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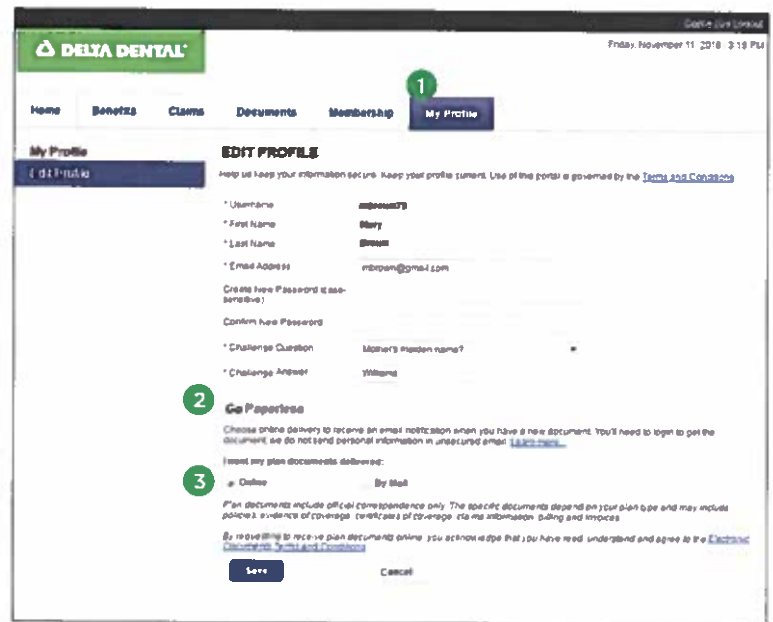
- **It's convenient.** Access your claim statements, pre-treatment estimates and other important plan documents online. You'll get an email alert every time a new document is available.
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- **It's faster.** No need to wait for "snail mail."
- **It's easy.** Updating your settings takes only a few moments.

How do I change my settings?

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1. Click on the **My Profile** tab.
2. Go to the **Go Paperless** section (after the username and password questions).
3. Select **Online** and click **Save**.

Turn the page to learn how to download and read your electronic claims.



Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

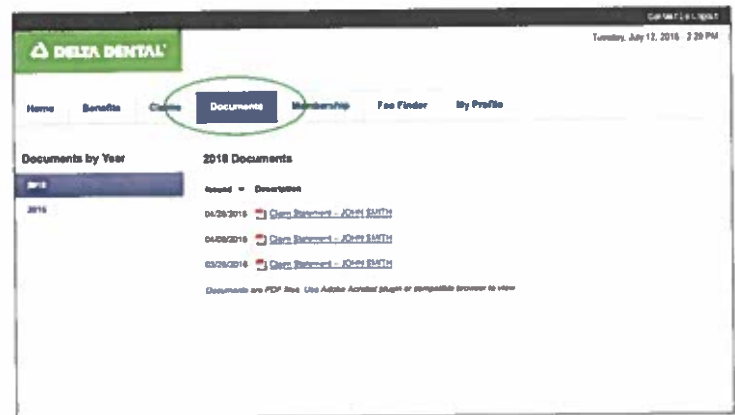


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Where can I find my claims?

To view your claim statements as PDFs, simply log in to your Online Services account.

1. Go to deltadentalins.com. Log in.
2. Click on Documents tab at the top.
3. Choose the claim you want to view. A new window should pop up with the PDF, which you can save to your desktop for reference. (If the window does not pop up, check if your browser has disabled pop-ups.)



Note: You can also see claim information listed under the Claims tab, although this feature does not allow you to download the full statement in PDF form.

What's in my claim statement?

#1 Claim number: 20160255494511	A	B	C	D	E	F	G	H
PROCEDURE NUMBER AND TYPE OF SERVICE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 30 Surface(s): B,0	280.00	255.00	255.00	0.00	--	80%	204.00	51.00
Treating provider: JANICE LEE								
Date of service: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 31 Surface(s): D,0	280.00	255.00	255.00	0.00	--	80%	204.00	51.00
Treating provider: JANICE LEE								
Claim total for JOHN SMITH	560.00	510.00	510.00	0.00	0.00		408.00	102.00

A. Submitted fee: How much the procedure would cost if you didn't have insurance.

B. Accepted fee: The total owed to the dentist, including your share and the amount paid by insurance.

C. Maximum contract allowance: The total on which Delta Dental bases its portion of the fee.

Note: If you go to an out-of-network dentist, this amount may be lower than the accepted fee.

D. Amount applied to deductible: How much of your deductible you have fulfilled with the given procedure(s).

Note: Not all plans include a deductible (a fixed dollar amount you are required to pay before your coverage applies).

E. Paid by another plan: The amount covered by a secondary plan (for example, through your spouse or second job).

F. Contract benefit level: The percent of the maximum contract allowance that's paid by your dental plan.

G. Delta Dental pays: The amount your dentist is paid through your current dental plan.

H. Patient pays: How much you owe the dentist: This is what's left over from the accepted fee after your insurance covers its portion(s).