

Patient details for SMITH,HANNAH as of 8/1/2025

Plan Number: 0-49453-1-335

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 \$2,000

Remaining maximum \$2,000.00

Procedure	Next Eligible
Routine Exam	8/1/2025
Comprehensive Exam	8/1/2025
Periapicals	8/1/2025
Bitewings	8/1/2025
Fullmouth	8/30/2025
Prophylaxis (Cleanings)	8/1/2025
Fluoride	Not Covered
Sealant	Not Covered
Periodontal Maintenance	8/1/2025
Root Planing and Scaling (D4341)	
Top right	8/1/2025
Top left	8/1/2025
Lower right	8/1/2025
Lower left	8/1/2025

*See General Benefits for plan provisions and limitations.