

ELIGIBILITY INQUIRY REPORT

6/18/2021



Plan Begin : 05/01/2021
Plan End : 12/31/2021

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ELIGIBILITY & BENEFIT INFORMATION
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Service Type : Health Benefit Plan Coverage

Active Coverage (DENTAL PPO)
Policy Type : PPO
*** MEMBER MAY HAVE WAITING PERIOD

Applies to In & Out Plan-Network Status
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Individual Calendar Year Deductible : \$50.00
Family Calendar Year Deductible : \$150.00
Individual Calendar Year Limitations : \$1000.00

Service Type : Adjunctive Dental Services

Applies to In & Out Plan-Network Status
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Active Coverage
Individual Co-Insurance : 20%
*** D9110

Service Type : Anesthesia

Applies to In & Out Plan-Network Status
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Active Coverage
Individual Co-Insurance : 50%
*** D9220 D9221 D9222 D9223 D9239 D9241 D9242 D9243

Service Type : Dental Care

Active Coverage

Service Type : Dental Crowns

Applies to In & Out Plan-Network Status
=====

Active Coverage
Individual Co-Insurance : 50%
*** D2710 D2712 D2720 D2721 D2722 D2740 D2750 D2751
D2752 D2753 D2780 D2781 D2782 D2783 D2790
D2791 D2792 D2794 D2920 D2929 D2952 D2953
D2954 D2957 D2980 D5863 D5864 D5865 D5866

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Service Type : Diagnostic Dental

Applies to In & Out Plan-Network Status
=====

Active Coverage
Individual Co-Insurance : 0%
*** D0120 D0140 D0145 D0150 D0160 D0170 D0180 D0600
D9995 D9996

Individual Co-Insurance : 50%
*** D4910

Individual Calendar Year Deductible : \$0.00
*** D0120 D0140 D0145 D0150 D0160 D0170 D0180 D0600
D9995 D9996

Family Calendar Year Deductible : \$0.00
*** D0120 D0140 D0145 D0150 D0160 D0170 D0180 D0600
D9995 D9996

Service Type : Diagnostic X-Ray

In Plan-Network Status
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Individual Co-Insurance : 100%
*** D0340 D0702

Individual Calendar Year Deductible : \$0.00
*** D0270 D0272 D0273 D0274 D0277 D0391 D0708 D0340
D0702

Family Calendar Year Deductible : \$0.00
*** D0270 D0272 D0273 D0274 D0277 D0391 D0708 D0340
D0702

Individual Calendar Year Limitations : \$0.00
*** D0340 D0702

Out of Plan-Network Status
=====

Individual Calendar Year Deductible : \$0.00
*** D0270 D0272 D0273 D0274 D0277 D0391 D0708

Family Calendar Year Deductible : \$0.00
*** D0270 D0272 D0273 D0274 D0277 D0391 D0708

Applies to In & Out Plan-Network Status
=====

Active Coverage
Individual Co-Insurance : 0%
*** D0270 D0272 D0273 D0274 D0277 D0391 D0708

Individual Co-Insurance : 20%
*** D0210 D0220 D0230 D0240 D0251 D0330 D0701 D0705
D0706 D0707 D0709

Individual Limitations
Visits : 1

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*** D0270 D0272 D0273 D0274 D0277

Individual Limitations
Visits : 1
*** D0391

Individual Limitations
Visits : 1
*** D0210 D0330

Individual Limitations
Visits : 4
*** D0220 D0230

Individual Limitations
Visits : 2
*** D0240

Service Type : Endodontics

Applies to In & Out Plan-Network Status
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Active Coverage
Individual Co-Insurance : 50%
*** D3220 D3230 D3240 D3310 D3320 D3330 D3346 D3347
D3348 D3351 D3352 D3353 D3355 D3356 D3357
D3410 D3421 D3425 D3426 D3427 D3430 D3450
D3471 D3472 D3473 D3501 D3502 D3503 D3920

Service Type : Maxillofacial Prosthetics

Applies to In & Out Plan-Network Status
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Non-Covered

Service Type : Oral Surgery

In Plan-Network Status
=====

Individual Co-Insurance : 100%
*** D7283

Individual Calendar Year Deductible : \$0.00
*** D7283

Family Calendar Year Deductible : \$0.00
*** D7283

Individual Calendar Year Limitations : \$0.00
*** D7283

Applies to In & Out Plan-Network Status
=====

Active Coverage

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Individual Co-Insurance : 20%
*** D7140

Individual Co-Insurance : 50%
*** D7210 D7220 D7230 D7240 D7241 D7250 D7251 D7272
D7280 D7282 D7285 D7286 D7288 D7310 D7311
D7320 D7321 D7340 D7350 D7410 D7411 D7412
D7450 D7451 D7471 D7472 D7473 D7485 D7510
D7511 D7950 D7952 D7960 D7961 D7963 D7970
D7971 D7972 D7996

Service Type : Orthodontics

In Plan-Network Status
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Active Coverage

