

ELIGIBILITY & BENEFITS SUMMARY

Benefit information is based on our records as of 06/12/2024

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Enrollee Name: P Rice	Group Name: AARP - AARP Dental Insurance Plan
Eligibility Status: Active	Group Number: 01230 - 00601
	Plan: Delta Dental PPO™

Benefits and Covered Services

Treatment Type	Description	Contract Benefit Level		
		Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Delta Dental Dentist
Diagnostic	Oral Exams and X-Rays	50% - 100%	50% - 100%	50% - 100%
Preventive	Routine Cleanings and Fluoride Treatment	50% - 100%	50% - 100%	50% - 100%
Restorative	Restorative Procedures	50% - 80%	50% - 80%	50% - 80%
Endodontics	Root Canals	50%	50%	50%
Periodontics	Gum Treatment	50% - 80%	50% - 80%	50% - 80%
Prosthodontics; Removable	Partial Dentures, Full Dentures	50% - 80%	50% - 80%	50% - 80%
Prosthodontics; Fixed	Inlays, Onlays, Bridges	50%	50%	50%
Oral & Maxillofacial Surgery	Tooth Extraction	50% - 100%	50% - 100%	50% - 100%
Adjunctive General Services	Miscellaneous Services	50% - 100%	50% - 100%	50% - 100%
Implant Services	Implant Related Services	50% - 80%	50% - 80%	50% - 80%
Other Restorative Services	Other Restorative Services	50% - 100%	50% - 100%	50% - 100%
Temporomandibular Joint (TMJ)	TMJ Related Services	50%	50%	50%

Maximums

Type	Program Maximum	Network	Amount	Remaining
Calendar Individual Maximum	Accumulation period for this program (01/01/2024 - 12/31/2024) Adjunctive General Services Diagnostic Endodontics Implant Services Oral & Maxillofacial Surgery Other Restorative Services Periodontics Preventive Prosthodontics; Fixed Prosthodontics; Removable Restorative Temporomandibular Joint (TMJ)	Delta Dental PPO™ Dentist Delta Dental Premier® Dentist Non-Delta Dental Dentist	\$1500.00	\$0.00
Lifetime Individual Maximum	Adjunctive General Services Temporomandibular Joint (TMJ)	Delta Dental PPO™ Dentist Delta Dental Premier® Dentist Non-Delta Dental Dentist	\$300.00	\$87.50

Deductibles

Type	Program Deductible	Network	Amount	Remaining
Calendar Individual Deductible	Accumulation period for this program (01/01/2024 - 12/31/2024) Adjunctive General Services Diagnostic Endodontics Implant Services Oral & Maxillofacial Surgery	Delta Dental PPO™ Dentist Delta Dental Premier® Dentist Non-Delta Dental Dentist	\$40.00	\$0.00

	Other Restorative Services Periodontics Preventive Prosthodontics; Fixed Prosthodontics; Removable Restorative Temporomandibular Joint (TMJ)		
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Waiting Period Summary

Treatment Type	Effective Date	End Date
Other Restorative Services Other Services	08/01/2020	01/31/2021
Endodontics Apexification / Recalcification, Apicoectomy / Periradicular services, Endodontic - By Report, Endodontic Retreatment, Endodontics - Group Specific Benefit, Other Endodontics procedures, Pulp Capping, Pulpotomy, Therapy (including treatment plan, procedures and follow-up care)	08/01/2020	04/30/2021
Other Restorative Services Other Services	08/01/2020	07/31/2021
Restorative Other Restorative Services	08/01/2020	07/31/2021
Other Restorative Services Other Services	08/01/2020	07/31/2021
Adjunctive General Services Adjunctive General Services - Other Services	08/01/2020	07/31/2021
Implant Services Implant - By Report, Implant support prosthetics, Other Implant Services, Surgical Implants	08/01/2020	07/31/2021
Periodontics Non-Surgical service, Other Periodontic services, Periodontics - By Report, Surgical Services	08/01/2020	07/31/2021
Prosthodontics; Fixed Fixed Partial Denture pontics, Fixed Partial Denture retainers - Crowns, Fixed Partial Denture retainers - inlays/onlays, Other Fixed partial denture services, Prosthodontics; Fixed - By Report	08/01/2020	07/31/2021
Prosthodontics; Removable Adjustments to Dentures, Complete Dentures, Interim prosthesis, Other Removable prosthetic services, Partial Dentures, Repairs to Complete dentures	08/01/2020	07/31/2021
Restorative Crowns - Single, Inlay/Onlay	08/01/2020	07/31/2021
Temporomandibular Joint (TMJ) TMJ Radiographs/Diagnostic Imaging	08/01/2020	07/31/2021

Benefit Details - Delta Dental PPO™

Below is a list of common procedures, benefits and the patient's most recent service dates. You are viewing a summary of the patient's benefits. Please refer to the Evidence of Coverage or Summary Plan Description for complete plan details.

