

Eligibility and benefits summary

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

| | |
|--|-----------------------------------|
| 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 |
|------|----------------|---------|--------|------|-----------|
|------|----------------|---------|--------|------|-----------|

| | | | | | |
|---|---|--|--------|-----|--------|
| Calendar Individual Maximum 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 | \$0 | \$1000 |
| Calendar Individual Maximum 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 | \$0 | \$1500 |

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 ¹ | Benefit package |
|----------------|-----------------------|-----------------|
| 01/01/2025 | | P0096004 |
| 07/01/2023 | 04/25/2024 | P0096004 |

¹ 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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