



Dental Eligibility for HARDEN, LISA as of September 7, 2022

Group Name	MACKIE WOLF ZIENTZ & MANN,	Patient Name	HARDEN, LISA
Group Number	00569654	Date of Birth	02131968
Member Name	HARDEN, LISA	Dependent Age Limit	26
		Student Age Limit	26

Plan Information

- The patient's plan is **Dentalguard Preferred**.
- Out of Network benefits are considered at the fee schedule
- Benefit period is from January 01 to December 31.
- Claims must be submitted within fifteen months from the date of service in order to be considered.
- Dental office action needed: in order to evaluate the coverage for this treatment and respond as quickly as possible, we must receive supporting diagnostic materials, such as diagnostic intraoral photographs, radiographs and/or chart notes about the claim.
- Please submit as soon as possible so we can process the claim accurately.

Effective Dates of Coverage (by Service Category)

Below are the effective dates of coverage for eligible patients. Dates may differ between service categories.

Name	Relationship	Prev	Basic	Perio	Major	Ortho	TMJ	Endo	Oral Surgery	Cosmetic
HARDEN, LISA	M	01/01/20	01/01/20	01/01/20	01/01/20		01/01/20	01/01/20	01/01/20	

Deductibles

	Deductible		Met-to-Date	
Individual Dental:	Out-Network	\$50.00 - Waived for Preventive	Out-Network	\$0.00
	In-Network	\$50.00 - Waived for Preventive	In-Network	\$0.00
Family Dental:	Out-Network	3 per family - Waived for Preventive	Out-Network	0
	In-Network	3 per family - Waived for Preventive	In-Network	0



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Plan Maximums

Plan Limit Information:	Yearly Plan Limit		Year Met-to-Date	Lifetime Plan Limit	Lifetime Met-to-Date
Dental	Out-Network	\$1200.00	\$143.00	N/A	N/A
	In-Network	\$1200.00	\$143.00	N/A	N/A

MaxRollover Summary

Threshold	\$600
Maximum Rollover Amount	\$300
Rollover Amount if all Benefits Paid In-Network	\$0.0
Maximum Rollover Account Maximum	\$1,200
Personal Maximum Rollover Account	\$700

This is a sample of the maximum rollover benefits under this plan. It is not an all inclusive list nor is it a guarantee of the amount of benefits payable. All benefits are subject to the patient's eligibility as defined by the plan on the date services are rendered.

Plan Options

Blank fields indicate that no applicable data is provided

Service	Category	Coinsurance		Message**	Last Visit (if provided)*
		In-Network	Out-Network		
Anesthesia	Basic	100%	100%	Anesthesia (D9222, D9223, D9230, D9239, D9243, D9248) is covered when performed with 3 or more covered non-surgical extractions, any covered surgical service or for children under age 8 with extensive dental procedures performed during the same visit.	
Bridge/Denture	Major	60%	60%	Replacement of a denture or bridge is covered when it is at least 10 years old and is no longer useable.	