

Patient details for WATSON,RANDALL TIMOTHY as of 9/30/2025

Plan Number: 0-62549-2-1712

Benefit Type Percentage

Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%

Deductible

Basic/Major \$50 per plan year

Remaining deductible \$50.00

Family Maximum Deductible: Family members contribute to satisfy \$150.00 maximum. No additional deductible taken for remainder of plan year.

Maximum

Annual maximum	\$5,000
Remaining maximum	\$4,835.00

Orthodontics

Benefits Percentage	50%
Deductible	N/A
Lifetime Maximum	\$1,000
Remaining maximum	\$1,000.00

This plan does not have a deductible on Orthodontics.

Procedure	Next Eligible
Routine Exam	9/30/2025
Comprehensive Exam	9/30/2025
Periapicals	9/30/2025
Bitewings	9/30/2025
Fullmouth	9/16/2028
Prophylaxis (Cleanings)	9/30/2025
Fluoride	Not Covered
Sealant	Not Covered
Periodontal Maintenance	9/30/2025
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.