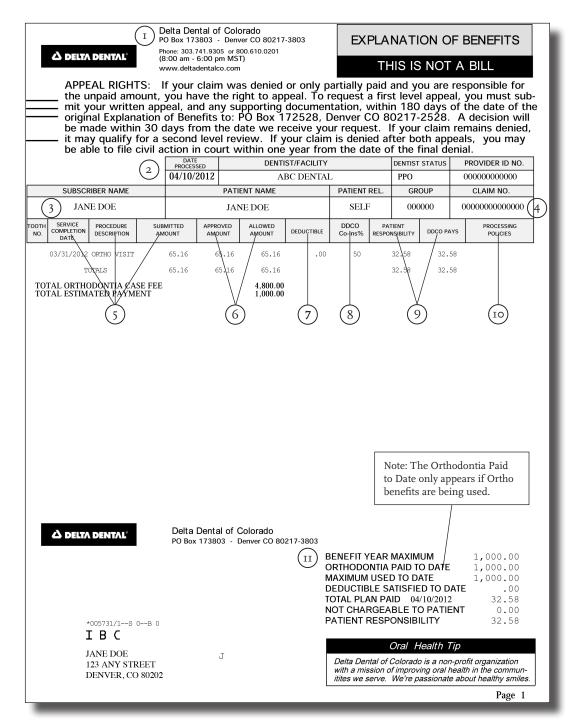
A DELTA DENTAL

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.



- 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.
- II. 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.