

ELIGIBILITY & BENEFITS SUMMARY

Benefit information is based on our records as of 03/06/2019

Enrollee Name: **Kamila Aibedullova**
 Date of Birth: **03/27/1979**
 Enrollee ID: **118494297001**
 Plan Name: **TRADER JOE'S COMPANY - TRADER JOE'S**
 Plan Number: **02437 - 00010**
 Effective Date: **02/01/2019**
 End Date:
 Eligibility Status: **Active**
 Program Type: **Delta Dental PPOSM**

Member Eligibility Status

| Name | Relationship | Spoken Language <input type="checkbox"/> Apply to All | Date of Birth | Effective Date | End Date | Eligibility Status |
|--------------------|--------------|--|---------------|----------------|----------|--------------------|
| Kamila Aibedullova | Self | Not Provided | 03/27/1979 | 02/01/2019 | | Active |

Member Eligibility History - Kamila Aibedullova (Self)

| Effective Date | End Date |
|----------------|----------|
| 02/01/2019 | |

You are viewing a summary of your benefits. Please refer to your Certificate of Coverage, Evidence of Coverage, Policy, Summary Plan Description, or Plan Booklet for complete plan details on covered services, limitations and exclusions.

Benefits and Covered Services

For detailed information per procedure code, select a link from the Treatment Type listed below.

| Treatment Type | Description | Contract Benefit Level | | |
|-----------------------------|--|--|---|---|
| | | Delta Dental PPO SM Dentist | Delta Dental Premier [®] Dentist | Non-Delta Dental Dentist (Benefits based on contract allowance) |
| Diagnostic | Oral Exams and X-Rays | 100% | 50% | 50% |
| Preventive | Routine Cleanings and Fluoride Treatment | 80% - 100% | 50% - 100% | 50% - 100% |
| Restorative | | 50% - 80% | 50% | 50% |

| | | | | |
|--|---------------------------------|------------|------------|-----------|
| | Restorative Procedures | | | |
| Endodontics | Root Canals | 80% | 50% | 50% |
| Periodontics | Gum Treatment | 80% - 100% | 50% | 50% |
| Prosthodontics; Removable | Partial Dentures, Full Dentures | 50% | 50% | 50% |
| Prosthodontics; Fixed | Inlays, Onlays, Bridges | 50% - 100% | 50% - 100% | 50% |
| Oral & Maxillofacial Surgery | Tooth Extraction | 50% - 80% | 50% | 50% |
| Orthodontics | Orthodontic Related Services | 50% | 50% | 50% |
| Adjunctive General Services | Miscellaneous Services | 50% - 100% | 50% - 80% | 50% - 80% |
| Implant Services | Implant Related Services | 50% - 80% | 50% | 50% |
| Temporomandibular Joint (TMJ) | TMJ Related Services | 80% | 80% | 80% |

Maximums

Maximum dollars used for one Provider Network, will apply across all Networks.

| Type | Program Maximum (Applies to the following services) | Network | Amount | Remaining |
|-----------------------------|--|---|-----------|-----------|
| Lifetime Individual Maximum | Temporomandibular Joint (TMJ) Adjunctive General Services | Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance) | \$1000.00 | \$1000.00 |
| Lifetime Individual Maximum | Oral & Maxillofacial Surgery Orthodontics | Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance) | \$2500.00 | \$2500.00 |
| Calendar Individual Maximum | Accumulation period for this program (01/01/2019-12/31/2019) Preventive Restorative Temporomandibular Joint (TMJ) Other Restorative Services Diagnostic Endodontics Adjunctive General Services Implant Services Maxillofacial Prosthetics Oral & Maxillofacial Surgery Periodontics Prosthodontics; Fixed | Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance) | \$1000.00 | \$1000.00 |

Prosthodontics; Removable

Deductibles

Deductible amounts satisfied for one Provider Network, will apply across all Networks.

| Type | Program Deductible (Applies to the following services) | Network | Amount | Remaining |
|--------------------------------|---|---|----------|-----------|
| Calendar Family Deductible | Accumulation period for this program (01/01/2019-12/31/2019) Temporomandibular Joint (TMJ) Restorative Preventive Prosthodontics; Removable Prosthodontics; Fixed Periodontics Oral & Maxillofacial Surgery Maxillofacial Prosthetics Implant Services Adjunctive General Services Endodontics Other Restorative Services | Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance) | \$300.00 | \$300.00 |
| Calendar Family Deductible | Accumulation period for this program (01/01/2019-12/31/2019) Temporomandibular Joint (TMJ) Restorative Preventive Prosthodontics; Removable Prosthodontics; Fixed Periodontics Oral & Maxillofacial Surgery Maxillofacial Prosthetics Implant Services Adjunctive General Services Endodontics Other Restorative Services | Delta Dental PPO SM Dentist | \$150.00 | \$150.00 |
| Calendar Individual Deductible | Accumulation period for this program (01/01/2019-12/31/2019) Temporomandibular Joint (TMJ) Restorative Preventive Prosthodontics; Removable Prosthodontics; Fixed Periodontics Oral & Maxillofacial Surgery Maxillofacial Prosthetics Implant Services Adjunctive General Services Endodontics Other Restorative Services | Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance) | \$100.00 | \$100.00 |

| | | | | |
|--------------------------------|---|--|---------|---------|
| Calendar Individual Deductible | Accumulation period for this program (01/01/2019-12/31/2019) Temporomandibular Joint (TMJ) Restorative Preventive Prosthodontics; Removable Prosthodontics; Fixed Periodontics Oral & Maxillofacial Surgery Maxillofacial Prosthetics Implant Services Adjunctive General Services Endodontics Other Restorative Services | Delta Dental PPO SM Dentist | \$50.00 | \$50.00 |
|--------------------------------|---|--|---------|---------|

Waiting Period Summary

| Treatment Type | Effective Date | End Date |
|---|----------------|----------|
| Some programs require patients to wait a certain length of time before they are eligible to receive certain types of services. This coverage has no waiting period. | | |

Other Provisions

| | |
|---------------------------|---|
| Basis of Payment | N/A |
| Child Covered to Age | 26 |
| Student Covered to Age | 26 |
| Missing Tooth Coverage | N/A |
| Orthodontic Age Limit | Click Here for age limits. |
| Orthodontic Payment | Following the initial claim payment, the remaining orthodontic benefit will be paid within 12 months provided there has been no lapse in coverage. |
| Pregnancy Benefits | This program allows an additional cleaning benefit during pregnancy. |
| 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. |

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.