



Delta Dental of Kansas  
P.O. Box 789769  
Wichita, KS 67278-9769

JOHN SAMPLE  
123 ANY STREET  
ANYTOWN, US 12345

## Explanation of Benefits

### DON'T WORRY, THIS IS NOT A BILL.

You recently visited the dentist and we wanted to show you the care you received and who pays what. This Explanation of Benefits explains what your dentist charged, what we cover, our network savings and what you may owe to the dentist.

#### CLAIM DETAIL:

Claim Number: 000555000555  
Patient: Jane  
Subscriber: John

YOUR DENTIST  
CHARGES:

\$XX

PAID BY  
YOUR OTHER  
INSURANCE  
PLAN: (IF APPLICABLE)

\$XX

PAID BY YOUR  
DELTA DENTAL  
PLAN:

\$XX

YOUR  
IN-NETWORK  
SAVINGS:

\$XX

YOUR  
SHARE:

\$XX

Service Date	Dental Service	Tooth No.	Surface/ Arch/ Quad	Your Dentist Charges	Your Delta Dental Plan Charges Allowed	Your Deductible* Applied	Your Delta Dental Plan Coinsurance*	Over Annual Maximum*?	Paid by Your Delta Dental Plan	Your Share	Reason Code**
2/10/20	Example Service	-	-	\$XX.XX	\$XX.XX	\$XX.XX	100%	No	\$XX.XX	\$XX.XX	555
2/10/20	Example Service	-	-	\$XX.XX	\$XX.XX	\$XX.XX	100%	No	\$XX.XX	\$XX.XX	-
2/10/20	Example Service	-	-	\$XX.XX	\$XX.XX	\$XX.XX	100%	No	\$XX.XX	\$XX.XX	000
TOTAL				\$XX.XX	\$XX.XX				\$XX.XX	\$XX.XX	

#### \*\*REASON CODE:

555: Reason code information.  
000: Reason code information.

#### CLAIM PAID TO:

Dentist: Dr. Dentist  
Claim Paid Date: 2/20/2020  
Check Number: 123456

#### BENEFIT SUMMARY FOR <PATIENT>:

(BENEFIT PERIOD: 1/1/2020 - 12/31/2020)

	<b>Paid to Date</b>	<b>Annual</b>
Deductible:	\$XX.XX	\$XX.XX
Family Deductible:	\$XX.XX	\$XX.XX
Annual Maximum:	\$XX.XX	\$XXXX.XX
	<b>Paid to Date</b>	<b>Lifetime</b>
Orthodontics Maximum	\$XX.XX	\$XXXX.XX

Benefit Period Annual Maximum Remaining for <Patient>: \$XXXX.XX

Contact our Customer Service Team at 800-234-3375 or [DeltaDentalKS.com/Contact](https://www.DeltaDentalKS.com/Contact).

#### \*HELPFUL DEFINITIONS:

<b>Deductible:</b>	This is the amount you pay for dental care before we start sharing the cost.
<b>Coinsurance:</b>	This is the percentage of your dental care service that Delta Dental pays after you pay your deductible.
<b>Annual Maximum:</b>	This is the most money your dental plan will pay in a year for dental care. Once you reach the annual maximum, you pay any costs for the remainder of your benefit year.

Learn more at [DeltaDentalKS.com/Glossary](https://DeltaDentalKS.com/Glossary).

#### DON'T RECOGNIZE THE SERVICES ON THIS EXPLANATION OF BENEFITS?:

Please report any suspected fraud or abuse by using our online Fraud & Abuse contact form at [DeltaDentalKS.com/Contact](https://DeltaDentalKS.com/Contact), by emailing [reportfraud@deltadentalks.com](mailto:reportfraud@deltadentalks.com), or by calling us at 877-264-9381.

#### NOT HAPPY? BELOW IS AN EXPLANATION OF YOUR APPEAL RIGHTS:

Any time you pay for a portion of your dental care, you have the right to question whether we calculated it correctly. We call this your appeal rights. Feel free to call us at 800-234-3375 to get help understanding this Explanation of Benefits and to talk through your portion and our portion of these costs including any denials. If you think something should have been covered but it wasn't or it wasn't covered in the way you think it should be—you can appeal it and we will take another look.

Here is how you appeal a claim. You have 180 days from when you received the Explanation of Benefits to appeal a claim. Easily download the Appeal Request form at [DeltaDentalKS.com/Member/Forms](https://DeltaDentalKS.com/Member/Forms) or contact our Customer Service team at 800-234-3375.

You or someone acting for you can send us the appeal request form any of the following ways:

- Email to [customerservice@deltadentalks.com](mailto:customerservice@deltadentalks.com)
- Fax to 316-462-3392
- Mail to Delta Dental of Kansas ATTN: APPEALS P.O. Box 789769 Wichita, KS 67278-9769.

If your plan is governed by the Employee Retirement Income Security Act of 1974 (ERISA), you may have the right to bring legal action under section 502(A) of ERISA if you do not agree with the final determination. We will provide you a copy of the specific rule, exclusion, or limitation relied upon in the benefit determination free of charge upon request. You may also review the documents relevant to the benefit denial upon request. Failure to file a timely appeal will bar you from any further review of this benefit denial under these procedures or in a court of law.

#### RECEIVE EXPLANATION OF BENEFITS ELECTRONICALLY

If you would like to receive future Explanation of Benefits and other communication electronically, it's easy to sign up on your member account at [DeltaDentalKS.com/GoGreen](https://DeltaDentalKS.com/GoGreen).

#### ARE YOU OR A MEMBER OF YOUR FAMILY COVERED UNDER ANOTHER DENTAL INSURANCE PLAN?

Provide updates about your other dental insurance plan by downloading the Dual Coverage Information Request form at [DeltaDentalKS.com/Member/Forms](https://DeltaDentalKS.com/Member/Forms) or contact our Customer Service team at 800-234-3375.

**Have questions or would like more details on your claim?**  
Contact our Customer Service team by calling **800-234-3375**,  
visiting [DeltaDentalKS.com/Contact](https://DeltaDentalKS.com/Contact) or by emailing [moreinfo@deltadentalks.com](mailto:moreinfo@deltadentalks.com).

*Dental plans are intended to cover part of your dental expenses so you may not be covered for every dental need. A typical plan has limitations, such as the number of times you can receive a specific service each year. In addition, some procedures may not be covered under your plan, which is referred to as an "exclusion." To find out how any limitations or exclusions impact your benefit coverage, review your full description of benefits by logging in to your Member Account at [DeltaDentalKS.com/Member](https://DeltaDentalKS.com/Member).*

*You can plan ahead and help predict your dental care costs by asking your dentist to submit a pre-treatment estimate which will provide an overview of how your dental plan might affect your share of the cost. Learn more about pre-treatment estimates at [DeltaDentalKS.com/Knowledge](https://DeltaDentalKS.com/Knowledge).*