



Patient Name	John Doe	Subscriber Name	Jane Doe	Group Number	123-456
Date of Birth	9/29/1990	Subscriber DOB	10/20/1991	Date Verified	10/10/2019
Insurance Carrier	Delta Dental IL	ID #	W123456789	Ins Max Used	\$0
Employer	Good Job	Insurance Type	Primary	Deductible Met	\$0

Maximums and Deductibles

Benefit Year	Calendar
Annual Max	\$1,500.00
General Deductible	\$50.00
Family Deductible	\$150.00
Diagnostic Deductible	\$0.00
X-ray Deductible	\$0.00
Preventative Deductible	\$0.00

% Coverage for Categories

Diagnostic	100%
X-ray	100%
Routine Preventive	100%
Restorative	80%
Endo	80%
Perio	80%
Oral Surgery	80%
Crowns	50%
Prosthodontics	50%

Waiting period for Categories (in Months)

Restorative	0 months
Endo	0 months
Perio	0 months
Oral Surgery	0 months
Crowns	0 months
Prosthodontics	0 months

Ortho Information

Lifetime Max	\$2,500
Percentage	100%
Age limit	26

Downgrades

Do Fillings have a downgrade?	No
Do Crowns have a downgrade?	Posterior

Frequencies

Frequency of BW	Every 6 Months
Frequency of Pano/FMX	Every 3 Years
Frequency of Exams	3 Per Year
Frequency of Cancer Screenings	Every 6 Months
Frequency of Prohpy	Every 6 Months
Frequency of Fluoride	Every 6 Months
Frequency of Sealants	Every 3 Years
Frequency of Crowns	Every 60 Months
Frequency of SRP	Every 6 Months
Frequency of Full Debridment	Every 60 Months
Frequency of Perio Maintenance	Every 3 Months

Age Limitations

Fluoride through age	26
Selants through age	26

History

	DOS	Procedure code	Tooth/Quad	Surface
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				