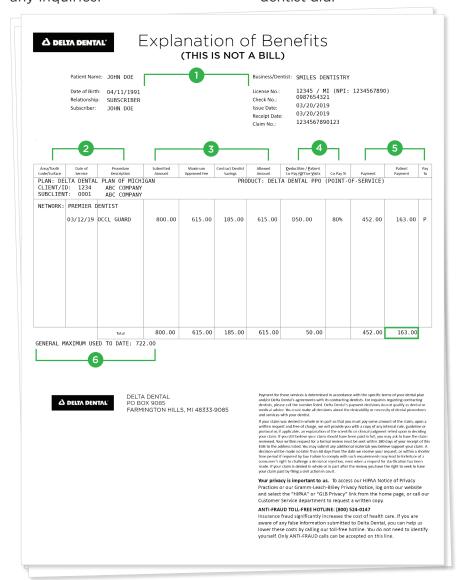
## GET WISE

## 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.



- 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 allowed by Delta Dental and used to calculate payments. In most cases, this is the same as the maximum approved fee; however, in some instances, this amount may be less than the maximum approved fee and you may owe the difference.
- The Trust plan does not have a deductible, but if you are enrolled in another plan, that amount will show here.
- Delta Dental would pay, and patient payment is the amount you would pay. Pay to indicates where Delta Dental sent its payment. If you stayed in network, it will likely have a P for provider.
- 6 Amount that the plan has paid to date. As a reminder, the plan pays \$1,700 per year.

\*For out-of-network providers, the maximum approved fee will always be the submitted amount, and there would be no contracted dentist sayings.







# GET WISE

## Reconsideration and Appeal Process

#### Reconsideration

If you receive an EOB and you think that Delta Dental incorrectly denied all or part of your claim, you or your dentist may contact Delta Dental and ask us to reconsider the claim to make sure it was processed correctly.

- You can do this by calling toll-free 800-524-0149
- Mail your request to:

**Customer Service** 

PO Box 9089

Farmington Hills, MI 48333

When writing, please include a copy of your EOB and a description of the problem. Be sure to also provide your name and phone number so we can respond.

### Formal Appeal

If after reconsideration the claim is determined to have processed correctly, but you still feel a claim was wrongly denied, you can submit a formal appeal.

- Must be filed within 180 days of the claims processing
- Must be submitted in writing
- Must include your name, address, enrollee ID and a statement about why you feel the claim should be paid
- ▶ Any supporting documentation you can provide related to the claim is helpful
- Mail your request to:

Dental Director Delta Dental of Michigan PO Box 30416 Lansing, MI 48909-7916

#### **UAW Trust Voluntary Review Process**

The Trust has a voluntary review process available as well. The process can only be utilized after exhausting the appeal process, which means you must first file your appeal with Delta Dental of Michigan.

If you file a formal appeal and the claim denial is upheld, then you have an option to submit a request for review directly to the Trust.

- Send, in writing, a request for voluntary review to:
  The UAW Retiree Medical Benefits Trust
  PO Box 14309
  - Detroit, MI 48214-0309
- Include your name, explanation of why you are appealing the decision and all supporting documents in your request







