

# Protect Your Smile with Individual Dental Insurance from Delta Dental of Iowa



## Individual dental insurance from Delta Dental of Iowa has it all

- Flexible coverage options
- The freedom to select the dentists of your choice
- Affordable rates with automatic monthly withdrawals
- Outstanding customer service provided by Iowa's largest dental benefits provider

## Delta Dental's two networks – Your choice

You have the flexibility to choose any dentist but your copayments and deductibles will vary.

- **PPO<sup>SM</sup>** – You will have the lowest out-of-pocket expenses and richer benefits by going to a PPO dentist.
- **Premier<sup>®</sup>** – You will have access to 90% of the dentists in Iowa, but higher out-of-pocket costs than going to a PPO dentist.
- **Out-of-Network** – You have the option to see an out-of-network dentist, but you will have higher costs and reduced benefits.

### Delta Dental PPO plus Premier Network

Delta Dental PPO Dentists  
(30% of Iowa Dentists)

Delta Dental Premier Dentists  
(90% of Iowa Dentists)

Out-of-  
Network  
Dentists

## Choose the plan that fits your needs

### Preferred Choice Plan

- 100% coverage for exams, cleanings and x-rays from Delta Dental dentists.
- Cleanings and exams do not count toward your annual deductible.
- Oral surgery and tooth extractions covered.

### Preventive Plan

- Covers routine annual check-ups, x-rays and teeth cleaning.
- Discounts on cavity repair for routine and restorative services.

**Open to Iowa residents only.**

## Contact us

For more information on Delta Dental's individual dental coverage, contact your local health insurance agent, call Delta Dental at (877) 423-3582 ext. 3, or visit [www.CoverMySmile.com](http://www.CoverMySmile.com).

Preferred Choice	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Out-of-Network Dentist
<b>Deductible per person per calendar year</b>	\$50	\$150	\$225
<b>Diagnostic and Preventive</b> <ul style="list-style-type: none"> <li>• Check-ups and Teeth cleanings* (2 per calendar year)</li> <li>• X-rays</li> </ul>	100%	100%	50%
<b>Routine and Restorative Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Tooth Extractions</li> <li>• Oral Surgery</li> </ul>	50%	50%	30%
<b>Endodontics – 6-month waiting period</b> <ul style="list-style-type: none"> <li>• Root Canals</li> </ul>	50%	50%	30%
<b>Periodontics – 6-month waiting period</b> <ul style="list-style-type: none"> <li>• Gum and Bone Disease</li> </ul>	50%	50%	30%
<b>Major Restorative Services – 12-month waiting period</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Dentures</li> <li>• Bridges</li> </ul>	50%	50%	30%
<b>Annual Benefit Maximum per person per calendar year</b>	\$1,000	\$1,000	\$1,000

### 2011 Monthly Premiums

Single	\$36
Two-Person	\$72
Family	\$100

Percentages shown are what Delta Dental pays. For example, if Delta Dental pays 100%, your coinsurance is 0%.  
\* Deductible waived only for exams and teeth cleanings under the Preferred Choice plan.

Preventive	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Out-of-Network Dentist
<b>Deductible per person per calendar year*</b>	\$50	\$50	\$75
<b>Diagnostic and Preventive</b> <ul style="list-style-type: none"> <li>• Check-ups and Teeth cleanings* (2 per calendar year)</li> <li>• X-rays</li> </ul>	80%	70%	50%
<b>Routine and Restorative Services**</b> <ul style="list-style-type: none"> <li>• Fillings</li> </ul>	50%	50%	30%
<b>Annual Benefit Maximum per person per calendar year</b>	Unlimited		

### 2011 Monthly Premiums

Single	\$18
Two-Person	\$35
Family	\$64

Percentages shown are what Delta Dental pays. For example, if Delta Dental pays 80%, your coinsurance is 20%.  
\* Deductible applies to all covered services under the Preventive plan.  
\*\* Extractions and oral surgery are not covered under the Preventive 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 1<sup>st</sup> of the following month. Applications received after the 20th will be effective the first of the next month.

## Frequently Asked Questions – Individual Product

### ***Who is eligible to purchase Delta Dental of Iowa's Individual Product?***

The Delta Dental individual policy is available to all permanent residents of Iowa. Coverage is also available for your spouse and/or dependent child(ren) up to age 26. There is no age limitation for a dependent who is a full-time student. Coverage types are: single, two-person and family. The two-person policy can be for you and your spouse OR eligible child.

### ***Do I have coverage outside of Iowa?***

Yes, your Delta Dental coverage travels with you.

Common examples are:

- A secondary residence outside of Iowa
- Full-time students attending college in another state
- Traveling outside the state of Iowa, including international travel

### ***What if I permanently move out of Iowa?***

Your coverage would terminate at the end of the month in which you changed residency. Please advise Delta Dental of Iowa of any address change.

### ***How do I enroll?***

Your insurance agent has the necessary forms and can help you enroll. The agent will forward your enrollment request to Delta Dental.

