

## Eligibility and benefits summary

Benefit information is based on our records as of 02/18/2026

Member name: Beatriz Helena Monsalve Rubio	Date of birth: 10/09/1968
Member ID: 123692267602	Member type: Dependent
Group: Building Service 32BJ Health Fund - Building Service 32BJ Health Fund	
Group number: 06850-00002	
Plan:	Eligibility: 01/01/2025 - present

### Subscriber Information

Member name: Luis Rodriguez Lopera	Date of birth: 12/13/1965
Member ID: 123692267601	Member type: Subscriber
Group: Building Service 32BJ Health Fund - Building Service 32BJ Health Fund	
Group number: 06850-00002	
Plan:	Eligibility: 01/01/2025 - present

### Benefits overview

Treatment type	Description	Contract benefit level		
		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Diagnostic	Oral Exams and X-Rays	50.0%-100.0%	50.0%	50.0%
Endodontics	Root Canals	80.0%	50.0%	50.0%
Adjunctive General Services	Miscellaneous Services	50.0%-100.0%	50.0%	50.0%
Oral & Maxillofacial Surgery	Tooth Extraction	80.0%	50.0%	50.0%
Periodontics	Gum Treatment	80.0%	50.0%	50.0%
Prosthodontics; Fixed	Inlays, Onlays, Bridges	50.0%	50.0%	50.0%
Prosthodontics; Removable	Partial Dentures, Full Dentures	50.0%	50.0%	50.0%
Preventive	Routine Cleanings and Fluoride Treatment	100.0%	50.0%	50.0%
Restorative	Restorative Procedures	50.0%-80.0%	50.0%	50.0%

### Maximums

A maximum's amount applies to the listed treatment types as a whole; the amount does not apply to each treatment type individually. Displayed amounts in the Used and Remaining columns may not include in-progress claims.

Some treatment types appear in multiple maximum types.

Type	Treatment type	Network	Amount	Used	Remaining
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<b>Calendar Individual Maximum</b> Accumulation period for this program (01/01/2026 - 12/31/2026)	Diagnostic Endodontics Adjunctive General Services Oral & Maxillofacial Surgery Periodontics Prosthodontics; Fixed Prosthodontics; Removable Preventive Restorative	Delta Dental Premier Dentist Non-Delta Dental Dentist	\$1000	\$279.94	\$720.06
<b>Calendar Individual Maximum</b> Accumulation period for this program (01/01/2026 - 12/31/2026)	Diagnostic Endodontics Adjunctive General Services Oral & Maxillofacial Surgery Periodontics Prosthodontics; Fixed Prosthodontics; Removable Preventive Restorative	Delta Dental PPO Dentist	\$1500	\$279.94	\$1220.06

Deductibles

A deductible's amount applies to the listed treatment types as a whole; the amount does not apply to each treatment type individually. Displayed amounts in the Used and Remaining columns may not include in-progress claims.

Some treatment types appear in multiple deductible types.

Type	Treatment type	Network	Amount	Used	Remaining
This program has no deductibles.					

Benefit package history

This table displays benefit packages held by the member and their corresponding eligibility dates. Use this history to understand which benefit package applies to rendered services.

Effective date	End date <sup>1</sup>	Benefit package
01/01/2025		P0096004
02/01/2024	04/25/2024	P0096004

Only showing benefit packages that are active or have ended within the last 24 months.

Plan provisions

Provisions	Description
Basis of Payment	PPO Providers (DPO in the state of Texas) and Premier Providers are reimbursed at the PPO schedule. A member's out of pocket costs are higher when treated by a Premier or Non-Delta Provider.
Child Contract Age Limit	Age limits for children 26 years of age apply to this plan. Please review the policy documents for more details.

Student Contract Age Limit	Age limits for students 26 years of age apply to this plan. Please review the policy documents for more details.
Missing Tooth Coverage	Benefits for prior extractions and missing teeth are included in this plan.
Orthodontic Age Limit	Orthodontic procedures are not a covered benefit.
Group Internal Dual Coverage	N/A
COB Rule	Non Duplication of Benefits - If the primary payment is greater than or equal to the secondary plan's liability, secondary will make no payment.
Removal of Impacted Teeth	If the removal of impacted teeth with procedure codes D7220, D7230, D7240 or D7241 is covered under your plan, claims should first be submitted to your dental plan.
Takeover Group	Takeover of Prior Carrier Ortho Maximum.

### Waiting periods

Treatment type (May not apply to all procedures)	Waiting period begins	Waiting period ends
No waiting periods exist for the treatments included in the member's current plan.		

**Claims mailing address:** Delta Dental, P.O. Box 2105, Mechanicsburg, PA, 17055 Claim payer ID: 11198

This information is based on our records and claims processed as of the day you accessed this system. This is not an authorization, nor a guarantee of eligibility, benefits or payment.  
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