

**Payer**

Payer Name **Delta Dental of Washington** Transaction ID **262742108**  
 Contact **CUSTOMER SERVICE** Telephone **(800) 554-1907**  
 FAX **(800) 554-1907**  
 E-Mail **CService@DeltaDentalWA.com**

**Provider**

Provider **Sample Provider**  
 Address  
 Provider ID **1234567893** Tax ID

**Subscriber**

Insured Name **Sample Patient**  
 Member ID **111111111** SSN  
 Group Number **00000-00000** Group Name **Sample WA Sample**  
 Date of Birth Gender  
 Address **1111 MAKE AVE Samples, WA 999999999**

**Dependent**

Patient Name **Sample Patient**  
 Relationship **Spouse** SSN  
 Group Number **00755-00060** Group Name **Sample WA Sample**  
 Date of Birth **01/01/1900** Gender **Female**  
 Address **1111 MAKE AVE Samples, WA 999999999**

**Coverage Type**

Health Benefit Plan Coverage: Family, Active Coverage  
 PPO  
 Delta Dental PPO

**Coverage Dates**

**Dependent Coverage Dates**  
 Eligibility Period 6/4/2018 - 1/31/2024  
 Plan Date Period 1/1/2024 - 12/31/2024

**Deductibles & Maximums**

Deductible		In Network	Out of Network	Out of Service Area
Individual, Dental Accident		None	None	None
Individual	Annual	\$50.00	\$50.00	\$50.00
	Amount Met	\$0.00	\$0.00	\$0.00
	Amount Remaining	\$50.00	\$50.00	\$50.00
Individual, Bitewings - four films		None	None	None
Individual, Bitewings - two films		None	None	None
Individual, Comprehensive oral evaluation - new or established patient		None	None	None
Individual, D1208		None	None	None
Individual, Full mouth debridement to enable comprehensive evaluation and diagnosis		None	None	None
Individual, Intraoral - complete series (including bitewings)		None	None	None
Individual, Limited oral evaluation - problem focused		None	None	None
Individual, Panoramic film		None	None	None
Individual, Periodic oral evaluation - established patient		None	None	None
Individual, Periodontal maintenance		None	None	None
Individual, Prophylaxis - adult		None	None	None
Individual, Topical fluoride varnish; therapeutic application for moderate to high caries risk patients		None	None	None
Family	Annual	\$50.00	\$50.00	\$50.00
	Amount Met	\$0.00	\$0.00	\$0.00
	Amount Remaining	\$50.00	\$50.00	\$50.00

Maximum		In Network	Out of Network	Out of Service Area
Individual, Dental Care	Annual	\$2,000.00	\$2,000.00	\$2,000.00
	Amount Used	\$0.00	\$0.00	\$0.00
	Amount Remaining	\$2,000.00	\$2,000.00	\$2,000.00

**Coverage**

Description	In Network	Out of Network	Out of Service Area	Message
Diagnostic Dental	100%	100%	100%	
Restorative	90%	80%	90%	

Dental Crowns	70%	70%	70%	
Endodontics	90%	80%	90%	
Periodontics	90%	80%	90%	
Prosthodontics	70%	70%	70%	
Oral Surgery	90%	80%	90%	
Dental Accident	100%	100%	100%	
Amalgam - one surface, primary or permanent	90%	80%	90%	
Bitewings - four films	100%	100%	100%	
Bitewings - two films	100%	100%	100%	
Complete denture - maxillary	70%	70%	70%	
Comprehensive oral evaluation - new or established patient	100%	100%	100%	
Core buildup, including any pins	70%	70%	70%	
Crown - porcelain fused to high noble metal	70%	70%	70%	
D1208	100%	100%	100%	
D9223	90%	80%	90%	
Endodontic therapy, anterior tooth (excluding final restoration)	90%	80%	90%	
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	90%	80%	90%	
Full mouth debridement to enable comprehensive evaluation and diagnosis	100%	100%	100%	Subject To Contract Limitations if Applicable
Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	90%	80%	90%	
Intraoral - complete series (including bitewings)	100%	100%	100%	
Limited oral evaluation - problem focused	100%	100%	100%	
Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	70%	70%	70%	
Panoramic film	100%	100%	100%	
Periodic oral evaluation - established patient	100%	100%	100%	
Periodontal maintenance	100%	100%	100%	
Periodontal scaling and root planing - four or more teeth per quadrant	90%	80%	90%	4 quads allowed per day - subject to review
Prophylaxis - adult	100%	100%	100%	
Removal of impacted tooth - partially bony	90%	80%	90%	
Resin-based composite - two surfaces, posterior	90%	80%	90%	
Surgical placement of implant body: endosteal implant	70%	70%	70%	
Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	100%	100%	100%	
Unspecified diagnostic procedure, by report	0%	0%	0%	Fluoride toothpaste following periodontal procedure

