

Child Ortho 1500	
Lifetime maximum	\$1,500
	What members pay
Members age 19+	Not covered
Members under age 19	50% ¹

1 Covered only for children. Treatment must start prior to child's 17th birthday.

How to use this dental plan

When you go in for dental care, tell your provider you are a Delta Dental of Oregon dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance that will be covered by your plan before you go forward with treatment.

This document is provided for informational purposes only, and is intended as a quick reference of Delta Dental of Oregon plan benefits. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the contract may be continued in force, contact your producer or Delta Dental.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.