PRACTICE by NUMBERS

PAYER

Payer Name	Delta Dental of Washington	**Transaction ID**	436059899
Contact	CUSTOMER SERVICE	**Telephone**	(800) 554-1907
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PROVIDER

[redacted]

SUBSCRIBER

[redacted]

COVERAGE TYPE

Dental Care: Employee Only, Active Coverage
PPO
Delta Dental PPO Plus Premier

COVERAGE DATES

Subscriber Coverage Dates
Eligibility Period 1/1/2019 - 9/30/2021
Plan Date Period 1/1/2021 - 12/31/2021

DEDUCTIBLES & MAXIMUMS

Deductible	In Network	Out of Network	Out of Service Area

Individual, Dental Accident		None	None	None
Individual	Annual	$100.00	$100.00	$100.00
	Amount Met	$100.00	$100.00	$100.00
	Amount Remaining	$0.00	$0.00	$0.00
Individual, Bitewings - two films		None	None	None
Individual, Exams		None	None	None
Individual, Fluoride		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, Periodontal maintenance		None	None	None
Individual, Prophylaxis - adult		None	None	None

Maximum		**In Network**	**Out of Network**	**Out of Service Area**
Individual	Annual	$1,500.00	$1,500.00	$1,500.00
	Amount Used	$414.80	$414.80	$414.80
	Amount Remaining	$1,085.20	$1,085.20	$1,085.20

COVERAGE

Description	In Network	Out of Network	Out of Service Area	Message
Dental Crowns	50%	0%	0%	
Endodontics	80%	0%	0%	
TMJ	0%	0%	0%	
Oral Surgery	80%	0%	0%	
Orthodontics	0%	0%	0%	
Dental Accident	100%			
Dental Accident		0%	0%	Applicable Payment Level
Amalgam	80%	0%	0%	
Anesthesia	80%	0%	0%	
Antimicrobial Rinse	0%	0%	0%	
Bitewings - two films	100%	0%	0%	
Complete denture - maxillary	50%	0%	0%	
D9944	0%	0%	0%	
Exams	100%			Similar procedures performed impact frequency limitations - D0120, D0145, D0150, D0160, D0180
Exams		0%	0%	
Extractions	80%	0%	0%	
Fluoride	100%			Either Fluoride or Varnish

Fluoride		0%	0%	
Full mouth debridement to enable comprehensive evaluation and diagnosis	100%			Subject To Contract Limitations if Applicable
Full mouth debridement to enable comprehensive evaluation and diagnosis		0%	0%	
Implants	50%	0%	0%	
Intraoral - complete series (including bitewings)	100%			Similar procedures performed impact frequency limitations - D0210, D0330
Intraoral - complete series (including bitewings)		0%	0%	
Limited oral evaluation - problem focused	100%			Similar procedures performed impact frequency limitations - D0140, D0170
Limited oral evaluation - problem focused		0%	0%	
Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	0%	0%	0%	
Major Perio	80%	0%	0%	
Major Restorative	50%	0%	0%	
Major Surgery	0%	0%	0%	
Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	50%	0%	0%	
Occlusal orthotic device, by report	0%	0%	0%	
Panoramic film	100%			Similar procedures performed impact frequency limitations - D0210, D0330
Panoramic film		0%	0%	

Periodontal maintenance	100%	0%	0%	
Periodontal scaling and root planing - four or more teeth per quadrant	80%			Only 2 full quads allowed per day
Periodontal scaling and root planing - four or more teeth per quadrant		0%	0%	
Posterior Resin	80%			
Posterior Resin		0%	0%	Covered as Amalgam
Prescription Fluoride Toothpaste	0%	0%	0%	
Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0%	0%	0%	
Prophylaxis - adult	100%	0%	0%	
Prophylaxis - child	0%	0%	0%	
Sealant - per tooth	0%	0%	0%	
Surgical Orthodontics	0%	0%	0%	

FREQUENCY LIMITATIONS

Plan	Procedure	Restriction	Last Visit
In Network	Exams	2 times per 1 Service Year	09/01/2021
	Limited oral evaluation - problem focused	2 times per 1 Service Year	None
	Bitewings - two films	2 times per 1 Service Year	03/03/2021
	Intraoral - complete series (including bitewings)	1 time per 3 Years	03/01/2019
	Panoramic film	1 time per 3 Years	03/01/2019

	Prophylaxis - adult	2 times per 1 Service Year	09/01/2021
	Periodontal maintenance	2 times per 1 Service Year	09/01/2021
	Fluoride	2 times per 1 Service Year	None
	Amalgam	1 time per 2 Years	None
	Posterior Resin	1 time per 2 Years	None
	Periodontal scaling and root planing - four or more teeth per quadrant, UR Quad	1 time per 12 Months	
	Periodontal scaling and root planing - four or more teeth per quadrant, LR Quad	1 time per 12 Months	
	Periodontal scaling and root planing - four or more teeth per quadrant, UL Quad	1 time per 12 Months	
	Periodontal scaling and root planing - four or more teeth per quadrant, LL Quad	1 time per 12 Months	
	Dental Crowns	1 time per 5 Years	None
	Complete denture - maxillary	1 time per 5 Years	None
	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1 time per 5 Years	None
	Major Restorative	1 time per 5 Years	None

OTHER

Description	Delta Dental PPO Plus Premier
Coordination of Benefits	Always Secondary 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.

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