

Prairie Meadows Dental Benefits Summary PPO Incentive



**Rates Effective 10/1/25-9/30/26
Group 9231093**

Your dental insurance is through Delta Dental of Iowa: <http://www.deltadentalia.com>
[Provider Directory Summary](#)

	In Network	Out of Network
Deductible	\$15 individual \$45 family	\$25 Individual \$75 family
Limitations or Rules:	Waived for Preventative	Waived for Preventative
Calendar Year Maximum	\$2000 Maximum	\$2000 Maximum
Preventive Services	100%	100%
• Routine oral exam – two visits allowed per calendar year at no cost • Dental x-rays – bitewing x-rays once a year (checks for cavities) • Prophylaxis (cleaning) – twice per calendar year • Topical Fluoride – dependent children under age 19, twice per year • Sealants – dependent children under age 19		
Basic Services	90% after deductible	80% after deductible
• Fillings-including posterior composites • Simple Extractions • Anesthesia • Endodontics • Periodontics		
Major Services	50% after deductible	50% after deductible
• Oral Surgery • Dentures • Crowns • Bridges		
Orthodontic Services	50% after deductible	50% after deductible
• Lifetime maximum of \$3,000	**Limitation-Only for Children through Age 18	

TIP: If your dentist says you need major dentistry, ask them to contact Delta Dental for a free estimate of charges before you have the work done.

Per Pay Check Employee Cost

Employee only: \$ 0.81 per pay check
Family: \$14.39 per pay check
PT Employee only: \$ 3.26 per pay check

THIS IS A SUMMARY OF BENEFITS AND IS NOT INTENDED TO BE ALL-INCLUSIVE. PLEASE SEE YOUR PLAN BENEFIT BOOK FOR FURTHER INFORMATION.