If you do not have an agent you can:

1. Go to our website at [www.deltadentalia.com](http://www.deltadentalia.com) and complete the online application with a credit card
2. Complete both pages of the individual application form and attach a copy of a voided check for automatic withdrawal from your checking or savings account. To forward the application form to Delta Dental either:
  - Mail: Delta Dental of Iowa, PO Box 9010, Johnston, IA 50131-9010
  - Fax: Delta Dental of Iowa at 888-264-1433
  - Email: [IndividualProduct@deltadentalia.com](mailto:IndividualProduct@deltadentalia.com)

### ***Do I need to send in the first month's premium with my application?***

No, Delta Dental has two payment options depending on how you enroll. Pay by...

1. Credit card when you apply online from the Delta Dental website at [www.deltadentalia.com](http://www.deltadentalia.com).
2. Monthly automatic withdrawal from a checking or savings account when you apply using our paper application. You must submit a voided check with the application. You have the option of choosing either the 1<sup>st</sup> or the 5<sup>th</sup> of the month for your automatic withdrawal.

### ***When will my dental policy be effective?***

All complete applications received and processed by Delta Dental prior to the 20<sup>th</sup> of the month will be effective the first of the following month. (For example, applications received and processed prior to September 20<sup>th</sup> will be effective October 1<sup>st</sup>)

***How long are the rates guaranteed?***

Rates for the individual product are reviewed annually. You will receive a 60-day notification of any rate changes.

***What is the difference between PPO, Premier and Non-participating/Out-of-Network?***

Unlike our competitors, Delta Dental of Iowa has two networks of providers. The **Delta Dental PPO network** consists of approximately 40 percent of Iowa dentists with whom Delta Dental has negotiated significant discounts. Subscribers will receive the highest level of benefits and experience the lowest out-of-pocket expense when seeing a PPO dentist for services. Subscribers are responsible for applicable deductible and coinsurance amounts, however the PPO dentist will accept Delta Dental's payment for the remaining amount as payment in full. There will be no balance billing to the subscriber.

Approximately 90 percent of all dentists in Iowa belong to the **Delta Dental Premier network**, and that's the largest network of any oral health insurance carrier in Iowa. Delta Dental has also negotiated discounts with these providers. This network provides broad access to care, while still resulting in savings due to the negotiated fees. Subscribers will receive a mid-level of benefit for services performed by a Premier provider. In other words, the subscriber's out-of-pocket expense and deductible will be higher if services are performed by a Premier dentist rather than a Delta Dental PPO dentist. Again, subscribers are responsible of applicable deductible and coinsurance amounts; however the Premier dentist will accept Delta Dental's payment for the remaining amount as payment in full. There will be no balance billing to the subscriber.

A **Non-participating/Out-of-Network** dentist is a provider that does not contract with Delta Dental of Iowa. Non-participating dentists are reimbursed at the Premier payment level, however, the dentist may balance bill the subscriber for any remaining balance. Delta Dental's payment will be paid to the subscriber. Subscribers will receive the lowest level of benefit for services performed by a Non-participating provider. Going to a Non-participating dentist will result in the highest out-of-pocket expense for the subscriber.

***How can I find out if my dentist participates in the Premier or PPO networks?***

You may use the Dentist Search tool for both Delta Dental PPO and the Delta Dental Premier dentists on the Delta Dental of Iowa website at [www.deltadentalia.com](http://www.deltadentalia.com). Or you can call our office at 1-800-544-0718 and our customer service representatives will assist. If your dentist does not participate in the Delta Dental PPO network, please encourage the dentist to consider joining the PPO and/or Premier networks.

***Do I need to change dentists in order to use the Delta Dental PPO plan?***

No. Even if your dentist does not participate in a Delta Dental of Iowa network, you can still receive treatment from your current provider, and still receive Delta Dental benefits. Keep in mind, you may receive a higher level of benefits and have lower out-of-pocket expenses by going to a Delta Dental PPO dentist.

***Are there waiting periods before benefits are paid?***

Yes, the Preferred Choice Plan has a 6-month waiting period for endodontic services such as root canals and periodontal services for gum & bone disease. A 12-month waiting period for major restorative service like crowns, dentures and bridges applies.

***Are there services that are not covered?***

Yes, an example of a service that is not covered is orthodontics. There is no orthodontia rider available with any of the individual plans. See your benefit certificate for a complete list of exclusions.



# INDIVIDUAL ENROLLMENT/CHANGE APPLICATION

This application form must be received by Delta Dental of Iowa 10 days prior to the effective date. The effective date is always 1<sup>st</sup> of the month.

