

Patient Name: Sample Patient **SS# / ID#:** 111111111
Payer Name: Delta Dental of Washington **Coverage:** Family
Plan Type: Preferred Provider Organization (PPO) **Description:** Delta Dental PPO
Group#: 00000-00000 **Group Name:** Sample Group

Dates

Type Date(s)
 Eligibility Date 06/04/18-03/31/24
 Plan Date 01/01/24-12/31/24

Deductibles

Benefit Level Information

Coverage	Contract Amount	Participation	Remaining Amount	Service Type	Amount
Individual	\$50.00	In Network	\$50.00		
Individual	\$50.00	Out of Network	\$50.00		
Individual	\$50.00	Out of Service Area	\$50.00		
Family	\$50.00	In Network	\$50.00		
Family	\$50.00	Out of Network	\$50.00		
Family	\$50.00	Out of Service Area	\$50.00		
		In Network		D0120	\$0.00
		Out of Network		D0120	\$0.00
		Out of Service Area		D0120	\$0.00
		In Network		D0140	\$0.00
		Out of Network		D0140	\$0.00
		Out of Service Area		D0140	\$0.00
		In Network		D0150	\$0.00
		Out of Network		D0150	\$0.00
		Out of Service Area		D0150	\$0.00
		In Network		D0210	\$0.00
		Out of Network		D0210	\$0.00
		Out of Service Area		D0210	\$0.00

In Network	D0272	\$0.00
Out of Network	D0272	\$0.00
Out of Service Area	D0272	\$0.00
In Network	D0274	\$0.00
Out of Network	D0274	\$0.00
Out of Service Area	D0274	\$0.00
In Network	D0330	\$0.00
Out of Network	D0330	\$0.00
Out of Service Area	D0330	\$0.00
In Network	D1110	\$0.00
Out of Network	D1110	\$0.00
Out of Service Area	D1110	\$0.00
In Network	D1206	\$0.00
Out of Network	D1206	\$0.00
Out of Service Area	D1206	\$0.00
In Network	D1208	\$0.00
Out of Network	D1208	\$0.00
Out of Service Area	D1208	\$0.00
In Network	D4355	\$0.00
Out of Network	D4355	\$0.00
Out of Service Area	D4355	\$0.00
In Network	D4910	\$0.00
Out of Network	D4910	\$0.00
Out of Service Area	D4910	\$0.00
In Network	Dental Accident	\$0.00
Out of Network	Dental Accident	\$0.00
Out of Service Area	Dental Accident	\$0.00

Other or Additional Payor

Benefit Level Information

Description

Delta Dental PPO

Co-Insurance**Benefit Level Information**

Service Type	Percentage	Participation	Payment Level
D0120	100%	In Network	
D0120	100%	Out of Network	
D0120	100%	Out of Service Area	
Diagnostic Dental	100%	In Network	
Diagnostic Dental	100%	Out of Network	
Diagnostic Dental	100%	Out of Service Area	
Dental Accident	100%	In Network	
Dental Accident	100%	Out of Network	
Dental Accident	100%	Out of Service Area	
D0140	100%	In Network	
D0140	100%	Out of Network	
D0140	100%	Out of Service Area	
D0150	100%	In Network	
D0150	100%	Out of Network	
D0150	100%	Out of Service Area	
D0210	100%	In Network	
D0210	100%	Out of Network	
D0210	100%	Out of Service Area	
D0272	100%	In Network	
D0272	100%	Out of Network	
D0272	100%	Out of Service Area	
D0274	100%	In Network	
D0274	100%	Out of Network	
D0274	100%	Out of Service Area	
D0330	100%	In Network	
D0330	100%	Out of Network	
D0330	100%	Out of Service Area	
D0999	0%	In Network	Fluoride toothpaste following

