

# Find A Patient - Dental Benefits Online Dentist Account

## Dental Benefits Tab

The Dental Benefits tab will provide a high-level overview of the patient's benefits, including policy information, maximums, and a list of frequencies and limits for common procedures. The maximums will provide a snapshot of the amount that has been used to-date, the total allowed, and amount remaining. You will also see the number of cleanings remaining for the patient and their next available coverage date, depending on their plan.

[Submit Claim or Treatment Plan](#)

Benefit Verification Number <sup>Ⓢ</sup> 143

[Dental Benefits](#) | [Limitations](#) | [Coverage](#) | [Claims](#) | [Treatment Plans](#)

**Policy Information**

**Benefits for 01/01/2024 - 12/31/2024**

Name: Group Name: Group Number: ID: Coverage: PPO/Premier Benefit Network Product: Delta Dental PPO Effective Date: 01/01/2022 Termination Date: N/A	Cleanings remaining for  Next available: N/A
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*Maximums apply if the Member meets the age requirement of the covered service*

<b>Preventive Plus Individual Calendar Year Maximum (Out of Network)</b>	
Used: \$0 / Remaining: \$2000	Total allowed: \$2000
<b>Preventive Plus Individual Calendar Year Maximum (Premier)</b>	
Used: \$0 / Remaining: \$2000	Total allowed: \$2000
<b>Preventive Plus Individual Calendar Year Maximum (PPO)</b>	
Used: \$0 / Remaining: \$2000	Total allowed: \$2000
<b>Individual Orthodontic Lifetime Maximum (Out of Network)</b>	
Used: \$0 / Remaining: \$1500	Total allowed: \$1500
<b>Individual Orthodontic Lifetime Maximum (Premier)</b>	
Used: \$0 / Remaining: \$1500	Total allowed: \$1500
<b>Individual Orthodontic Lifetime Maximum (PPO)</b>	
Used: \$0 / Remaining: \$1500	Total allowed: \$1500
<b>Family Annual Deductible (Out of Network)</b>	
Used: \$0 / Remaining: \$75	Total allowed: \$75
<b>Family Annual Deductible (Premier)</b>	
Used: \$0 / Remaining: \$75	Total allowed: \$75
<b>Family Annual Deductible (PPO)</b>	
Used: \$0 / Remaining: \$75	Total allowed: \$75
<b>Individual Annual Deductible (Out of Network)</b>	
Used: \$0 / Remaining: \$25	Total allowed: \$25
<b>Individual Annual Deductible (Premier)</b>	
Used: \$0 / Remaining: \$25	Total allowed: \$25
<b>Individual Annual Deductible (PPO)</b>	
Used: \$0 / Remaining: \$25	Total allowed: \$25

**Frequencies and Limits for Common Procedures** [View all frequencies & limits](#)

Type	How Many Allowed?	Age Limit	Next Available	Remaining
Bitewing X-Rays	2/calendar year	N/A	04/22/2024	2
Cleanings	N/A	N/A	N/A	0
Exams	2/calendar year	N/A	04/22/2024	2
Fluoride	2/calendar year	N/A	04/22/2024	2

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