**Frequency Limitations**

Plan	Procedure
In Network	Periodic oral evaluation - established patient, Similar procedures performed impact frequency limitations - D0120,D0145,D0150,D0160,D0180
	Limited oral evaluation - problem focused, Similar procedures performed impact frequency limitations - D0140,D0170
	Comprehensive oral evaluation - new or established patient, Similar procedures performed impact frequency limitations - D0120,D0145,D0150,D0160,D0180
	Intraoral - complete series (including bitewings), Similar procedures performed impact frequency limitations - D0210,D0330
	Bitewings - two films, Similar procedures performed impact frequency limitations - D0272,D0273,D0274,D0277
	Bitewings - four films, Similar procedures performed impact frequency limitations - D0272,D0273,D0274,D0277
	Panoramic film, Similar procedures performed impact frequency limitations - D0210,D0330
	Prophylaxis - adult, Similar procedures performed impact frequency limitations - D1110,D1120,D4346,D4355,D9932,D9933
	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, Similar procedures performed impact frequency limitations - D1203,D1204,D1206,D1207,D1208
	D1208, Similar procedures performed impact frequency limitations - D1203,D1204,D1206,D1207,D1208
	Amalgam - one surface, primary or permanent, 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,D697
	Resin-based composite - two surfaces, posterior, 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,D697
	Crown - porcelain fused to high noble metal, Similar procedures performed impact frequency limitations - D2542,D2543,D2544,D2642,D2643,D2644,D2662,D2663,D2664,D2710,D2712,D2720,D2721,D2740,D2750,D2751,D2752,D2753,D2780,D2781,D2782,D2783,D2790,D2791,D2792,D2794,D2962
	Core buildup, including any pins, 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,D697
	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant

	Periodontal scaling and root planing - four or more teeth per quadrant, UR Quad
	Periodontal scaling and root planing - four or more teeth per quadrant, LR Quad
	Periodontal scaling and root planing - four or more teeth per quadrant, UL Quad
	Periodontal scaling and root planing - four or more teeth per quadrant, LL Quad
	Periodontal maintenance
	Complete denture - maxillary, Similar procedures performed impact frequency limitations - D5110,D5120,D5130,D5140,D5860,D5863,D5865
	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth), 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
	Crown - porcelain fused to high noble metal, 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,D660

**Age Limitations**

Plan	Procedure	Restriction
In Network	Children Covered	Through Age 25
Out of Network	Children Covered	Through Age 25
Out of Service Area	Children Covered	Through Age 25
Out of Service Area	Bitewings - four films	From Age 10
In Network	Bitewings - four films	Through Age 999

**Waiting Periods**

Procedure	Restriction
Periodic oral evaluation - established patient	0 Months
Limited oral evaluation - problem focused	0 Months
Comprehensive oral evaluation - new or established patient	0 Months
Intraoral - complete series (including bitewings)	0 Months
Bitewings - two films	0 Months
Bitewings - four films	0 Months
Panoramic film	0 Months
Unspecified diagnostic procedure, by report	0 Months
Prophylaxis - adult	0 Months
Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	0 Months
D1208	0 Months
Amalgam - one surface, primary or permanent	0 Months
Resin-based composite - two surfaces, posterior	0 Months
Crown - porcelain fused to high noble metal	0 Months
Core buildup, including any pins	0 Months
Endodontic therapy, anterior tooth (excluding final restoration)	0 Months
Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0 Months
Periodontal scaling and root planing - four or more teeth per quadrant	0 Months
Full mouth debridement to enable comprehensive evaluation and diagnosis	0 Months
Periodontal maintenance	0 Months
Complete denture - maxillary	0 Months
Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	0 Months
Surgical placement of implant body: endosteal implant	0 Months
Crown - porcelain fused to high noble metal	0 Months
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0 Months
Removal of impacted tooth - partially bony	0 Months
D9223	0 Months

**Other**

Description	Delta Dental PPO
Coordination of Benefits	Standard COB

**Disclaimer:** This Emdeon Dental eligibility report is for informational purposes only. The information is derived directly from the payer indicated on the report and is not to be construed as a guarantee of payment.