabic –

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Delta Dental of Iowa، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-544-0718.

Chinese – 如果您，或是您正在協助的對象，有關於[插入 項目的名稱 Delta Dental of Iowa 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 [在此插入數字1-800-544-0718

French – Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Delta Dental of Iowa, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-544-0718.

German – Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Iowa haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-544-0718 an.

Hindi – यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के Delta Dental of Iowa के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिण से बात करने के लिए 1-800-544-0718 पर कॉल करें।

Karen – မှုတမ့်ပုဂ္ဂိုလ်တစ်ဦးလေး၏အဖို့, မှီခိုခိုင်းတိုက်သံကွဲတဖန်ဘဉ်းခိုင်း (Delta Dental of Iowa) နှင့်, နှစ်ခိုင်းတိုင်းတိုက်ယာလ်လ်နကခိုင်းနှိုဘဉ် တိုက်မၤစၤခိုင်းတိုက်ဂိုက်ကျိုလ်လ်နကျိုဘဉ် နဲလ်တလိဝ်ဟ့ဝ်အပူဘဉ်န့လ်လီ. လ်နကကတိုက်တိုင်းပုဂ္ဂိုလ်တိုက်ထံတိုက်အဂိုက်, ကိုး 1-800-544-0718 တက့က်.

Korean – 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Iowa에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-544-0718로 전화하십시오.

Laotian – ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບກຳນຸຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-544-0718.

Russian – Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Iowa, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-544-0718.

Serbo-Croatian – Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Delta Dental of Iowa, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-800-544-0718.

Spanish – Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Iowa, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-544-0718.

Tagalog – Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Delta Dental of Iowa, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-544-0718.

Thai – หากคุณ หรือคนที่คุณกำลังช่วยเหลือ มีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูล ในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุย กับล่าม โทร 1-800-544-0718

Vietnamese – Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Iowa, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-544-0718.