

# DENTAL BENEFITS



## STEPS after DENTAL TREATMENT<sup>1</sup>



### Explanation of Benefits (EOB)<sup>1</sup>

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

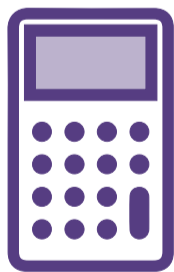
DATE PROCESSED		DENTIST		DENTIST STATUS		PROVIDER ID #			
5.26.16		UNICORN SPARKLES DENTAL		PPO		PON135			
SUBSCRIBER NAME		PATIENT NAME		PATIENT REL.		GROUP		CLAIM #	
HUGH J. SMILE		HUGH J. SMILE		SELF		000012		5M1LEPOW3R	
SERVICE DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	INS COMP. CO-INS%	PATIENT PAYS	INS COMP. PAYS	
5.15.16	CLEANING	\$89	\$64	\$64	\$0	100%	\$0	\$64	

<b>1</b> BENEFIT YEAR MAXIMUM MAXIMUM USED TO DATE	\$0
<b>2</b> DEDUCTIBLE SATISFIED TO DATE	\$0
<b>3</b> TOTAL PLAN PAID 5/26/16	\$64
<b>4</b> NOT CHARGEABLE TO PATIENT	\$25
PATIENT RESPONSIBILITY	\$0

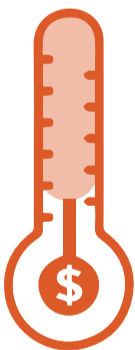
### 1. AMOUNTS

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

The amount you must pay toward the deductible for the year, if any, before your insurance company pays for certain procedures.



### 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

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

\*Plans vary by contract.

