

## Patient details for MILLER,JULIANNA as of 3/22/2023

Plan Number: 0-351023-1-71

### Benefit Type Percentage

Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%

### Deductible

Basic/Major	\$50 per plan year
<b>Remaining deductible</b>	<b>\$11.00</b>

### Maximum

Annual maximum	\$1,000
<b>Remaining maximum</b>	<b>\$835.00</b>

### Orthodontics

Benefits Percentage	50%
Deductible	N/A
Lifetime Maximum	\$1,000
<b>Remaining maximum</b>	<b>\$250.00</b>

This plan does not have a deductible on Orthodontics.

Procedure	Next Eligible
Routine Exam	8/27/2023
Comprehensive Exam	8/27/2023
Periapicals	3/22/2023
Bitewings	2/27/2024
Fullmouth	3/22/2023
Prophylaxis (Cleanings)	8/27/2023
Fluoride	8/27/2023
Sealant	3/22/2023
Periodontal Maintenance	8/27/2023
Root Planing and Scaling (D4341)	
Top right	3/22/2023
Top left	3/22/2023
Lower right	3/22/2023
Lower left	3/22/2023

\*See General Benefits for plan provisions and limitations.