

Patient details for SCALLAN, BLAKE as of 9/30/2025

Plan Number: 0-2610-18109-1

Benefit Type Percentage

Type 1 - Preventive

100%

Type 2 - Basic

The amount listed in the plan/policy/certificate is the maximum dollar amount allowed.

Type 3 - Major

The amount listed in the plan/policy/certificate is the maximum dollar amount allowed.

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

\$25 per visit

Remaining deductible

\$25.00

Maximum

Annual maximum

\$2,000

Dental Rewards carry-over

\$900

Remaining maximum

\$2,673.00

The plan year maximum for dental/eye care is combined.

Procedure	Next Eligible
Routine Exam	1/1/2026
Comprehensive Exam	1/1/2026
Periapicals	Not Covered
Bitewings	1/1/2026
Fullmouth	4/11/2028
Prophylaxis (Cleanings)	1/1/2026
Fluoride	Not Covered
Sealant	Not Covered
Periodontal Maintenance	1/1/2026
Root Planing and Scaling (D4341)	
Top right	9/30/2025
Top left	9/30/2025
Lower right	9/30/2025
Lower left	9/30/2025

*See General Benefits for plan provisions and limitations.