periodontal
procedure

Fluoride toothpaste
following
periodontal
procedure

Fluoride toothpaste
following
periodontal
procedure

D0999	0%	Out of Network
D0999	0%	Out of Service Area
D1110	100%	In Network
D1110	100%	Out of Network
D1110	100%	Out of Service Area
D1206	100%	In Network
D1206	100%	Out of Network
D1206	100%	Out of Service Area
D1208	100%	In Network
D1208	100%	Out of Network
D1208	100%	Out of Service Area
D2140	90%	In Network
D2140	80%	Out of Network
D2140	90%	Out of Service Area
Restorative	90%	In Network
Restorative	80%	Out of Network
Restorative	90%	Out of Service Area
D2392	90%	In Network
D2392	80%	Out of Network
D2392	90%	Out of Service Area
D2750	70%	In Network
D2750	70%	Out of Network
D2750	70%	Out of Service Area
Dental Crowns	70%	In Network
Dental Crowns	70%	Out of Network
Dental Crowns	70%	Out of Service Area
D2950	70%	In Network
D2950	70%	Out of Network
D2950	70%	Out of Service Area
D3310	90%	In Network

D3310	80%	Out of Network	
D3310	90%	Out of Service Area	
Endodontics	90%	In Network	
Endodontics	80%	Out of Network	
Endodontics	90%	Out of Service Area	
D4210	90%	In Network	
D4210	80%	Out of Network	
D4210	90%	Out of Service Area	
Periodontics	90%	In Network	
Periodontics	80%	Out of Network	
Periodontics	90%	Out of Service Area	
D4341	90%	In Network	4 quads allowed per day - subject to review
D4341	80%	Out of Network	4 quads allowed per day - subject to review
D4341	90%	Out of Service Area	4 quads allowed per day - subject to review
D4355	100%	In Network	Subject To Contract Limitations if Applicable
D4355	100%	Out of Network	Subject To Contract Limitations if Applicable
D4355	100%	Out of Service Area	Subject To Contract Limitations if Applicable
D4910	100%	In Network	
D4910	100%	Out of Network	
D4910	100%	Out of Service Area	
D5110	70%	In Network	
D5110	70%	Out of Network	
D5110	70%	Out of Service Area	
Prosthodontics	70%	In Network	
Prosthodontics	70%	Out of Network	
Prosthodontics	70%	Out of Service Area	
D5211	70%	In Network	
D5211	70%	Out of Network	

D5211	70%	Out of Service Area
D6010	70%	In Network
D6010	70%	Out of Network
D6010	70%	Out of Service Area
D6750	70%	In Network
D6750	70%	Out of Network
D6750	70%	Out of Service Area
D7140	90%	In Network
D7140	80%	Out of Network
D7140	90%	Out of Service Area
Oral Surgery	90%	In Network
Oral Surgery	80%	Out of Network
Oral Surgery	90%	Out of Service Area
D7230	90%	In Network
D7230	80%	Out of Network
D7230	90%	Out of Service Area
D9223	90%	In Network
D9223	80%	Out of Network
D9223	90%	Out of Service Area

Exclusions

Benefit Level Information

Service Type	Participation	Waiting Period
D0120	In- and Out- of Network	0 Month
D0140	In- and Out- of Network	0 Month
D0150	In- and Out- of Network	0 Month
D0210	In- and Out- of Network	0 Month
D0272	In- and Out- of Network	0 Month
D0274	In- and Out- of Network	0 Month
D0330	In- and Out- of Network	0 Month
D0999	In- and Out- of Network	0 Month
D1110	In- and Out- of Network	0 Month
D1206	In- and Out- of Network	0 Month
D1208	In- and Out- of Network	0 Month
D2140	In- and Out- of Network	0 Month
D2392	In- and Out- of Network	0 Month

D2750	In- and Out- of Network	0 Month
D2950	In- and Out- of Network	0 Month
D3310	In- and Out- of Network	0 Month
D4210	In- and Out- of Network	0 Month
D4341	In- and Out- of Network	0 Month
D4355	In- and Out- of Network	0 Month
D4910	In- and Out- of Network	0 Month
D5110	In- and Out- of Network	0 Month
D5211	In- and Out- of Network	0 Month
D6010	In- and Out- of Network	0 Month
D6750	In- and Out- of Network	0 Month
D7140	In- and Out- of Network	0 Month
D7230	In- and Out- of Network	0 Month
D9223	In- and Out- of Network	0 Month

