Understanding Your Explanation of Benefits (EOB)

After a trip to the dentist’s office, you’ll likely receive an EOB from your dental benefits carrier explaining the procedures performed and what is covered by your dental plan.

A This section contains subscriber and patient identification information, which you’ll need to check on a claims status or dispute a claim.

B The Procedure Code and Procedure Description explain the services received at the dentist’s office.

C Amount Submitted is the amount the dentist charged for the services.

D The Amount Allowed shows Delta Dental’s contracted fees for each procedure. Amount Allowed is the amount determined by their dental benefit plan. These amounts are often the same. If they differ, it’s because of provisions in the contract your employer purchased.

E If you have a procedure that is not completely covered by Delta Dental, the Deductible is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab.

F Delta Dental Co-pay identifies the percent the plan will cover per procedure.

G Patient Responsibility is the amount the patient owes the dentist. Your dentist should not bill you more than this amount. Plan Payment is the amount Delta Dental paid your dentist for services rendered.

H This section includes details about the appeal process.

*Some EOBs will have additional messages to help patients understand why a procedure wasn’t paid.