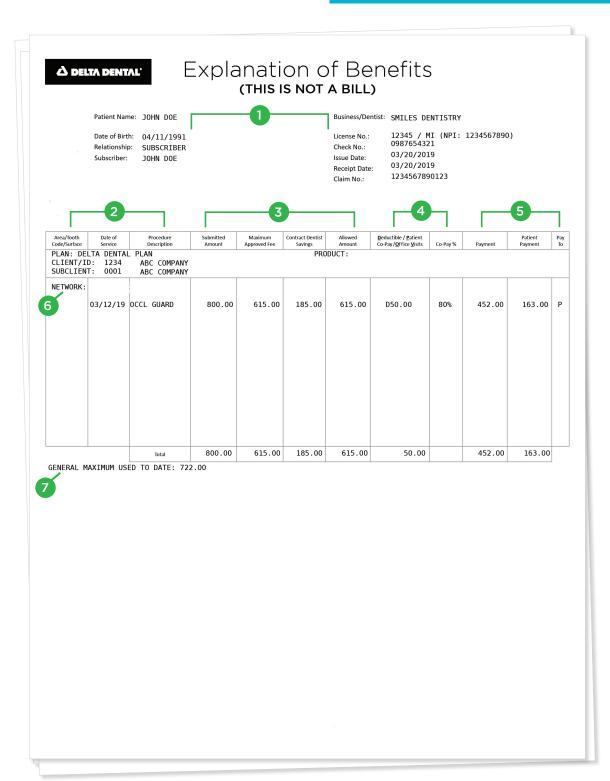


## Your EOB explained

An Explanation of Benefits (EOB) is a great reference after a dental visit, but you might wonder what all the numbers, codes and terms mean. Let's take a look at what a common EOB includes.

- 1 Your visit information is at the top, and includes the **patient** and **dental office information**, plus your **claim number**, which you'll need to make any inquiries.
- 2 Area/tooth code/surface is the area that was treated, date of service is when treatment occurred, and procedure description explains what the dentist did.
- **3 Submitted amount** is the amount the dentist charged, maximum approved fee\* is the amount that Delta Dental participating dentists agree to accept, **contract dentist savings** is the amount you saved by staying in network, and the allowed amount is the cost used to calculate payments. The retirement system reimburses all claims, regardless of provider type, using the Delta Dental PPO™ approved amount. That amount is represented in the allowed amount column. If you seek services from a Delta Dental Premier® or nonparticipating provider, you will be responsible for the difference between the maximum approved fee and the allowed amount in addition to your coinsurance amount.
- 4 Your retirement system dental plan has a \$50 annual deductible per person. This deductible is waived for all services when you go to a Delta Dental PPO provider. For Delta Dental Premier and nonparticipating dentists, the deductible is waived for diagnostic and preventive services and is applied to basic and major services. If a deductible is applied to the service received, it appears in this column. The copay percentage is the percentage that Delta Dental pays.
- Dental would pay, and patient payment is the amount you would pay. The patient payment includes the coinsurance, deductible, and any additional cost (difference between maximum allowed amount and approved amount) for using a dentist outside the Delta Dental PPO network. Pay to indicates where Delta Dental sent its payment. If you stayed in network, it will likely have a P for provider.

- 6 Network will display the participating status of the provider that provided services.
- 7 General maximum used to date shows the amount of annual maximum that the plan has paid out to date during the current calendar year.



 $<sup>^*\</sup>mbox{For out-of-network}$  providers, the maximum approved fee will always be the submitted amount, and there would be no contracted dentist savings.