

## Patient details for THALACKER,LAUREN as of 8/1/2025

Plan Number: 0-351200-1-227

### Benefit Type Percentage

Type 1 - Preventive	100%
Type 2 - Basic	60%
Type 3 - Major	50%

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	\$20 per visit
<b>Remaining deductible</b>	<b>\$20.00</b>

### Maximum

Annual maximum	\$1,000
<b>Remaining maximum</b>	<b>\$924.31</b>

### Orthodontics

Benefits Percentage	50%
Deductible	N/A
Lifetime Maximum	\$1,500
<b>Remaining maximum</b>	<b>\$1,500.00</b>

This plan does not have a deductible on Orthodontics.

Procedure	Next Eligible
Routine Exam	8/1/2025
Comprehensive Exam	8/1/2025
Periapicals	8/1/2025
Bitewings	8/1/2025
Fullmouth	8/1/2025
Prophylaxis (Cleanings)	8/1/2025
Fluoride	Not Covered
Sealant	8/1/2025
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.