

BenefitCheckSM

More information to manage your dental benefits.

Managing your dental benefits is easier than ever with our enhanced online services. And our new “tab” format allows you to quickly choose the specific information you are looking for.

You can now view your dental benefits in greater detail, including remaining balances and time and frequency usage. Here’s an at-a-glance look at some of the features:

Time & Frequency

View a “summary of usage” for benefits with time and/or frequency limitations (e.g. how many cleanings you’ve had to date and the next time you are eligible for this service).

Claims

Look up the status of a claim or view claims paid for the last 18 months.

ID Card

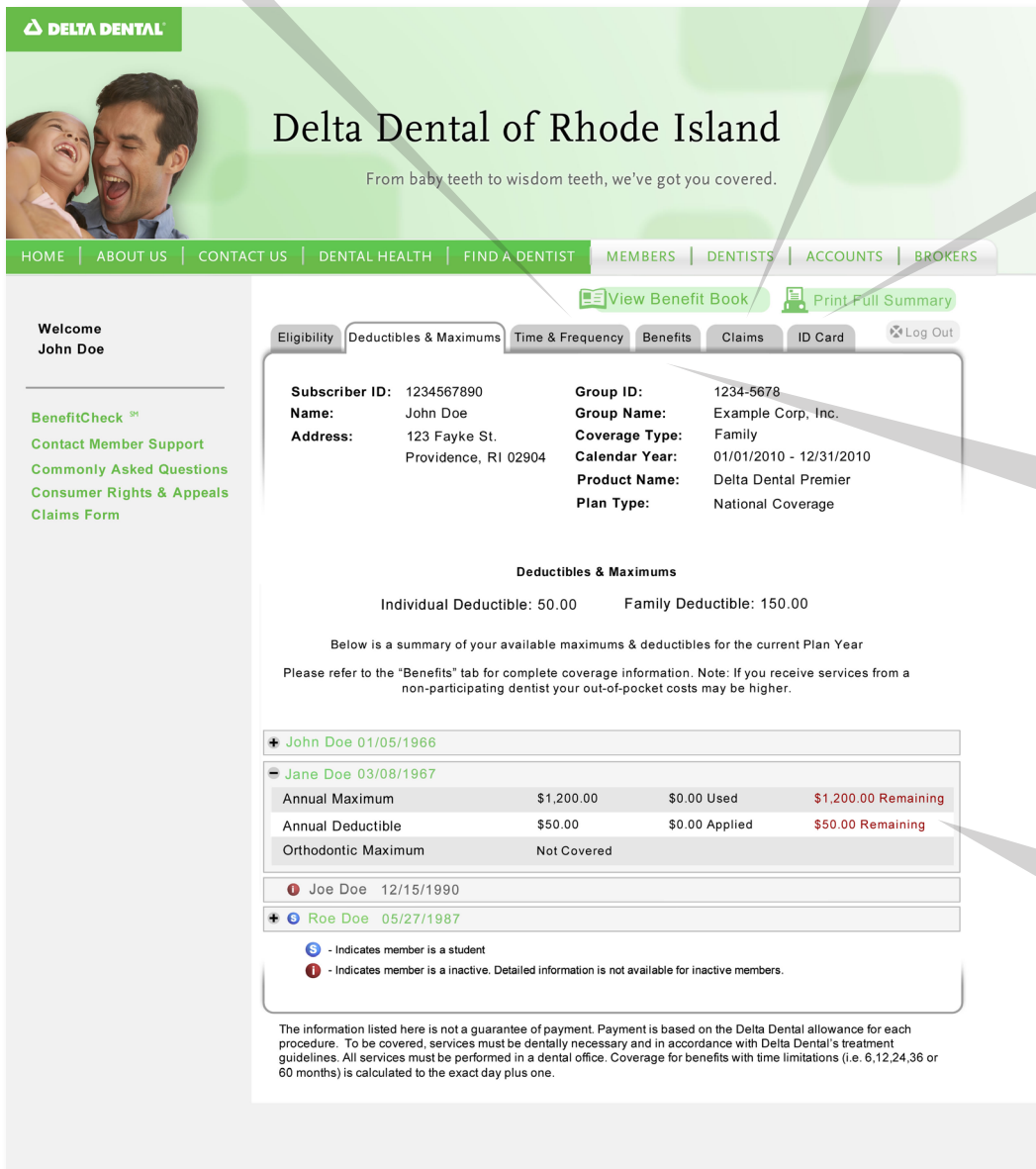
Instantly print a copy of your ID card.

Benefits

View a detailed summary of your benefits, including coverage levels and dates, and confirm whether or not a deductible applies to a particular service.

Deductibles & Maximums

Confirm deductibles and maximum amounts, as well as remaining balances (e.g. Annual Maximums, Orthodontic Maximums and Deductibles).



Delta Dental of Rhode Island
From baby teeth to wisdom teeth, we've got you covered.

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Welcome **John Doe**

BenefitCheckSM
Contact Member Support
Commonly Asked Questions
Consumer Rights & Appeals
Claims Form

View Benefit Book | Print Full Summary

Eligibility | Deductibles & Maximums | Time & Frequency | Benefits | Claims | ID Card | Log Out

Subscriber ID: 1234567890 **Group ID:** 1234-5678
Name: John Doe **Group Name:** Example Corp, Inc.
Address: 123 Fayke St. **Coverage Type:** Family
 Providence, RI 02904 **Calendar Year:** 01/01/2010 - 12/31/2010
Product Name: Delta Dental Premier
Plan Type: National Coverage

Deductibles & Maximums
 Individual Deductible: 50.00 Family Deductible: 150.00

Below is a summary of your available maximums & deductibles for the current Plan Year
 Please refer to the "Benefits" tab for complete coverage information. Note: If you receive services from a non-participating dentist your out-of-pocket costs may be higher.

+ John Doe 01/05/1966			
- Jane Doe 03/08/1967			
Annual Maximum	\$1,200.00	\$0.00 Used	\$1,200.00 Remaining
Annual Deductible	\$50.00	\$0.00 Applied	\$50.00 Remaining
Orthodontic Maximum	Not Covered		
• Joe Doe 12/15/1990			
+ • Roe Doe 05/27/1987			

• - Indicates member is a student
 • - Indicates member is inactive. Detailed information is not available for inactive members.

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. Coverage for benefits with time limitations (i.e. 6, 12, 24, 36 or 60 months) is calculated to the exact day plus one.

Visit www.deltadentalri.com to access your benefit information.
 Check out our easy-to-use online Member Tutorial for added assistance.