Limitations and Maximums

Limitations and Maximums-Coverage Level Information

Limitations and Maximums-Benefit Level Information

Service Type	Coverage	Contract Amount	Participation	Remaining Amount	Message
Dental Care	Individual	\$2,000.00	In Network	\$2,000.00	
Dental Care	Individual	\$2,000.00	Out of Network	\$2,000.00	
Dental Care	Individual	\$2,000.00	Out of Service Area	\$2,000.00	
			In Network		Children Covered Maximum Age:25
			Out of Network		Children Covered Maximum Age:25
			Out of Service Area		Children Covered Maximum Age:25
			In Network		Students Covered

		Maximum Age
	Out of Network	Students Covered Maximum Age
	Out of Service Area	Students Covered Maximum Age
	In Network	Qualifying Dependents Covered Maximum Age
	Out of Network	Qualifying Dependents Covered Maximum Age
	Out of Service Area	Qualifying Dependents Covered Maximum Age
D0274	In Network	Minimum Age:10
D0274	In Network	Maximum Age:999
D1206	In Network	Minimum Age
D1206	In Network	Maximum Age
D1208	In Network	Minimum Age
D1208	In Network	Maximum Age
D2392	In Network	Minimum Age
D2392	In Network	Maximum Age
D2750	In Network	Minimum Age
D2750	In Network	Maximum Age
D2950	In Network	Minimum Age
D2950	In Network	Maximum Age
D3310	In Network	Minimum Age

D3310	In Network	Maximum Age
D4210	In Network	Minimum Age
D4210	In Network	Maximum Age
D4341	In Network	Minimum Age
D4341	In Network	Maximum Age
D4355	In Network	Minimum Age
D4355	In Network	Maximum Age
D4910	In Network	Minimum Age
D4910	In Network	Maximum Age
D5110	In Network	Minimum Age
D5110	In Network	Maximum Age
D5211	In Network	Minimum Age
D5211	In Network	Maximum Age
D6750	In Network	Minimum Age
D6750	In Network	Maximum Age
D7140	In Network	Minimum Age
D7140	In Network	Maximum Age
D7230	In Network	Minimum Age
D7230	In Network	Maximum Age
D9223	In Network	Minimum Age
D9223	In Network	Maximum Age
D0120	In Network	2 Visits, for 1 Service Year Similar procedures performed impact frequency limitations - D0120, D0145,

		D0150, D0160, D0180
D0140	In Network	2 Visits, for 1 Service Year Similar procedures performed impact frequency limitations - D0140, D0170
D0150	In Network	2 Visits, for 1 Service Year Similar procedures performed impact frequency limitations - D0120, D0145, D0150, D0160, D0180
D0210	In Network	1 Visit, for 3 Years Similar procedures performed impact frequency limitations - D0210, D0330 Last Visit: 03/12/21
D0272	In Network	2 Visits, for 1 Service Year Similar procedures performed impact frequency limitations - D0272, D0273, D0274, D0277
D0274	In Network	2 Visits, for 1 Service Year Similar procedures performed impact frequency

limitations -
D0272,
D0273,
D0274, D0277

1 Visit, for 3
Years

Similar
procedures
performed
impact
frequency

limitations -
D0210, D0330

Last Visit:
03/12/21

2 Visits, for 1
Service Year

Similar
procedures
performed
impact
frequency

limitations -
D1110,
D1120,
D4346,
D4355,
D9932, D9933

2 Visits, for 1
Service Year

Similar
procedures
performed
impact
frequency

limitations -
D1203,
D1204,
D1206,
D1207, D1208

2 Visits, for 1
Service Year

Similar
procedures
performed
impact
frequency

limitations -
D1203,
D1204,
D1206,
D1207, D1208

D0330

In Network

D1110

In Network

D1206

In Network

D1208

In Network

1 Visit, for 2
 Years
 Similar
 procedures
 performed
 impact
 frequency
 limitations -
 D2140,
 D2150,
 D2160,
 D2161,
 D2330,
 D2331,
 D2332,
 D2335,
 D2391,
 D2392,
 D2393,
 D2394,
 D2410,
 D2420,
 D2430,
 D2510,
 D2520,
 D2530,
 D2610,
 D2620,
 D2630,
 D2650,
 D2651,
 D2652,
 D2950,
 D2952,
 D2954,
 D6970,
 D6972, D6973

