



# Delta Dental of Iowa

## Financial Exhibit

**Employer:** Monona County

**Group Number:** 33229

**Contract Period:** 7/1/18 through 6/30/19

BENEFIT OPTIONS				MONTHLY DELTA DENTAL RATES			
Type: Preventive Plan	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating/ Out-of-Network		Current	Renewal	Contracts
Deductible Per Person*	\$50	\$50	\$75	<b>Single</b>	\$10.82	\$10.82	7
Check ups and Teeth Cleaning	80%	70%	50%	<b>Two Person</b>	\$21.63	\$21.63	3
Cavity Repair**	50%	50%	30%	<b>Family</b>	\$41.10	\$41.10	4
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 <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating/ Out-of-Network		Current	Renewal	Contracts
Deductible Per Person*	\$0	\$100	\$150	<b>Single</b>	\$12.98	\$12.98	0
Check ups and Teeth Cleaning	Not Covered	Not Covered	Not Covered	<b>Two Person</b>	\$24.88	\$24.88	0
Cavity Repair**	Not Covered	Not Covered	Not Covered	<b>Family</b>	\$27.04	\$27.04	0
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	60%	50%	30%				
Annual Benefit Maximum Per Person	\$1,250	\$1,250	\$1,250				
Type: Comprehensive Plan	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating/ Out-of-Network		Current	Renewal	Contracts
Deductible Per Person*	\$50	\$150	\$225	<b>Single</b>	\$23.80	\$23.80	7
Check ups and Teeth Cleaning	80%	70%	50%	<b>Two Person</b>	\$46.51	\$46.51	4
Cavity Repair**	50%	50%	30%	<b>Family</b>	\$68.14	\$68.14	5
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	60%	50%	30%				
Annual Benefit Maximum Per Person	\$1,250	\$1,250	\$1,250				

\*Deductible applies to all covered services    \*\*Extractions & oral surgery not covered

**Sign, date, and complete below to confirm benefits and rates.**

\_\_\_\_\_  
(Signature of Group Administrator)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(E-Mail Address)

Percent of Premium Contributed by Employer:    Single: 0%    Two Person: 0%    Family: 0%

Total Employees Enrolled: \_\_\_\_\_

Total Employees Eligible for Benefits: \_\_\_\_\_

ORIGINAL - PLEASE RETURN WITH SIGNATURE

DELTA DENTAL OF IOWA FAX # 888-337-5157