

## HOW DO I ENROLL?

### DURING the Open Enrollment Period of July 1, 2025 to September 30, 2025

- To enroll go to [wellbeing.uni.edu/student-health/student-healthdental-insurance-plans](https://wellbeing.uni.edu/student-health/student-healthdental-insurance-plans)
- look for the "Student Insurance enrollment form"

### AFTER the Open Enrollment Period

- Following the Open Enrollment Period, dependents can only be added when a qualifying event occurs. Newly registered students can enroll at the beginning of each semester
- Qualifying events include: Marriage, birth of a baby, or a spouse or dependent arriving in or departure from the United States

**NOTE:** View a full list of qualifying events at [health.uni.edu](https://health.uni.edu)

- Please contact the UNI SHIP office within 30 days if a qualifying event occurs

## WHERE CAN I LEARN MORE?

- Visit the UNI SHIP website at [health.uni.edu](https://health.uni.edu) for plan details

## WHO DO I CALL WITH QUESTIONS?

- For questions about UNI SHIP, call our office at 319.273.7736 or email: [ship@uni.edu](mailto:ship@uni.edu)
- For questions about insurance benefits, claims processing and pre-certification requirements, call Delta Dental's customer service line at 1.800.544.0718**

## WHAT'S THE COST?

Premiums will be added to your university bill.

| Annual Coverage Period<br>8/1/2025 — 7/31/2026 |          |
|--|----------|
| Student  | \$312.00 |
| Student and Spouse/Domestic Partner            | \$612.00 |
| Student and Child(ren)                         | \$594.00 |
| Student and Family                             | \$990.00 |
| Spring/Summer*<br>1/1/2026 — 7/31/2026         |          |
| Student  | \$182.00 |
| Student and Spouse/Domestic Partner            | \$357.00 |
| Student and Child(ren)                         | \$346.50 |
| Student and Family                             | \$577.50 |
| Summer*<br>5/1/2026 — 7/31/2026                |          |
| Student  | \$78.00  |
| Student and Spouse/Domestic Partner            | \$153.00 |
| Student and Child(ren)                         | \$148.50 |
| Student and Family                             | \$247.50 |

\*Spring/Summer available to new or transfer students only



# PROTECT YOUR SMILE

## UNI Student Dental Insurance Program 2025-2026

Regular Dental Care is important to your overall health.

That's why DELTA DENTAL OF IOWA, Iowa State University & University of Northern Iowa have designed the Student Dental Program.

Having a local dentist, especially when you're in college, makes it easier to keep your smile healthy. With Delta Dental, you'll get the EXPERT CARE AND SERVICE you deserve right here in Cedar Falls.

## AM I ELIGIBLE?

### UNI SHIP DENTAL INSURANCE IS AVAILABLE TO:

- Domestic undergraduate or graduate students registered for classes that total 5 credits or more
- International undergraduate or graduate students registered for at least 1 credit hour
- Spouses or domestic partners of students enrolled in the program
- Dependent children of students enrolled in the program

## WHAT'S COVERED?

You can get the routine care you need, and you'll have coverage in case of emergency. Approximately 90 percent of Iowa Dentists are Delta providers, and you'll have a choice of multiple dentists in the Cedar Falls area

For a list of Cedar Falls providers, go to [www.deltadentalia.com](http://www.deltadentalia.com), select Delta Dental Premier® network



### Diagnostic and Preventative Services

- 0% coinsurance\* — No Deductible
- These services include routine check-ups, cleanings and periodic x-rays.
- Sealants and Space Maintainers are now also included

### Routine and Restorative Services

- 10% coinsurance\* PPO Providers and 20% coinsurance\* Premier Providers (or Non Participating) — Deductible Applies
- Covers fillings, emergency treatment, and simple oral surgery (this does not include removal of wisdom teeth)

## WHAT'S COVERED?

### Endodontic Services

- 50% coinsurance\* — Deductible Applies
- Covers root canals

### Periodontal Services

- 50% coinsurance\* — Deductible Applies
- Covers gum and bone diseases

### Deductible

- Deductible is \$15 for PPO providers and \$25 for Premier providers per covered person each policy period or a maximum deductible of \$45 PPO or \$75 Premier.

### Annual Maximum Benefit

- \$750 per covered person

### Not Covered

- Orthodontics
- Prosthetic Services
- Removal of Wisdom Teeth

## CANCELLATIONS

- **Once coverage begins, it is in effect 24 hours a day, at school and during vacation periods, anywhere in the world, until the policy termination date**
- No refund of premium or cancellation of the plan will be allowed unless the insured enters military service or withdraws within 30 days after the first day of class
- Is COBRA available?
  - No, this is not an employer plan, and it is not offered

## INSURANCE DEFINITIONS

**Deductible** - The amount you owe for services your insurance plan covers before your plan begins to pay.

*For example,* if your deductible is \$450, your plan won't pay anything until you've met your \$450 deductible for covered services subject to the deductible. The deductible may not apply to all services.

**Coinsurance** - Your share of the costs of a covered service, calculated as a percent (for example, 20 percent) of the allowed amount for the service. You pay co-insurance **plus** any deductibles you owe.

*For example,* if the insurance's allowed amount for a service is \$100 and you've met your deductible, your co-insurance payment of 20 percent would be \$20. Your insurance pays the rest of the allowed amount.

**Annual Maximum Benefit** - The benefit period maximum is the maximum the insurance will pay for each Covered Person in a benefit plan year.

**In-Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide your care.

**Out-of-Network** - Facilities, providers and suppliers that are not contracted with your insurance plan and can balance bill you any charges your insurance does not cover. You may be balanced billed for services by the facilities, providers and suppliers.