

EOBs Explained

How to read your Explanation of Benefits

Your Explanation of Benefits (EOB) is your confirmation of dental treatment. It tells you how much of your benefits were applied, how much you have left to use and if you can expect any out-of-pocket charges.

Here's what you need to know:

Verify your treatment

Treatments listed here should match the ones you received and were billed for. If you notice any inconsistencies, talk to your dentist's office. If they report any errors, feel free to contact us.

Check your maximums and deductibles

Keep track in case you need more treatment. Use this to plan appointments with your dentist's office so you don't exceed your maximums for the year. Otherwise, you may have higher out-of-pocket costs.

Delta Dental of Washington
P.O. Box 75983 | Seattle, WA 98175-0983

Sample A. Sample
1234 Anywhere St.
Anytown, State Zip Code

Welcome

To Your Explanation of Benefits

THIS IS NOT A BILL

Patient Name	Chrissy Teeth
Member ID	123456789
Group ID	00000-00000
Claim #	201465432109700
Claim Paid Date	09/18/14
Service Provided By	Rob Jaws

Visit MySmile® Personal Benefits Center at DeltaDentalWA.com for more information about this claim, your benefits, and to go paperless.

IN THE KNOW

Your dentist is out-of-network. Get the most from your benefits with a Delta Dental SimpleAccess® network dentist. It's easy to find one at DeltaDentalWA.com

	Total Billed	Other Insurance	Your Share	Network Savings
	\$2786.00	\$1491.00	\$50.00	\$556.00

Claim Notes	Service	Service Date	Amount Billed	Network Discount	Deductible Applied	Paid By Your Dental Plan	Your Share
1	Cm Por Ceramco	08/21/14	\$1123.00	\$238.00	\$50.00	\$250.50	\$50.00
1	Cm Por Ceramco	08/21/14	\$1123.00	\$238.00	\$0.00	\$300.50	\$0.00
1,2	Buildup + Pins	08/21/14	\$270.00	\$40.00	\$0.00	\$69.00	\$0.00
1,2	Buildup + Pins	08/21/14	\$270.00	\$40.00	\$0.00	\$69.00	\$0.00
TOTAL			\$2786.00	\$556.00	\$50.00	\$689.00	\$50.00

Questions? Contact Customer Service at: 800.554.1907

Claim Notes:

- 1 A Delta Dental of Washington dental consultant has determined this allowance
- 2 This procedure has been allowed based on information provided and/or the patient's history

YOUR BENEFITS SUMMARY | Benefit Period: 01/01/14 – 12/31/14

	paid-to date	annual		paid-to date	lifetime
Patient Deductible:	\$50.00	\$50.00	Orthodontia Maximum:	\$0.00	\$2,000.00
Patient Maximum:	\$689.00	\$1,500.00			

Benefit Period Maximum Remaining: \$811.00

Got dual coverage?

If we are your primary dental plan, this should be blank. If we are your secondary dental plan, this will show how much your other dental plan has paid. If you don't think this number is correct or it should not be blank, talk to your dentist's office. They may not be aware of your other plan.

Review how your benefits were applied and check for out-of-pocket charges

Here's the math behind your cost share:

Total Billed

- Network Savings
- Deductible
- Other Insurance (if applicable)
- Amount Paid by Your Dental Plan

Your Share

Save your EOBs

Use them for your taxes or to document qualified expenses for your HSA, FSA, and HRA.

View your EOBs and more online

Create a MySmile® personal benefits center account online at DeltaDentalWA.com. Review your EOB history, print ID card, get out-of-pocket cost estimates and more. Available anytime on your PC or mobile device.



GREEN your dental benefits!

Every 1 million electronically sent EOBs conserve 1.22 million gallons of water, save 1,632 trees, and prevent the production of 52.7 tons of solid waste each year.

Make the Earth smile. Login to your MySmile account and change your preferences to receive email notifications when your EOBs are available.

Instead of a paper EOB, you'll receive an electronic notification that it's ready to view online via email.

If you have questions about your EOB, give us a call at 800.554.1907. We're happy to help.



Delta Dental of Washington

Follow us online for fun, helpful tips to keep your smile healthy and get the most from your dental benefits.

