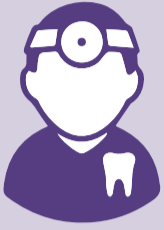


Dental Benefits



STEPS after DENTAL TREATMENT¹

Dentist



Your dentist files the claim with your insurance company.

Insurance



Your insurance company processes the claim.

You



You receive an EOB from your insurance company.



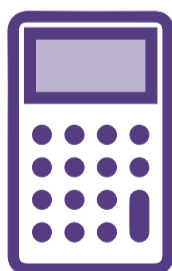
Explanation of Benefits (EOB)¹

A document sent to you after dental treatment. An EOB explains what procedures were and were not covered under your benefits plan.

DELTA DENTAL							EOB SAMPLE ²		
Delta Dental 1000 Dental Drive Tooth City, WI 12345							THIS IS NOT A BILL		
DATE PROCESSED		DENTIST		DENTIST STATUS		PROVIDER ID #			
5.26.16		SMILE DENTISTRY		PPO		ABC123			
SUBSCRIBER NAME		PATIENT NAME		PATIENT REL.		GROUP		CLAIM #	
JOHN J. SMITH		JOHN J. SMITH		SELF		000012		1-2345-678-90	
SERVICE DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	DELTA DENTAL CO-PAY	PATIENT PAYS	DELTA DENTAL PAYS	
5.15.16	CLEANING	\$80	\$50	\$50	\$ 0	100%	\$ 0	\$50	
5.15.16	BITEWINGS	\$55	\$35	\$35	\$25	80% (\$28)	\$32 (Deductible + Co-Pay)	\$ 3 (\$35-\$32)	
				1		2		3	
				4		Benefit Year Maximum Maximum Used to Date \$85 Deductible Satisfied to Date \$25 Total Plan Paid 5/26/16 \$53 Not Chargeable to Patient \$50 Patient Responsibility \$32			

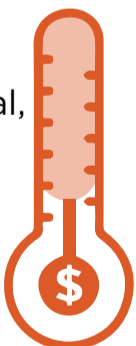
1. Amounts

The **submitted amount** is put in by the dentist following your procedure. The **approved** and **allowed** amounts are based on the dentist's network and your benefit plan.



2. Deductible Applied

If you have a procedure that is not completely covered by Delta Dental, the **Deductible Applied** is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab (coinsurance).



3. Payments

Coinsurance is the percentage your insurance company will pay toward your procedure. The **dollar amounts** listed are paid by the patient and insurance company, respectively.



4. Summary

This includes the **benefit year maximum**: The benefit maximum used to date, deductible amount used (if any), total payment by your insurance company to the dentist, amount the dentist is not allowed to charge you, and your share of the charges.



Sources

1 <https://www.deltadental.com/WhitePaperUnderstandingBenefitsWithoutRollover.pdf>
 2 <https://www.deltadentalco.com/uploadedFiles/Subscriber/EOBGuide.pdf>

*Plans vary by contract.