



# Comprehensive Breakdown

Office: [CLXSOANDSO](#)

RX Number: [RX8467894561](#)

Date: [07/27/2017](#)

ExtraDent Rep: [George](#)

Ins. Rep: [Lisa](#)

## Patient and Subscriber

Patient First Name: [John](#)

Middle: [L](#)

Last: [Bucklesnap](#)

Suffix (Jr, Sr, etc): [JR](#)

Date of Birth: [12/04/2001](#)

Subscriber First Name: [Johnathan](#)

Middle: [G](#)

Last: [Bucklesnap](#)

Suffix (Jr, Sr, etc): [SR](#)

Date of Birth: [04/30/1975](#)

ID: [415M3987](#)

## Insurance Address

Insurance Company: [Dental Benefits](#)

City: [Seattle](#)

Claims Mailing Address: [PO Box 1548](#)

State: [OR](#) Zip: [98105](#)

Address Line 2:

Phone Number: [888-513-6448](#)

## Insurance Information

Payer ID: [BD4501](#)

Effective Date: [01/01/2001](#)

Group Number: [001-4600-01240000](#)

Termination Date: [12/31/2017](#)

Plan Name: [Oregon Ironworkers Benefits](#)

Fee Schedule: [Connection Dental](#)

## Deductibles and Maximums

Benefit Period: [Calendar Year](#)

Benefit Year Starts: [01/01/2017](#)

Yearly Maximum: [\\$ 1,200](#)

Remaining Benefits: [\\$ 1,153.25](#)

Individual Deductible: [\\$ 50](#)

Individual Deductible Met: [No](#)

Family Deductible: [\\$ 150](#)

Family Deductible Met: [No](#)

## Deductible Applies

Preventive: [No](#)

Basic: [Yes](#)

Major: [Yes](#)

## Coverage

Diagnostic: [100 %](#)

Endo: [80 %](#)

Preventive: [100 %](#)

Perio: [80 %](#)

Basic: [80 %](#)

Oral Surgery: [50 %](#)

Major: [50 %](#)

Implant: [50 %](#)

Ortho: [50 %](#) Ortho Maximum: [\\$ 1,500](#)

Ortho Age Limit: [None](#)

Ortho Billing Requirements: [Paid Quarterly](#)

## Frequency

Exam (D0120): [2/Calendar Year](#)

Full Mouth X-Rays/Pano (D0210/D0330): [1/3 Years](#)

Share Benefits: [Yes](#)

Prophy (D1110/D1120): [2/Calendar Years](#)

Fluoride (D1206/D1208): [1/12 Months](#)

Age Limit: [18](#)

Bitewing X-Rays (D0274): [4 Films/Calendar Year](#)

Sealants (D1351): [Not Covered](#)

Age Limit: [Not Covered](#)

SealantsOn Bicuspid: [No](#)

Scaling Root Planing (D4341): [No Frequency](#)

SRP Quads Per Visit: [2](#)

Perio Maint. (4910): [2/Calendar Year](#)

Share Benefits w/ Prophy: [Yes](#)

Scaling w/ Gingivitis (D4346): [2/Calendar Year \\*See Notes](#)

## History

Exam (D0120): 01/23/2017

Full Mouth X-Rays/Pano (D0210/D0330): 06/14/2012

Prophy (D1110/D1120): 12/14/2016

Perio Maint. (D4910): 04/23/2005

Fluoride (D1206/D1208): 01/23/2017

Bitewing X-Rays (D0274): 01/23/2017

Scaling w/ Gingivitis (D4346): No History

## Miscellaneous

Replacement Period For Crowns/Bridges: 1/3 Consecutive Years

Pay on Prep or Seat Date: Prep

Replacement Period For Dentures: 1/5 Consecutive Years

Replacement Period For Fillings (D2140-D2394): 1/24 Months

Missing Tooth Clause: Yes

If Yes, Time Period: Life of Policy

Posterior Composites Downgraded (D2391-D2394): Yes, amalgam on molars.

Waiting Periods: None

Recent Crown Coverage (D2920): 80 % Notes: 1/12 Months

Build-up Coverage (D2950): 50 % Notes: No Frequency

Build-up must be in conjunction with a Crown (D2950): Yes

Arestin Coverage (D4381): 50 % Sites Per Visit: 2 Teeth/Quad Frequency: 1/Calendar Year

Debridement Coverage (D4355): 50 % Notes: 1/Lifetime

Interim Partial Denture (Maxillary) (D5820): 50 % Notes: 1/24 Months

Interim Partial Denture (Mandibular) (D5821): 50 % Notes: 1/24 Months

Implants Coverage (D6010): 0 % Notes: Not Covered

Nitrous Coverage (D9230): 0 % Notes: Not Covered

Occlusal Guard Coverage (D9940): 80 % Notes: No Frequency, For Bruxism only

Coordination of Benefits: Birthday Rule

## Notes

\*D4346: Shares frequency and limitations with Cleanings.