

Select a breakdown:

Out of Network ▾

Benefit Express (Out of Network)

Date: 07/25/2019

Office:

RX Number: RX2703060907

Provider: Your Company Name

Patient		Subscriber	
Name: First	DOB: 09/26/1985	Name: Last	DOB: 2/2/1971

Insurance Address	
Insurance Company: AETNA DENTAL PLANS Phone Number: 888-888-8888	Claims Mailing Address: PO BOX 14094 LEXINGTON, KY 40512

Insurance Information		
Payer ID: 60054	Effective Date: 1/2/2019	Indiv Annual Max: \$2,000
Plan Type: PPO	Termination Date: N/A	Indiv Remaining Max: \$2,000
Group Number: 062173301000001	Benefit Period: CalendarYear	Family Annual Max: \$2,500
Payer Plan: PEARLMAN ENTERPRISES, INC.	Coverage Type: Family	Family Remaining Max: \$2,500
Network Participation: Out of Network	Fee Schedule: PPO Schedule	Indiv Deductible: \$50.00
Pay for Out of Network Services: Yes	Prior Authorization Required: No	Family Deductible: \$150.00
Which plan(s) or Network(s) are Applicable: Pearlman Enterprises PPO Only		

Coverage Overview

Category	%	Notes
Diagnostic	100	Frequency/Limitations: 2/ Calendar Year Last complete set of full mouth radiographical / digital images? 2/15/2018 Last date of bitewings digital / radiographic images? 2/15/2018
Preventive	100	Frequency/Limitations: 1/36 Consecutive Months What is the next available date for a prophylaxis? 3/15/2020 Up to what age are sealants covered? 14 Are there any frequency Limitations on Sealants? 1/36 Consecutive Months Are fluoride treatments covered for children? Yes To what age? 14 Are there any frequency Limitations on for fluoride treatments? 1/ Calendar Year Sealants coverage for molars: No
Basic Restorative	80	Are Posterior Composites Covered? Yes
Major Restorative	50	Inlays / Onlays are payable at what percentages? 50% Single crowns are payable at what percentages? 50% Are porcelain fused to metal procedures covered on posterior teeth? Yes Single crown payments are based what date (seat or prep)? Seat
Endodontics	80	Frequency/Limitations: 2/ Calendar Year
Periodontics	80	Frequency/Limitations: 2/ Calendar Year Maintenance procedures payable: 80% Periodontal scaling and root planning (SRP) by quadrant? 4 Last maintenance treatment or next qualifies: 7/14/2021
Removeable Prosthodontics	80	Frequency/Limitations: No Frequency Removable Dentures are payable at what percentage? 50% Repairs percentage? 50% Denture relines are payable at what percentage? 50%
Implant Services	50	Frequency/Limitations: No Frequency
Prosthodontics - Fixed	70	Frequency/Limitations: No Frequency
Oral Surgery	80	Frequency/Limitations: No Frequency
Orthodontics	50	Frequency/Limitations: No Frequency Maximum age: 19 Maximum benefit: \$3,000
Adjunctive Services	80	Frequency/Limitations: No Frequency

MiscellaneousDoes the deductible apply to Diagnostic or Preventative? **No**Are tooth replacement procedures or services covered for prior to contract period extractions? **Yes**