

## Patient details for RUHE,ALEENA as of 3/20/2023

Plan Number: 0-54088-3-131

### Benefit Type Percentage

Type 1 - Preventive	100%
Type 2 - Basic	50%
Type 3 - Major	25%

You are responsible for the difference between the amount listed in the plan/policy/certificate (the amount considered per procedure) and the dentist's contracted or normal fee.

### Deductible

Preventive/Basic/Major	\$5 per visit
<b>Remaining deductible</b>	<b>\$5.00</b>

### Maximum

Annual maximum	\$500
<b>Remaining maximum</b>	<b>\$500.00</b>

Procedure	Next Eligible
Routine Exam	4/10/2023
Comprehensive Exam	4/10/2023
Periapicals	3/20/2023
Bitewings	3/20/2023
Fullmouth	4/5/2027
Prophylaxis (Cleanings)	4/10/2023
Fluoride	4/5/2023
Sealant	3/20/2023
Periodontal Maintenance	4/10/2023
Root Planing and Scaling (D4341)	
Top right	3/20/2023
Top left	3/20/2023
Lower right	3/20/2023
Lower left	3/20/2023

\*See General Benefits for plan provisions and limitations.