

HOW WELL DO YOU KNOW YOUR DENTAL BENEFITS?

Here is a list of questions to ask your benefit company.

1. What is my plan's Benefit Year? _____ (Is it a calendar year or is it a specific 12 month period eg. April – March?)

2. What is my annual Plan Benefit Maximum? _____

3. What is the percentage of coverage for BASIC Treatment Services (fillings, cleanings, root canals & x-rays) _____

- Are Basic & Major Treatment Services a combined maximum? _____
- Is this an individual or per family maximum? _____

4. What is the percentage coverage for MAJOR services, *if not* combined with BASIC coverage, (crowns, veneers, inlay/onlay, bridges, implants, dentures)

- _____
- Is this an individual or per family maximum? _____

5. What is the frequency of Plan Benefits for the following Treatment Services?

- **01103** – Comprehensive Examination _____
- **01202** – Recall Examination (check-up) _____
- **02142 (2 BW's) or 02144 (4 BW's)** – Bitewing X-rays _____
- **02601** – Panoramic X-ray _____
- **11101** – Polishing _____
- **12112** – Fluoride _____
- **11111-4** – Scaling _____
 - Is there an age limit for any of these services? _____

6. Is the frequency of the above Treatment Services different for children on your plan? If so which Treatment Services are different?

Please return this completed form to our Clinic. We are more than happy to put this information into your file, but please notify us of any future changes to your Dental Benefit Plan.