



Delta Dental of Iowa
Summary of Covered Services and Benefits
Vernon Company - 33367

Voluntary PPO -- Preventive, Catastrophic, Comprehensive Plans BENEFIT OPTIONS				MONTHLY RATES 4/1/24 – 3/31/25	
Type: Preventive Plan	Delta Dental PPO	Delta Dental Premier	Non-Participating/ Out of Network		
Deductible Per Person*	\$50	\$50	\$75	Single	\$11.92
Check ups and Teeth Cleaning	20%	30%	50%	Two Person	\$23.84
Cavity Repair**	50%	50%	70%	Family	\$45.28
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	Not Covered	Not Covered	Not Covered		
Annual Benefit Maximum Per Person	Unlimited	Unlimited	Unlimited		
Type: Catastrophic Plan	Delta Dental PPO	Delta Dental Premier	Non-Participating/ Out of Network		
Deductible Per Person*	\$0	\$100	\$150	Single	\$14.32
Check ups and Teeth Cleaning	Not Covered	Not Covered	Not Covered	Two Person	\$27.40
Cavity Repair**	Not Covered	Not Covered	Not Covered	Family	\$29.80
Root Canals, Gum and Bone Disease Crowns, Dentures and Bridges	40%	50%	70%		
Annual Benefit Maximum Per Person	\$1,250	\$1,250	\$1,250		
Type: Comprehensive Plan	Delta Dental PPO	Delta Dental Premier	Non-Participating/ Out of Network		
Deductible Per Person*	\$50	\$150	\$225	Single	\$26.20
Check ups and Teeth Cleaning	20%	30%	50%	Two Person	\$51.24
Cavity Repair**	50%	50%	70%	Family	\$75.08
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	40%	50%	70%		
Annual Benefit Maximum Per Person	\$1,250	\$1,250	\$1,250		

*Deductible applies to all Covered Services. **Extractions & oral surgery are not covered benefits.

Employee must remain on one plan for 12 consecutive months before switching to another plan.
24-month waiting period applies to re-enroll if coverage is dropped.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.

An eligible child is a child under 26 years of age or an unmarried full-time student.

Coinsurance is shown as the percentage that is the responsibility of the Covered Person.