DELTA DENTAL

A guide to understanding your

Explanation of Benefits (EOB)

Each time a Delta Dental subscriber visits the dentist, he or she receives an Explanation of Benefits (EOB) following the visit. This document is NOT a bill. Rather, it provides a breakdown of your dental benefits and how your recent dentist visit impacted them. If you are having trouble understanding your EOB, use the guide below. It will help you understand each section of your EOB.

1. Mailing address and phone number for Delta Dental of Colorado Customer Relations — for claims and correspondence.
2. Date the claim was processed, dentist/facility that provided the dental services, network and provider identification number.
3. Name of subscriber, patient receiving dental services, relationship of patient to subscriber and subscriber's group number.
4. Claim number — assigned to claim when it was received.

DELTA DENTAL

(1) Delta Dental of Colorado
PO Box 173803 - Denver CO 80217-3803
Phone: 303.741.9305 or 800.610.0201
(8:00 am - 6:00 pm MST)
www.deltadentalco.com

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

APPEAL RIGHTS: If your claim was denied or only partially paid and you are responsible for the unpaid amount, you have the right to appeal. To request a first level appeal, you must submit your written appeal, and any supporting documentation, within 180 days of the date of the original Explanation of Benefits to: PO Box 172528, Denver CO 80217-2528. A decision will be made within 30 days from the date we receive your request. If your claim remains denied, it may qualify for a second level review. If your claim is denied after both appeals, you may be able to file civil action in court within one year from the date of the final denial.

(2)

DATE PROCESSED	DENTIST/FACILITY	DENTIST STATUS	PROVIDER ID NO.
04/10/2012	ABC DENTAL	PPO	000000000000

SUBSCRIBER NAME	PATIENT NAME	PATIENT REL.	GROUP	CLAIM NO.
(3) JANE DOE	JANE DOE	SELF	000000	00000000000000 (4)

TOOTH NO.	SERVICE COMPLETION DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	DDCO Co-Ins%	PATIENT RESPONSIBILITY	DDCO PAYS	PROCESSING POLICIES
	03/31/2012	ORTHO VISIT	65.16	65.16	65.16	.00	50	32.58	32.58	
	TOTALS		65.16	65.16	65.16			32.58	32.58	

TOTAL ORTHODONTIA CASE FEE 4,800.00
TOTAL ESTIMATED PAYMENT 1,000.00

(5) (6) (7) (8) (9) (10)

Note: The Orthodontia Paid to Date only appears if Ortho benefits are being used.

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(11)

BENEFIT YEAR MAXIMUM	1,000.00
ORTHODONTIA PAID TO DATE	1,000.00
MAXIMUM USED TO DATE	1,000.00
DEDUCTIBLE SATISFIED TO DATE	.00
TOTAL PLAN PAID 04/10/2012	32.58
NOT CHARGEABLE TO PATIENT	0.00
PATIENT RESPONSIBILITY	32.58

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JANE DOE
123 ANY STREET
DENVER, CO 80202

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Oral Health Tip

Delta Dental of Colorado is a non-profit organization with a mission of improving oral health in the communitites we serve. We're passionate about healthy smiles.

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5. Date(s) that dental services were received, service(s) performed and charge(s) submitted by dentist.
6. The approved dollar amount and the allowable amount, based on the dentist's network participation and the subscriber's benefit plan.
7. The amount the subscriber must pay toward the deductible, if any, prior to Delta Dental paying benefits
8. The percentage that Delta Dental will pay toward your benefits, based on the allowed amount, less any deductible.
9. The dollar amount(s) to be paid by the patient and Delta Dental.
10. Explanation(s) that provide additional information about how a dental procedure is processed. The number displayed in the column corresponds with the number(s) under the "Processing Policy Explanation" section below.
11. A summary of the benefit year maximum (i.e., the general year maximum), the benefit maximum used to date, the amount of deductible (if any) satisfied, the total payment by Delta Dental to the dentist, the amount the dentist is not allowed to charge the patient and the patient's share of the charges.