D2140

In Network

D2392

In Network

1 Visit, for 2
 Years
 Similar
 procedures
 performed
 impact
 frequency
 limitations -
 D2140,
 D2150,
 D2160,
 D2161,
 D2330,
 D2331,
 D2332,
 D2335,

D2391,
 D2392,
 D2393,
 D2394,
 D2410,
 D2420,
 D2430,
 D2510,
 D2520,
 D2530,
 D2610,
 D2620,
 D2630,
 D2650,
 D2651,
 D2652,
 D2950,
 D2952,
 D2954,
 D6970,
 D6972, D6973

D2750

In Network

1 Visit, for 5
 Years
 Similar
 procedures
 performed
 impact
 frequency
 limitations -
 D2542,
 D2543,
 D2544,
 D2642,
 D2643,
 D2644,
 D2662,
 D2663,
 D2664,
 D2710,
 D2712,
 D2720,
 D2721,
 D2722,
 D2740,
 D2750,
 D2751,
 D2752,
 D2753,
 D2780,
 D2781,
 D2782,
 D2783,
 D2790,
 D2791,

D2792,
D2794, D2962

1 Visit, for 2
Years
Similar
procedures
performed
impact
frequency
limitations -

D2140,
D2150,
D2160,
D2161,
D2330,
D2331,
D2332,
D2335,
D2391,
D2392,
D2393,
D2394,
D2410,
D2420,
D2430,
D2510,
D2520,
D2530,
D2610,
D2620,
D2630,
D2650,
D2651,
D2652,
D2950,
D2952,
D2954,
D6970,
D6972, D6973

D2950

In Network

D4210

In Network

on Whenever
Necessary

D4341

In Network

on Whenever
Necessary
UR Quad

D4341

In Network

on Whenever
Necessary
LR Quad

D4341

In Network

on Whenever
Necessary
UL Quad

D4341	In Network	on Whenever Necessary LL Quad
D4910	In Network	on Whenever Necessary
D5110	In Network	1 Visit, for 5 Years Similar procedures performed impact frequency limitations - D5110, D5120, D5130, D5140, D5860, D5863, D5865
D5211	In Network	1 Visit, for 5 Years Similar procedures performed impact frequency limitations - D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286, D5861, D5864, D5866
D6750	In Network	1 Visit, for 5 Years Similar procedures performed impact

frequency
 limitations -
 D6068,
 D6069,
 D6070,
 D6071,
 D6072,
 D6073,
 D6074,
 D6075,
 D6076,
 D6077,
 D6098,
 D6099,
 D6120,
 D6121,
 D6122,
 D6123,
 D6194,
 D6195,
 D6545,
 D6548,
 D6549,
 D6600,
 D6601,
 D6602,
 D6603,
 D6604,
 D6605,
 D6606,
 D6607,
 D6608,
 D6609,
 D6610,
 D6611,
 D6612,

Non-Covered

Benefit Level Information

Service Type	Participation
D1120	In Network
D1120	Out of Network
D1120	Out of Service Area
D1351	In Network
D1351	Out of Network
D1351	Out of Service Area
D1352	In Network
D1352	Out of Network

D1352	Out of Service Area
D4381	In Network
D4381	Out of Network
D4381	Out of Service Area
D7610	In Network
D7610	Out of Network
D7610	Out of Service Area
Temporomandibular Joint Dysfunction	In Network
Temporomandibular Joint Dysfunction	Out of Network
Temporomandibular Joint Dysfunction	Out of Service Area
D7941	In Network
D7941	Out of Network
D7941	Out of Service Area
D8080	In Network
D8080	Out of Network
D8080	Out of Service Area
D9944	In Network
D9944	Out of Network
D9944	Out of Service Area

Additional Information

Additional Information

Service

Category or	Description
Procedure Code	

Information Type: Other or Additional Payor
 Description: Delta Dental PPO
 Network: In-Network
 Comment: Standard COB

TransactionID: 1394178928, Date: 03/04/2024