

Visit www.deltadentalia.com for information on your dental benefits and oral health.

Subscriber Connection - Benefits-Eligibility-Claims

Current Location: [Delta Dental Home Page](#) > [Subscribers](#) > [Subscriber Connection](#) June 12, 2008

NO ALTERNATE PROCESSING FOR POSTERIOR COMPOSITES, COINS, WILL BE AT A LOWER PERCENT THAN BASIC RESTORATIONS. BITING UNDER AGE 15 ONE IN 12 MONTHS ELSE, ONCE IN 24 MONTHS UNLESS HQ. OF RESTORATIONS THEN ONE EVERY 12 MONTHS GROUP DOES NOT HAVE ALTERNATE PROCESSING FOR POSTERIOR COMPOSITES, COIN-SURANCE WILL BE PAID AT A LOWER PERCENTAGE THAN OTHER BASIC RESTORATIONS.

Benefits & Eligibility as of 06/12/2008 (mm/dd/yyyy)

Use the following links to access the information you are looking for faster:

- Eligibility
- Benefit Limits
- Deductibles
- Maximums
- Procedure Code Search
- Coordination of Benefits / Age Limits
- Claims
- Print Information Card
- Printable Version

This is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information stated here and the group contract, the group contract will govern. All benefits are subject to deductibles, contract maximums and eligibility on the date of service. The eligibility and benefit information is only valid for the following subscriber on the date shown above.

Eligibility and Accumulations									
Subscriber Name:		Group Number:							
JANE M. SMITH		12345-12345-1234567							
Coverage Type:		Group Name:							
SELF + 1 DEPENDENT		DELTA DENTAL OF IOWA							
Electronic Claims Payer ID:				ABCD12					
Name	Date of Birth	Original Coverage Begin Date	Current Coverage End Date	Reg Ann Deductible	Reg Ann Maximum	Orth Ann Maximum	Orth Life Maximum	Cost Ann Maximum	
JANE M SMITH	08/13/1975	01/01/2008		\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	
JOHN H SMITH	09/16/1973	01/01/2008		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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Delta Dental Subscriber Connection

- **Manage Benefits** – View benefits, eligibility, claims history, sign up for electronic explanation of benefits (EOBs) and print ID cards for yourself and dependents
- **Oral Health** – Read dental health tips to keep your smile healthy and download the oral health risk assessment
- **Forms** – Download and print Delta Dental claim forms and other forms to manage your dental benefits
- **Contact** – Reach Delta Dental’s customer service and get answers to your frequently asked questions

Subscriber Registration

Current Location: [Delta Dental](#) > [Subscribers](#) > [Subscriber Registration](#) Wed, Jun. 11, 2008

Looking for Claims or Benefits & Eligibility information: login here

Username:

Password:

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Producers

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Register - Step 1 of 2

Please enter your information in the registration form below. We will validate this information against our records before continuing to step two in the registration process. Required fields are indicated with an asterisk (*).

If you are having difficulty registering [click here](#) for customer service contact information.

(Note: Only primary Subscribers are supported for access to Subscriber Connection. Registration of a Spouse or Dependents is not currently supported.)

* First Name:

* Last Name:

* Subscriber ID:

* Date of Birth:

Subscriber Connection Registration

- Go to www.deltadentalia.com
- Click on “Register” from the login box
- Select “Subscriber”
- Enter your name, subscriber ID, date of birth and then click on “Register User”
- Create a Username and Password, enter your email, create a challenge question, and then click on “Register User”

Dentist Search

Current Location: [Delta Dental](#) > [Dentists](#) > [Dentist Search](#) Wed, Jun. 11, 2008

Looking for Claims or Benefits & Eligibility information: login here

Username:

Password:

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Welcome to the DeltaDental.com Dentist Search.

We have a national network of dentists across the U.S. and Puerto Rico.

To locate a dentist in your area, please complete the following information.

Required fields are indicated with an asterisk (*)

[Search Tips and Disclaimers!](#)

1. **Product Selection** ([Unsure of your coverage? Click Here](#))

* Your Dental Plan: Delta Dental Premier Delta Dental PPO DeltaCare
(formerly DeltaPremier USA) (formerly DeltaPreferred Option USA)

2. **Your Location**

Your Address:

* Your City:

* Select a State:

- OR -

* Your Zip Code:

Find a Dentist

Search for a dentist and link to a map with driving directions.

- Go to www.deltadentalia.com
- Click on “Delta Dental Dentist Search” from the home page
- Select your plan*
- Enter your city and state OR your zip code*
- Use the dropdown menu to select your sort preferences
- Enter additional search criteria
- Click on “Search for a Dentist”

* = required fields