

Dental Plan: Delta Dental of Iowa – Delta Premier

www.deltadentalia.com

Customer Service 800-544-0718

Delta Dental Plan Description booklet is available on KIN -Employee Information – Employee Benefits – Delta Dental Booklet

Coinsurance

Preventive Procedures **100%**
(office visits, exams, cleanings, x-rays)
Two visits per calendar year (6 month wait between visits is **not** required)

Basic Procedures	80%	90%	100%
(fillings, extractions, root canals, gum disease)	1st year	2nd year	3rd year
	(assuming one preventive visit/year)		

Major Procedures **80%**
(dentures, bridges, inlays, crowns, implants)

Orthodontia **50%**

Deductible

Preventive Procedures **\$ 0**
Deductible Waived for Preventive Procedures

Basic Procedures **\$ 25**
Lifetime - Per Person

Major Procedures **\$ 25**
Calendar Year - Per Person

Orthodontia **\$ 0**
Child and Adult

Maximum

Basic and Major **\$ 1,500**
Calendar Year - Per Person

Orthodontia **\$ 1,500**
Lifetime - Per Person