



Eligibility and Benefits

Recipient: 281-499-3197

Date Sent: March 18, 2022

Patient: Boone Kelly**Member ID:** 116798836901**Relationship to Primary Subscriber:** Dependent**Group name:** Siemens Energy, Inc.**Group number:** 21036-10000

Customer Service:

Summary of Member Eligibility

Eligibility Status: ACTIVE**Program Type:****Children Eligible Until Age:** 26**Student Eligible Until Age:** 26

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Delta Dental PPO benefits for Boone Kelly

Electronic Claims Payer ID: 11198**Orthodontic Coverage:** Child and Adult**Implant Coverage:** Yes**Night Guard Coverage:** Yes**Missing Tooth Clause:** Replacement of teeth extracted prior to coverage is a covered benefit**Orthodontic Payment:** Following the initial claim payment, the remaining orthodontic benefit will be paid within 12 months provided there has been no lapse in coverage.

Maximums

Type	Services Applied To	Network Tier	Amount	Remaining
Calendar Individual Maximum	Accumulation period for this program (01/01/2022 to 12/31/2022) Basic Restorative, Other Services, Diagnostic, Endodontics, Adjunctive General Services, Implant Services, Major Restorative, Oral & Maxillofacial Surgery, Prosthodontics, Periodontics Surgical, Periodontics, Preventive, Sealants	Delta Dental PPO Provider	\$ 2000.00	\$ 2000.00
Orthodontics Lifetime Individual Maximum	Orthodontics, Oral & Maxillofacial Surgery	Delta Dental PPO Provider	\$ 1500.00	\$ 1500.00

Deductibles

Type	Services Applied To	Network Tier	Amount	Remaining
Calendar Family Deductible	Accumulation period for this program (01/01/2022 to 12/31/2022) Basic Restorative, Other Services, Diagnostic, Endodontics, Adjunctive General Services, Implant Services, Major Restorative, Oral & Maxillofacial Surgery, Prosthodontics, Periodontics Surgical, Periodontics	Delta Dental PPO Provider	\$ 150.00	\$ 150.00
Calendar Individual Deductible	Accumulation period for this program (01/01/2022 to 12/31/2022) Basic Restorative, Other Services, Diagnostic, Endodontics, Adjunctive General Services, Implant Services, Major Restorative, Oral & Maxillofacial Surgery, Prosthodontics, Periodontics Surgical, Periodontics	Delta Dental PPO Provider	\$ 50.00	\$ 50.00



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Waiting Periods

Waiting Period Name	Waiting Period Description	Effective Date	End Date
Some programs require patients to wait a certain length of time before they are eligible to receive certain types of services. This coverage has no waiting period.			



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Benefit Details

Below is a list of common procedures, benefits and the patient's most recent service dates. For more information, including additional procedures, benefits and treatment history, log in to Provider Tools at deltadentalins.com.

(Note: I Denotes a deductible exemption.)

