

Review your Explanation of Benefits

Sign in to MySmile and click “My dental activity” to review your Explanation of Benefits (EOB). If you don’t have a MySmile account, you’ll receive a paper copy via standard mail.

Your EOB tells you how much of your benefits were applied towards your treatment and how much you have left.

1 Verify 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 you’re not satisfied that your EOB is correct, let us know.

2 Check your maximums and deductibles

This is helpful if you need more treatments. Use it to work with your dentist on scheduling so you don’t exceed your maximums for the year.

3 Other dental coverage (if applicable)


Use this information to compare to your other plan’s EOB and dentist’s bill. If you have other coverage that is primary and this is blank, talk to your dentist office. If there is a number here and you don’t think it’s right, give us a call.

4 Shows how your benefits were applied

Here’s the math behind your cost share:

Total Billed

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


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


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	Steve Extractor

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



Your dentist is out-of-network. Get the most from your benefits with a Delta Dental PPO™ 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

	<i>paid-to date</i>	<i>annual</i>		<i>paid-to date</i>	<i>lifetime</i>
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



3 reasons to save your EOBs

1. Itemized deductions on your taxes
2. Proof of qualified medical expenses
3. HSA, FSA and HRA reimbursement