

## Detailed Eligibility Benefits

|                |                    |   |
|----------------|--------------------|---|
| <b>Patient</b> | Name:              | BETHANIE CARR                                     |
|                | Member ID or SSN:  | W282355855  |
|                | Date of Birth:     | 02/09/2002  |
| <b>Payer</b>   | Name:              | Aetna Dental Plans                                |
|                | Coverage:          | Family  |
|                | Plan Type:         | Health Maintenance Organization (HMO)             |
|                | Description:       | DMO   |
|                | Group#:            | 086534401000004                                   |
|                | Group Name:        | QUEST DIAGNOSTICS INCORPORATED                    |
|                | Plan#:             | LI  |
|                | Plan Name:         |   |
|                | Network Type:      | IN NETWORK COVERAGE BASED ON DMO NETWORK PROVIDER |
| <b>Dates</b>   | Plan Begin:        | 09/11/2023  |
|                | Service:           | 07/31/2025  |
|                | Eligibility Begin: | 09/11/2023  |

## Provider Information

|                   |   |
|-------------------|---|
| Information Type: | Claim Address   |
| Related Entity:   | Payer   |
| Name:             | Aetna   |
| Address:          | PO Box 14079<br>Lexington, KY 40512                       |
| Information Type: | Primary Care Provider                                     |
| Coverage Level:   | Family  |
| Insurance Type:   | Health Maintenance Organization (HMO)                     |
| Related Entity:   | Primary Care Provider                                     |
| Name:             | Temecula Modern Dentistry Dental Gr                       |
| Address:          | 40705 Winchester Road<br>Suite A103<br>Temecula, CA 92591 |
| Information Type: | Primary Care Provider                                     |
| Coverage Level:   | Family  |
| Insurance Type:   | Health Maintenance Organization (HMO)                     |
| Related Entity:   | Gateway Provider  |
| Name:             | Temecula Modern Dentistry Dental Gr                       |
| Address:          | 40705 Winchester Road<br>Suite A103<br>Temecula, CA 92591 |

## Plan Level Remarks

MISSING TOOTH CLAUSE DOES NOT APPLY  
COMMERCIAL,CHLD TO 26 OR 26 IF FT STUDENT

## Co-Insurance - In Network

| Type                     | Percentage (Pat% / Ins%) |
|--------------------------|--------------------------|
| Basic,Ortho,Preventative | 0% / 100%                |
| Major                    | 40% / 60%                |

## Service Level Benefits - In Network

| Procedure Code | Percentage (Pat% / Ins%) and Co-Payment (\$) | Frequency & Limitations                |
|----------------|--|--|
| D0330          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D0340          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D0350          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D0470          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D8090          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D8670          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D8680          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |
| D9310          | 0% / 100%                                    | <b>Age Limitation:</b> Maximum Age: 99 |

## Service Level Benefits - In and Out of Network

| Procedure Code | Percentage (Pat% / Ins%) and Co-Payment (\$) | Message                       |
|----------------|--|-------------------------------|
| D0330          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D0340          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D0350          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D0470          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D8090          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D8670          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D8680          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D9310          | \$5.00                                       | COPAY DOES NOT APPLY TO ORTHO |
| D9450          |  | Not Covered                   |

## Service Level Benefits - Out of Network

| Procedure Code | Message     |
|----------------|-------------|
| D0330          | Not Covered |
| D0340          | Not Covered |
| D0350          | Not Covered |
| D0470          | Not Covered |
| D8090          | Not Covered |

|       |             |
|-------|-------------|
| D8670 | Not Covered |
| D8680 | Not Covered |
| D9310 | Not Covered |

**Payer's Disclaimer:**

Receipt of this information does not guarantee payment under state law. Aetna's co-payment/co-insurance may vary depending on patient's benefit plan. To verify that payment will be made, to inquire/determine oral surgery benefits, or if member information returned differs from Provider's patient records, please refer to the Dental Office Guide or call Aetna Customer Service.

*Transaction ID: -1450101819, Date: 07/31/2025*