

Orthodontia Benefits

Understand what's covered

Your orthodontia benefits depend on the dental plan you have through Delta Dental of Iowa. Generally, Delta Dental will pay 50% of the treatment cost, up to a lifetime maximum benefit and a specified age.

HOW BENEFIT PAYMENTS WORK

Orthodontic treatment normally occurs over an extended period of time, so benefit payments are made over the course of treatment*. The covered child must have continuous coverage under the dental plan to receive ongoing orthodontic benefit payments. For treatments that are in progress, Delta Dental will only pay for services received after your plan is effective.

Benefit payments are made:

1. When braces are initially placed.
2. Quarterly until treatment is completed or until the lifetime maximum benefit is reached.

Below is an example of what you could expect if you have a child who needs braces:

Total fee charged	\$6,000
Treatment length	24 months
Dental plan lifetime maximum benefit	\$2,000
Down payment (25% paid upon placement)	\$1,500 (\$6,000 x 25%)
Charges for monthly fee	\$4,500 (\$6,000 - \$1,500)
Monthly fee	\$187.50 (\$4,500/24 months)

The chart below shows how to determine what your plan would pay vs. what you would pay out-of-pocket:

	NEW TREATMENT		TREATMENT IN PROGRESS	
	Delta Dental of Iowa**	You	Delta Dental of Iowa**	You
Down payment	\$750 (50% down payment)	\$750	N/A	Would vary based on your previous plan
Monthly fee	\$93.75 (50% of \$187.50 monthly fee paid quarterly up to \$1,250***)	\$93.75 (50% of \$187.50 monthly fee until the plan maximum is met) \$187.50 (for remaining months of treatment)	\$93.75 (50% of \$187.50 monthly fee paid quarterly up to \$2,000***)	\$93.75 (50% of \$187.50 monthly fee until the plan maximum is met) \$187.50 (for remaining months of treatment)
Ineligible amount	N/A	N/A	\$4,875 (18 months x \$187.50 monthly fee + \$1,500 down payment)	N/A
Total amount paid	\$2,000	\$4,000	\$562.50 (\$93.75 x remaining months of treatment)	\$562.50
Plan lifetime ortho maximum remaining	\$0	N/A	\$1,437.50	N/A

*Payments will be sent to the member if the provider is not participating in the Delta Dental of Iowa network.

**You may be subject to a deductible. Please see your benefit summary for plan details.

***Benefit payments may meet plan maximum before treatment is complete.

For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com.