



**Insured Name: Patricia Conroy**  
**Member ID: E529995**

**Superior Court of California, County of Siskiyou (10591)**

**Please refer to the ID card for the Preferred Provider Network.**

**Bitewing - 1 Film**

Payable at 100%

Yearly max payable (DENTAL): \$1,000

Secondary yearly max (BW): 6 visits (concurrent with primary yearly max)

**Dental-Group 1-Preventive**

Payable at 100%

Yearly max payable (DENTAL): \$1,000

**Dental-Group II-Basic**

Payable at 80%

Deductible: \$25 per individual not to exceed \$75 per family

Yearly max payable (DENTAL): \$1,000

**Dental-Group III-Major**

Payable at 50%

Deductible: \$25 per individual not to exceed \$75 per family

Yearly max payable (DENTAL): \$1,000

**Nonsurgical Treatment of TMJ**

Payable at 80%

Deductible: \$25 per individual not to exceed \$75 per family

Yearly max payable (DENTAL): \$1,000

Lifetime max: \$500

**Prophy (Dental Cleaning)**

Payable at 100%

Yearly max payable (DENTAL): \$1,000

Secondary yearly max (PRO): 2 visits (concurrent with primary yearly max)

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Eligibility

Plan Name	Effective Date	Term Date
BRMS Dental	1/1/2015	Benefit Details
* Click on Benefit Details to view the plan's schedule of benefits.		

Data valid as of 7/29/2025.