



Delta Dental of Iowa

Financial Exhibit

Employer: Monona County

Group Number: 33229

Contract Period: 7/1/19 through 6/30/20

BENEFIT OPTIONS				MONTHLY DELTA DENTAL RATES			
Type: Preventive Plan	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Participating/Out-of-Network	Current	Renewal	Contracts	
Deductible Per Person*	\$50	\$50	\$75	Single	\$10.82	\$10.82	8
Check ups and Teeth Cleaning	80%	70%	50%	Two Person	\$21.63	\$21.63	4
Cavity Repair**	50%	50%	30%	Family	\$41.10	\$41.10	2
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 SM	Delta Dental Premier [®]	Non-Participating/Out-of-Network	Current	Renewal	Contracts	
Deductible Per Person*	\$0	\$100	\$150	Single	\$12.98	\$12.98	0
Check ups and Teeth Cleaning	Not Covered	Not Covered	Not Covered	Two Person	\$24.88	\$24.88	0
Cavity Repair**	Not Covered	Not Covered	Not Covered	Family	\$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 SM	Delta Dental Premier [®]	Non-Participating/Out-of-Network	Current	Renewal	Contracts	
Deductible Per Person*	\$50	\$150	\$225	Single	\$23.80	\$23.80	8
Check ups and Teeth Cleaning	80%	70%	50%	Two Person	\$46.51	\$46.51	3
Cavity Repair**	50%	50%	30%	Family	\$68.14	\$68.14	6
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