

## 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
<b>Remaining deductible</b>	<b>\$25.00</b>

### Maximum

Annual maximum	\$2,000
Dental Rewards carry-over	\$900
<b>Remaining maximum</b>	<b>\$2,673.00</b>

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.