# 2027 Delta Dental orthodontia rider

Delta Dental of Oregon & Alaska

| Voluntary Child Ortho 1000 | |
|---|---|
| Lifetime maximum | $1,000 |
| | What members pay |
| Members age 19+ | Not covered |
| Members under age 19 | 50% |

*Services subject to a 18-month exclusion period.*
*For members under 19, treatment must start prior to child's 17th birthday.*

**How to use this dental benefit**
When you go in for dental care, tell your provider you are a Delta Dental of Alaska dental member.

**Pre-determination**
Your dental office can submit a pre-treatment plan to Delta Dental of Alaska 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 Alaska plan benefits. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy 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.*


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