

PLATINUM PLUS

SUMMARY OF COVERAGE

Deductible

per person per calendar year

Adult Annual Benefit Maximum

per person per calendar year

Delta Dental PPO SM Dentist		Delta Dental Premier [®] Dentist		Out-of-Network Dentist	
Adult 21+	Child 0-20	Adult 21+	Child 0-20	Adult 21+	Child 0-20
\$25*	\$25*	\$100*	\$25*	\$175	\$225*
\$2,000					

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%	20%	0%	40%	50%
20%	20%	40%	50%	60%	70%
50%	60%	60%	60%	70%	70%
50%	50%	50%	50%	60%	70%
50%	50%	50%	50%	60%	70%
50%	50%	50%	50%	60%	70%
50%	50%	50%	50%	60%	70%
60%	60%	60%	60%	70%	70%
Not Covered	50%	Not Covered	50%	Not Covered	50%
\$375 per child or \$750 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.

