

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.
- 3** **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.

Explanation of Benefits (THIS IS NOT A BILL)

Patient Name: JOHN DOE

Date of Birth: 04/11/1991

Relationship: SUBSCRIBER

Subscriber: JOHN DOE

Business/Dentist: SMILES DENTISTRY

License No.: 12345 / MI (NPI: 1234567890)

Check No.: 0987654321

Issue Date: 03/20/2019

Receipt Date: 03/20/2019

Claim No.: 1234567890123

| Area/Tooth Code/Surface | Date of Service | Procedure Description | Submitted Amount | Maximum Approved Fee | Contract Dentist Savings | Allowed Amount | Deductible / Patient Co Pay / QF Use Visits | Co-Pay % | Payment | Patient Payment | Pay To |
|--|-----------------|-----------------------|------------------|----------------------|--------------------------|----------------|---|----------|---------|-----------------|--------|
| PLAN: DELTA DENTAL PLAN OF MICHIGAN PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE) | | | | | | | | | | | |
| CLIENT/ID: 1234 ABC COMPANY SUBCLIENT: 0001 ABC COMPANY | | | | | | | | | | | |
| NETWORK: PREMIER DENTIST | | | | | | | | | | | |
| | 03/12/19 | OCCL GUARD | 800.00 | 615.00 | 185.00 | 615.00 | D50.00 | 80% | 452.00 | 163.00 | P |
| Total | | | 800.00 | 615.00 | 185.00 | 615.00 | 50.00 | | 452.00 | 163.00 | |

GENERAL MAXIMUM USED TO DATE: 722.00

DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its contracting dentists. For inquiries regarding contracting dentists, please call the number listed Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should have been paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 180 days of your receipt of this EOB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request, or within a shorter time period if required by law. Failure to comply with such requirements may lead to forfeiture of a consumer's right to challenge a denial or rejection, even when a request for clarification has been made. If your claim is denied in whole or in part after the review you have the right to seek to have your claim paid by filing a civil action in court.

Your privacy is important to us. To access our HIPAA Notice of Privacy Practices or our Gramm-Leach-Bliley Privacy Notice, log onto our website and select the "HIPAA" or "GLB Privacy" link from the home page, or call our Customer Service department to request a written copy.

ANTI-FRAUD TOLL-FREE HOTLINE: (800) 524-0147

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

- 4** The Trust plan does not have a **deductible**, but if you are enrolled in another plan, that amount will show here.
- 5** **Payment** is the total amount 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 savings.

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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

