

**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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**Member Search** 

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Insured Name: Patricia Conroy Member ID: E529995

Superior Court of California, County of Siskiyou (10591)

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.

Home Member Search The information contained in this website is not a guarantee of benefits. All charges are subject to plan provisions, exclusions, and eligibility at the time the charges were incurred.

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