

Dental – New Offerings

Delta Dental of Iowa has discontinued the plans ADM CSD provided for you last year. You now have these two new plans to consider.

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

To find out what network your dentist falls in, go to www.deltadentalia.com.

Coverage Plan B – Delta Dental Percentages Shown are the Insured's Responsibility	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Annual deductible (per person/per family)	\$25 / \$75	\$50 / \$150	\$75 / \$225
Calendar-year maximum	\$1,000		
Preventive/diagnostic services (Check-up and Teeth Cleaning)	Deductible Waived 0% Coinsurance	Deductible Waived 0% Coinsurance	Deductible, then 20% Coinsurance
Periodontal Maintenance Therapy Bitewing X-Rays	Deductible then, 50% Deductible then, 10%	Deductible then, 50% Deductible then, 20%	Deductible then, 60% Deductible then, 40%
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	Deductible then, 10%	Deductible then, 20%	Deductible then, 40%
Posterior Composites w/o Alternate Processing	Deductible then, 50%	Deductible then, 50%	Deductible then, 60%
Endodontic and Periodontal Services	Deductible then, 50%	Deductible then, 50%	Deductible then 60%
High-Cost Restorations & Prosthetic Services (Cast Restorations, Dentures & Bridges) Implants Not Covered	Deductible then, 50%	Deductible then, 50%	Deductible then 60%
Orthodontia	50% Coinsurance with Lifetime Maximum \$1,000		

Coverage Plan C – Delta Dental Percentages Shown are the Insured's Responsibility	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Annual deductible per individual	\$25	\$50	\$75
Calendar-year maximum	\$1,000		
Preventive/diagnostic services (Check-up and Teeth Cleaning)	Deductible Waived 10% coinsurance	Deductible Waived 20% coinsurance	Deductible, then 30% Coinsurance
Bitewing X-Rays	Deductible then, 20%	Deductible then, 30%	Deductible then, 40%
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	Deductible then, 20%	Deductible then, 30%	Deductible then, 40%
Posterior Composites w/o Alternate Processing	Deductible then, 50%	Deductible then, 50%	Deductible then, 60%
Endodontic and Periodontal Services	Not Covered	Not Covered	Not Covered
High-Cost Restorations & Prosthetic Services (Cast Restorations, Dentures & Bridges)	Not Covered	Not Covered	Not Covered

Dental 2025-2026 Monthly deductions (before tax deduction)

	Employee Only	Two Person	Family
Plan B Monthly Cost	\$35.12	\$72.24	\$114.42
Plan C Monthly Cost	\$19.62	\$38.42	\$76.76

Money-saving Tip

Remember, you can use medical FSA or health savings account (HSA) for qualified out-of-pocket dental and vision expenses.