



Individual Dental Insurance

From Delta Dental of Iowa

There's no reason to be without dental coverage. Getting dental insurance with Delta Dental is simple with automatic monthly withdrawals, reasonable rates and easy-to-understand benefits. Choose the plan that meets your individual, two-person or family needs.

Choose your dentist; you have the freedom to select a Delta Dental PPO, Premier® network or a non-participating dentist. For a complete list of participating Delta Dental dentists in your area go to www.deltadentalia.com.

For more information on Delta Dental's individual dental coverage, contact your local health insurance agent or Delta Dental of Iowa.

Choose the plan that fits your needs.

What are you most concerned about when it comes to your dental expenses? Routine checkups, major dental work or both? Delta Dental gives you a choice of three options for individual dental insurance coverage.

1. Comprehensive Coverage

Combines preventive services such as annual check-ups, while providing catastrophic coverage in one plan.

— OR —

2. Preventive Coverage

This low-premium plan covers routine annual check-ups, x-rays, teeth cleaning and fillings.

— OR —

3. Catastrophic Coverage

This plan provides extra coverage or supplements your health savings account (HSA) to cover major dental care.

Open to Iowa residents only.



Individual Plans to Choose From

Comprehensive Plan

	Delta Dental PPO	Delta Dental Premier®	Non-Participating/ Out-of-Network
Deductible per person per calendar year*	\$50	\$150	\$225
Check-ups, x-rays, teeth cleaning	80%	70%	50%
Cavity repair – routine and restorative services**	50%	50%	30%
Root canals, gum and bone disease, crowns, dentures and bridges**	60%	50%	30%
Annual Benefit Maximum per person per calendar year	\$1,250	\$1,250	\$1,250

Percentages shown are what Delta Dental pays. For example, if Delta Dental pays 70%, your coinsurance is 30%.

2008 Monthly Premiums

Single	\$32
Two-Person	\$64
Family	\$88

or

Preventive Plan

	Delta Dental PPO	Delta Dental Premier®	Non-Participating/ Out-of-Network
Deductible per person per calendar year*	\$50	\$50	\$75
Check-ups, x-rays, teeth cleaning	80%	70%	50%
Cavity repair – routine and restorative services**	50%	50%	30%
Annual Benefit Maximum per person per calendar year	Unlimited	Unlimited	Unlimited

Percentages shown are what Delta Dental pays. For example, if Delta Dental pays 70%, your coinsurance is 30%.

2008 Monthly Premiums

Single	\$15
Two-Person	\$30
Family	\$54

or

Catastrophic Plan

	Delta Dental PPO	Delta Dental Premier®	Non-Participating/ Out-of-Network
Deductible per person per calendar year*	\$0	\$100	\$150
Root canals, gum and bone disease, crowns, dentures and bridges**	60%	50%	30%
Annual Benefit Maximum per person per calendar year	\$1,250	\$1,250	\$1,250

Percentages shown are what Delta Dental pays. For example, if Delta Dental pays 60%, your coinsurance is 40%.

2008 Monthly Premiums

Single	\$23
Two-Person	\$43
Family	\$46

* Deductible applies to all covered services.

** Extractions and oral surgery are not covered on any of the individual dental plans.

There are no enrollment waiting periods. Individuals must remain on one plan for 12 months before switching to another plan. There is a 24-month waiting period to re-enroll if coverage is dropped. Subsequent rate changes will be reviewed annually with a January 1 effective date subject to 60-day notification. Applications must be received by the 20th of the month to be effective the 1st of the following month. Applications received after the 20th will be effective the first of the next month.