



New and Improved Explanation of Benefits

In an effort to strengthen and continue to put our customer experience first, Delta Dental of Iowa is updating our explanation of benefits (EOBs), along with other external documents. Beginning in September, we will launch these new and improved member and provider claim documents.

The new EOBs will be even more user-friendly and make it easier for your employees to see:

- What they pay for their dental care.
- What Delta Dental pays for their dental care.
- The value they get from being a Delta Dental customer.

You can preview a sample of the [new EOB here](#).

Thank you for choosing Delta Dental of Iowa to cover your employees' smiles. We look forward to continuing to enhance our customer experience. If you have any questions on the updated EOB, please let us know.

Sincerely,

Delta Dental of Iowa

How to Read the Delta Dental of Iowa
Explanation of Benefits (EOB) Form

- 1

Delta Dental's Total Payment

The total amount Delta Dental paid.
- 2

Patient Responsibility

The total amount the patient is responsible for.
- 3

Date of Service

The date the procedure was completed.
- 4

Tooth Nbr

The tooth or area that was treated.
- 5

Tooth Surface

The tooth surface or quadrant that was treated.
- 6

Procedure Code

The procedure code that identifies the treatment requested or completed.
- 7

Submitted Amount

The amount billed by the dentist.
- 8

Approved Amount

The amount the dentist has agreed to accept as full payment for a service. For participating network dentists, the Approved Amount is the lesser of the Submitted Amount or the applicable maximum plan allowance/negotiated amount.
- 9

Allowed Amount

The amount that Delta Dental uses to calculate payment responsibility under the terms of the patient's dental benefits.
- 10

Reference Code(s)

Explanatory statements applicable to claims processing, benefit coverage and/or processing policy.
- 11

Patient Savings

The difference, if any, between the Submitted Amount and the Approved Amount. This is the amount participating network dentists shall not bill to the Delta Dental plan member.
- 12

Patient Deductible

The deductible is the amount the patient must pay before benefits begin. If the procedure is subject to a deductible, this column will indicate the amount that has been subtracted from the Allowed Amount before calculating Delta Dental's payment and the Patient's Payment.
- 13

Delta Dental Co-Ins %

The portion of the Allowed Amount Delta Dental will pay, up to the patient's plan maximum.
- 14

Delta Dental Pays

The amount Delta Dental paid.
- 15

Patient Pays

The amount the patient is responsible for paying under the terms of the Delta Dental plan benefits. If the procedure is subject to a deductible, the Patient Payment includes the amount from the Deductible Applied column. Except in certain circumstances involving coordination of benefits with another plan, a Delta Dental participating network dentist may only bill the patient for this amount.
- 16

Procedure Code Description(s)

A description of the procedure requested or completed.

DELTA DENTAL

Delta Dental of Iowa
P.O. Box 9020
Johnston, IA 50131

20180801ST00
JIBA
1408 20181

1 of 2

1 of 2

Explanation of Benefits
THIS IS NOT A BILL

Subscriber Name: SAMPLE SAMPLE
Subscriber ID: XXXXXXXXXXXX
Group Name: XYZ COMPANY

Forwarding Service Requested

SAMPLE A. SAMPLE
123 ANY STREET
CITY, STATE ZIP

J0BA

1

SUMMARY OF CLAIM INFORMATION

Claim #: 000000000000-001

Patient: SAMPLE SAMPLE

Provider: SAMPLE SAMPLE

Patient D.O.B.: 01/01/2001

Print Date: 07/04/2018

Delta Dental's Total Payment: \$337.50

Patient Responsibility: \$62.50

Get Your Year-to-Date Summary

You can quickly and easily find a year-to-date summary of the benefit amounts used by logging into Delta Dental Member Connection at [www.deltadentalia.com](#). Don't have an account? You can register at [www.deltadentalia.com](#) to have all of your benefit information at your fingertips.

For Additional Questions:

[www.deltadentalia.com](#)

800-544-0718, option 4
TTY: 888-287-7312

[help@deltadentalia.com](#)

DETAILS OF CURRENT CLAIM

Date of Service	Tooth Nbr	Tooth Surface	Procedure Code	Submitted Amount	Approved Amount	Allowed Amount	Reference Code(s)	Patient Savings	Patient Deductible	Delta Dental Co-Ins %	Delta Dental Pays	Patient Pays
3	4	5	6	7	8	9	10	11	12	13	14	15
3/28/18	30	DO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/23/18	5	DO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/23/18	3	MO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$25.00	90%	\$22.50	\$27.50
3/28/18	28	DO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/26/18	18	MO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/28/18	29	MO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/26/18	20	DO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
3/28/18	31	MO	2392	\$50.00	\$50.00	\$50.00		\$0.00	\$0.00	90%	\$45.00	\$5.00
Claim Totals:				\$400.00	\$400.00	\$400.00		\$0.00	\$25.00		\$337.50	\$62.50
Procedure Code Description(s)								Reference Code(s)				
150 Comp Oral Eval												
2392 Resin - 2 surf												

Continued on back