Individual Co-Insurance : 100%
*** D0470 D8010 D8020 D8030 D8040 D8050 D8060 D8070
D8080 D8090 D8210 D8220 D8660 D8670 D8680
D8681 D8690 D8692 D8703 D8704

Individual Calendar Year Deductible : \$0.00
*** D0470 D8010 D8020 D8030 D8040 D8050 D8060 D8070
D8080 D8090 D8210 D8220 D8660 D8670 D8680
D8681 D8690 D8692 D8703 D8704

Family Calendar Year Deductible : \$0.00
*** D0470 D8010 D8020 D8030 D8040 D8050 D8060 D8070
D8080 D8090 D8210 D8220 D8660 D8670 D8680
D8681 D8690 D8692 D8703 D8704

Individual Calendar Year Limitations : \$0.00
*** D0470 D8010 D8020 D8030 D8040 D8050 D8060 D8070
D8080 D8090 D8210 D8220 D8660 D8670 D8680
D8681 D8690 D8692 D8703 D8704

Out of Plan-Network Status
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Non-Covered

Service Type : Periodontics

Applies to In & Out Plan-Network Status
=====

Active Coverage

Individual Co-Insurance : 0%
*** D4346

Individual Co-Insurance : 50%
*** D3428 D3429 D3431 D3432 D4210 D4211 D4212 D4240
D4241 D4245 D4249 D4260 D4261 D4263 D4264
D4266 D4267 D4270 D4271 D4273 D4274 D4275
D4276 D4277 D4278 D4283 D4285 D4341 D4342

Individual Calendar Year Deductible : \$0.00
*** D4346

Family Calendar Year Deductible : \$0.00

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*** D4346

Service Type : Prosthodontics

In Plan-Network Status
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Individual Co-Insurance : 50%

*** D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214
D5221 D5222 D5223 D5224 D5225 D5226 D5281
D5282 D5283 D5284 D5286 D5410 D5411 D5421
D5422 D5510 D5511 D5512 D5520 D5610 D5611
D5612 D5620 D5621 D5622 D5630 D5640 D5650
D5660 D5670 D5671 D5710 D5711 D5720 D5721
D5730
*** D5731 D5740 D5741 D5750 D5751 D5760 D5761 D5850
D5851 D5860 D5861 D5876 D5999 D6053 D6054
D6078 D6079 D6205 D6210 D6211 D6212 D6214
D6240 D6241 D6242 D6243 D6245 D6250 D6251
D6252 D6545 D6548 D6549 D6600 D6601 D6602
D6603 D6604 D6605 D6606 D6607 D6608 D6609
D6610
*** D6611 D6612 D6613 D6614 D6615 D6624 D6634 D6710
D6720 D6721 D6722 D6740 D6750 D6751 D6752
D6753 D6780 D6781 D6782 D6783 D6784 D6790
D6791 D6792 D6794 D6930 D6970 D6972 D6976
D6977 D6980

Out of Plan-Network Status
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Individual Co-Insurance : 50%

*** D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214
D5221 D5222 D5223 D5224 D5225 D5226 D5281
D5282 D5283 D5284 D5286 D5410 D5411 D5421
D5422 D5510 D5511 D5512 D5520 D5610 D5611
D5612 D5620 D5621 D5622 D5630 D5640 D5650
D5660 D5670 D5671 D5710 D5711 D5720 D5721
D5730
*** D5731 D5740 D5741 D5750 D5751 D5760 D5761 D5850
D5851 D5860 D5861 D5876 D5999 D6205 D6210
D6211 D6212 D6214 D6240 D6241 D6242 D6243
D6245 D6250 D6251 D6252 D6545 D6548 D6549
D6600 D6601 D6602 D6603 D6604 D6605 D6606
D6607 D6608 D6609 D6610 D6611 D6612 D6613
D6614
*** D6615 D6624 D6634 D6710 D6720 D6721 D6722 D6740
D6750 D6751 D6752 D6753 D6780 D6781 D6782
D6783 D6784 D6790 D6791 D6792 D6794 D6930
D6970 D6972 D6976 D6977 D6980

Applies to In & Out Plan-Network Status
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Active Coverage

Service Type : Restorative

Applies to In & Out Plan-Network Status

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Active Coverage
Individual Co-Insurance           : 20%
*** D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335
    D2391 D2392 D2393 D2394 D2951

Individual Co-Insurance           : 50%
*** D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620
    D2630 D2642 D2643 D2644 D2650 D2651 D2652
    D2662 D2663 D2664 D2910 D2915

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Service Type : Routine (Preventive) Dental
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Applies to In & Out Plan-Network Status
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Active Coverage
Individual Co-Insurance           : 0%
*** D1110 D1555 D1556 D1557 D1558

Individual Co-Insurance           : 20%
*** D1354 D1355

Individual Calendar Year Deductible : $0.00
*** D1110 D1555 D1556 D1557 D1558

Family Calendar Year Deductible    : $0.00
*** D1110 D1555 D1556 D1557 D1558

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Declaration

I **john doe john** have read and understood the benefits that have been explained to me.

Signature