Procedure Code	Contract Benefit Level	Plan Frequency Limit	Service Date	Tooth Code-Surface
Diagnostic				
D0120	100% ^I	There is a limitation of 2 within a calendar year.		
D0140	100% ^I	There is a limitation of 2 within a calendar year.		
D0150	100% ^I	There is a limitation of 2 within a calendar year. Also, there is a limitation of 1 within a member's lifetime, per provider. Additional evaluations or any combination of oral evaluations, consultations or office visit procedures is included together in this limitation.		
D0210	100% ^I	There is a limitation of 1 within a 60 month period. Benefit is limited by any combination of x-ray procedures performed that represents a complete mouth series.		
D0220	80%	This benefit is based on dental determination		
D0272	100% ^I	There is a limitation of 1 within a calendar year. Benefit is limited to any combination of bitewing procedures performed.		
D0274	100% ^I	There is a limitation of 1 within a calendar year. Benefit is limited to any combination of bitewing procedures performed.		
D0277	100% ^I	There is a limitation of 1 within a calendar year. Benefit is limited to any combination of bitewing procedures performed.		
D0330	100% ^I	There is a limitation of 1 within a 60 month period. Benefit is limited by any combination of x-ray procedures performed that represents a complete mouth series.		
Preventive				
D1110	100% ^I	There is a limitation of 4 within a calendar year. Benefit is limited by any prophylaxis procedures performed.		
D1120	100% ^I	There is a limitation of 4 within a calendar year. Benefit is limited by any prophylaxis procedures performed.		
D1206	100% ^I	There is a limitation of 2 within a calendar year, for children to the age of 19		
D1208	100% ^I	There is a limitation of 2 within a calendar year, for children to the age of 19		
Sealants				
D1351	100% ^I	There is a limitation of 1 within a 3 year period. Limitations apply for children to the age of 16		
Basic Restorative				
D2140	80%	For this program, this procedure has no frequency limitation.		
D2150	80%	For this program, this procedure has no frequency limitation.		
D2160	80%	For this program, this procedure has no frequency limitation.		
D2330	80%	For this program, this procedure has no frequency limitation.		
D2331	80%	For this program, this procedure has no frequency limitation.		
D2332	80%	For this program, this procedure has no frequency limitation.		
D2335	80%	For this program, this procedure has no frequency limitation.		
D2391	80%	For this program, this procedure has no frequency limitation.		
D2392	80%	For this program, this procedure has no frequency limitation.		
D2393	80%	For this program, this procedure has no frequency limitation.		
D2394	80%	For this program, this procedure has no frequency limitation.		
D2950	50%	There is a limitation of 1 per tooth, within a 84 month period.		
D2954	50%	There is a limitation of 1 per tooth, within a 84 month period.		
Major Restorative				
D2740	50%	There is a limitation of 1 per tooth, within a 84 month period.		
D2750	50%	There is a limitation of 1 per tooth, within a 84 month period.		
D2790	50%	There is a limitation of 1 per tooth, within a 84 month period.		
Endodontics				
D3330	80%	This benefit is based on dental determination		
Periodontics				
D4341	80%	There is a limitation of 1 per quadrant, within a 36 month period. Also, there is a limitation of 1 per quadrant, within a 36 month period.		
D4355	80%	This benefit is based on dental determination		
D4381	80%	This benefit is based on dental determination		
D4910	100% ^I	There is a limitation of 4 within a calendar year. Benefit is limited by any prophylaxis procedures performed.		
Prosthodontics				



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Procedure Code	Contract Benefit Level	Plan Frequency Limit	Service Date	Tooth Code-Surface
D6240	50%	There is a limitation of 1 per tooth, within a 84 month period.		
D6750	50%	There is a limitation of 1 per tooth, within a 84 month period.		
Implant Services				
D6010	50%	There is a limitation of 1 per tooth, within a 84 month period.		
Oral & Maxillofacial Surgery				
D7140	80%	There is a limitation of 1 per tooth, within a member's lifetime.		
D7210	50%	There is a limitation of 1 per tooth, within a member's lifetime.		
D7220	50%	There is a limitation of 1 per tooth, within a member's lifetime.		
D7230	50%	There is a limitation of 1 per tooth, within a member's lifetime.		
D7240	50%	There is a limitation of 1 per tooth, within a member's lifetime.		
Adjunctive General Services				
D9110	100% ¹	This benefit is based on dental determination		
D9222	50%	This benefit is based on dental determination		
D9310	80%	There is a limitation of 2 within a calendar year.		
D9944	50%	This benefit is based on dental determination	*	
Orthodontics				
Orthodontics	50%	For procedure limitations refer to deltadentalins.com		

* Other occlusal guard history may exist. Please submit a Pre-Treatment Estimate.

This statement is based on the Delta Dental records as of the date of this fax, and the information may not be accurate or current on the date the services are actually performed. It is not an authorization, a pre-treatment estimate, nor a guarantee of eligibility, benefits, or payment. Benefit amounts may be subject to the dentist's participation status and procedures are subject to professional review.