



Enrollee Name: MICHAEL GRAY

Enrollee ID: 118482150801

CHOICE BUILDER

Group Number: 05367-00052

Delta Dental PPOSM

This card is for informational purposes and is not a guarantee of coverage. Please contact Delta Dental of California to confirm eligibility at the time of your appointment.

Submit claims to:

Delta Dental of California
PO Box 997330
Sacramento, CA 95899-7330

Web Site: <http://deltadentalins.com>

For Additional Information Please Call: 800-835-2244

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