<b>Product Choice:</b> <input type="checkbox"/> Preventive <input type="checkbox"/> Preferred Choice	<b>Social Security No.</b> _____	<b>Effective Date</b> ____/____/01____
<input type="checkbox"/> New Applicant <input type="checkbox"/> Change of Coverage <input type="checkbox"/> Name/Address Change		

<b>SECTION I</b>	<b>Name (First, Middle Initial, Last)</b> _____	<b>Telephone</b> ( ) _____	<b>Date of Birth</b> ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Complete Address – Street</b> <b>City</b> <b>State</b> <b>Zip</b>	<b>Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (specify) _____		
<b>E-mail address:</b> _____		<b>Please check the coverage you are applying for:</b> <input type="checkbox"/> Single <input type="checkbox"/> Two-person <input type="checkbox"/> Family		

## SECTION II ELIGIBLE DEPENDENTS

List eligible members of your family to be covered	Social Security Number	Birthdate	Sex	Full-Time College Student	Disabled Status	Other Dental Coverage
First Name    Middle Initial    Last (if different)						
Spouse		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		Disabled? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eligible Child		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name: _____	Disabled? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eligible Child		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name: _____	Disabled? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eligible Child		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name: _____	Disabled? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eligible Child		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name: _____	Disabled? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Other Dental Coverage** - If any person(s) on this application has dental insurance through another company where the employer pays any portion of the cost or makes payroll deductions, please complete: **Contract holder:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_    Single    Family

<b>Name of other dental carrier</b>	<b>Policy Number</b>	<b>Effective Date</b>	<b>Contract type</b>
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## SECTION III CHANGE OF COVERAGE

**Please check events requiring Contract changes:**

Marriage     Death     Divorce     Birth/Adoption     Drop Dependents     Terminating Benefits  
 Other (explain) \_\_\_\_\_    **Name of Affected Party** \_\_\_\_\_    **Date of Event** \_\_\_\_\_

## SECTION IV AGREEMENT and CERTIFICATION

I have read and understand the Agreement and Certification of Coverage language on the back of this application and acknowledge receipt of a fully completed copy of this application.

**ACCEPTANCE OF COVERAGE**

\_\_\_\_\_    \_\_\_\_\_

Applicant Signature    Date

_____ / KHI Financial Solutions Agent Name    /    Agency *	_____ NPN Insurance License #	<b>Internal Use Only</b> Agency ID# _____
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\*This is the agency authorized by Delta Dental of Iowa to sell individual dental products.



## Delta Dental Subscribers Now Have A Vision Care Discount Program Through EyeMed Vision Care

Delta Dental of Iowa is well-known for providing excellent dental benefits. Now, through an association with EyeMed Vision Care, Delta Dental subscribers have access to a vision care discount program at no additional cost to them.



### The vision discount program provides the following features:

- Discounts on eye exams
- Discounted pricing for lenses and lens options
- Savings on eyeglass frames and conventional contact lenses
- Unlimited use
- Discounts on LASIK and PRK
- Competitive pricing on contact lenses through Contact Lens by Mail
- Access to a large, diverse network of providers

### Did you know:

- Only 50% of Americans get regular eye exams.
- One in five people are at risk for vision loss.
- 75% of Americans wear vision correction.

Regular eye exams not only help correct vision problems, but comprehensive eye exams can also reveal the warning signs of more serious undiagnosed health problems such as hypertension, cardiovascular disease and diabetes. No matter what your age, eye exams are important for your overall health.

### Using Your EyeMed Discount Program

1. Locate an EyeMed provider by calling 1-866-246-9041 or go to [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental).
2. When scheduling your appointment, inform the office that you are a Delta Dental member with an EyeMed discount plan.
3. Once you arrive, present your Delta Dental ID card to receive discount services. Your EyeMed provider will take care of the rest!

### EyeMed Provider Network

The EyeMed network consists of private practice optometrists, ophthalmologists, opticians and some of the nation's top optical retailers including LensCrafters®, Pearle Vision®, Sears Optical® and Target Optical® locations. Schedule an appointment today for all of your eye care needs!

For more information on the EyeMed Discount Program through Delta Dental of Iowa, go to [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental) or call 1-866-246-9041.

# EyeMed Vision Care Discount Program for Delta Dental of Iowa Subscribers

Discounted exam and defined materials discounts

Vision Care Services	Delta Dental Member Cost/Discount
Exam with dilation as necessary	\$10 off contact lens exam \$5 off routine exam
<b>Complete Pair of Glasses Purchase*</b> Frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal	\$75 \$95 \$125
<b>Frames</b> Any frame available at provider location	30% off retail price
<b>Lens Options</b> UV Coating Tint (Solid and Gradient) Standard Polycarbonate Standard Progressive Standard Anti-Reflective Coating Other Add-Ons and Services	\$15 \$15 \$40 \$165 \$45 20% discount
<b>Contact Lens Materials</b> (Discount applied to materials only) Conventional (Non-Disposable)	15% off retail price
<b>Laser Vision Correction**</b> LASIK or PRK	15% off retail price or 5% off promotion price
<b>Frequency</b> Examination Frame Lenses Contact Lenses	Unlimited Unlimited Unlimited Unlimited

This is not an insurance plan.

\* Items purchased separately will be discounted 20% off the retail price.

\*\* Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA vision. Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Members will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or contact lenses. Retail prices may vary by location.

**Limitations/Exclusions:**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

Please note, your discount cannot be combined with any other discounts, coupons or promotional offers.

For more information on the EyeMed Discount Program through Delta Dental of Iowa, go to [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental) or call 1-866-246-9041.