(Note: 1 Denotes a deductible exemption. 2 Denotes a maximum exemption. 3 Denotes multiple limitation text)

Procedure Code	Contract Benefit Level	Plan Frequency Limit	Service Date	Tooth Surface
Diagnostic: Oral Exams and X-Rays				
D0120	100% ¹	Benefit is limited to three of any oral evaluation procedure within a calendar year. Comprehensive evaluations are limited to once per provider.	12/28/2020	
D0140	100% ¹	Benefit is limited to three problem focused evaluations within a calendar year		
D0150	100% ¹	Benefit is limited to three of any oral evaluation procedure within a calendar year. Comprehensive evaluations are limited to once per provider. ³	03/21/2024 02/07/2024	
D0210	100% ¹	Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 5 year period. History prior to 1/1/2024 does not count towards this frequency.	01/04/2024 04/22/2021	
D0220	100% ¹	Benefit is based on professional determination	05/22/2024 05/09/2024	

D0272	100% ¹	Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries. for children ³ - Age limit also applies		
D0274	100% ¹	Benefit is limited to two of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries. for children ³ - Age limit also applies	01/10/2023 07/26/2022	
D0277	100% ¹	Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.		
D0330	100% ¹	Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 5 year period. History prior to 1/1/2024 does not count towards this frequency.		
Preventive: Cleanings and Fluoride				
D1110	100% ¹	Benefit is limited to three of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.	04/22/2021 12/28/2020	
D1120	100% ¹	Benefit is limited to three of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.		
D1206	100% ¹	Benefit is limited to two fluoride procedures within a calendar year - Age limit also applies		
D1208	100% ¹	Benefit is limited to two fluoride procedures within a calendar year - Age limit also applies		
Sealants				
D1351	50%	Benefit is limited to once per tooth within a 3 year period for teeth without caries - Age limit also applies		
Restorative: Amalgams and Resin-based Composites				
D2140	80%	For this program, this procedure has no frequency limitation		
D2150	80%	For this program, this procedure has no frequency limitation		
D2160	80%	For this program, this procedure has no frequency limitation		
D2330	80%	For this program, this procedure has no frequency limitation		
D2331	80%	For this program, this procedure has no frequency limitation		
D2332	80%	For this program, this procedure has no frequency limitation		
D2335	80%	For this program, this procedure has no frequency limitation		
D2391	80%	For this program, this procedure has no frequency limitation		
D2392	80%	For this program, this procedure has no frequency limitation	05/09/2024	15-Distal, Occlusal
D2393	80%	For this program, this procedure has no frequency limitation		
D2394	80%	For this program, this procedure has no frequency limitation		
Restorative: Single Crowns and Other Restorative				
D2740	50%	Benefit is limited to once per tooth within a 5 year period	05/09/2024 01/15/2024	18 19
D2750	50%	Benefit is limited to once per tooth within a 5 year period		
D2790	50%	Benefit is limited to once per tooth within a 5 year period		
D2950	50%	Benefit is limited to once per tooth within a 5 year period. An allowance may be made for core buildup when extensive loss of tooth structure is supported by radiographic images or narrative report, or when following root canal treatment.	01/15/2024 01/11/2023	19 12
D2954	50%	Benefit is limited to once per tooth within a 5 year period		
Endodontics: Root Canals				
D3330	50%	Benefit is limited to once per tooth per lifetime	08/25/2022	03
Periodontics: Gum Treatment				
D4341	50%	Benefit is limited to once per quadrant within a 24 month period. Requires radiographs and periodontal charting. Frequency may be affected by other periodontic services.	01/16/2024 01/11/2023	UR UL

D4355	50%	Benefit is limited to once per lifetime. Following active periodontal therapy, allow completion of a 30 day post-operative period before performing this procedure. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.		
D4910	80%	Benefit is limited to three of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.	04/16/2024 07/26/2022	
Prosthodontics: Bridges and Dentures				
D5213	50%	Benefit is limited to once within a 5 year period		
D5214	50%	Benefit is limited to once within a 5 year period		
D6240	50%	Benefit is limited to once per tooth within a 5 year period - Age limit also applies		
D6750	50%	Benefit is limited to once per tooth within a 5 year period - Age limit also applies		
Implant Services				
D6010	50%	Benefit is limited to once per tooth within a 5 year period		
Oral and Maxillofacial Surgery				
D7140	50%	Benefit is limited to once per tooth per lifetime		
D7210	50%	Benefit is limited to once per tooth per lifetime		
D7220	50%	Benefit is limited to once per tooth per lifetime		
D7230	50%	Benefit is limited to once per tooth per lifetime		
D7240	50%	Benefit is limited to once per tooth per lifetime		
General Services				
D9110	100% ¹	Benefit is limited to once within a 3 month period		
D9310	100% ¹	Benefit is limited to two occurrences within a calendar year	04/16/2024 08/25/2022	
D9944	50%	Benefit is limited to one occlusal guard per lifetime	08/17/2021	

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