

Update on non-covered dental services

Due to recently adopted legislation, effective Jan. 1, 2025, Delta Dental of Ohio can no longer offer or apply discounts to services not covered by a member's dental plan.



This change resulted from legislation adopted by the Ohio General Assembly in 2024. Delta Dental strongly opposed this effort because the discounts provided significant cost protections to our members.

With the passage of this new legislation, Delta Dental cannot establish maximum allowable fees for non-covered services provided by in-network dentists; they can charge their normal fees for the service.

Does this impact the services covered by my Delta Dental plan?

No. This government mandate applies only to services not covered by your plan.

Your plan is not impacted in terms of covered services and procedures. It only applies to maximum allowable fees established for non-covered services.

What are covered vs. non-covered services?

Many employer groups customize the list of services covered by their dental plan. Because

of this, what is considered a non-covered service can vary by plan. Use www.memberportal.com to quickly and easily confirm what services are covered under your plan.

Some examples of services most often not covered include adult orthodontics, veneers, sealants, and cosmetic dentistry services.

The law's language defines "covered dental services" as "dental care services for which reimbursement is available under an enrollee's health care contract, or for which a reimbursement would be available but for the application of contractual limitations, such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or any other limitation."