How to read a Predetermination of Dental Benefits

Use the alphabetical glossary of terms below to help you navigate your Predetermination of Dental Benefits.

**Allowed:** Total charge less any disallowed or denied charges. The plan's benefits are applied towards the amount listed in this column. Disallowed or denied charges can include:
- Provider write-offs due to charges over the maximum plan allowance
- The difference between the allowed charges of the procedure and any alternate benefit given due to contractual limitations or based on Dental Consultant review
- Any amount over the patient’s annual or lifetime maximum

**AP** (Alternate Procedure): Refer to **Alternate Procedure**

**Alternate Procedure:** The alternate procedure being given to a requested procedure. This can include contractual limitations and alternate benefits being given based on Dental Consultant review

**Benefit:** The total estimated amount ODS Dental will pay for services

**CD** (Comments): Refer to “Code and Comments”

**Claim No:** The predetermination claim number generated by our system

**Code:** The CDT (Current Dental Terminology) procedure code number

**Code and Comments:** The explanation codes and other information regarding the benefits

**Deduct:** (Deductible) Charges which have been applied to the plan’s deductible. Any amounts listed in this column are patient responsibility

**Dental Benefits and Plan information:** The deductible and maximum amount payable per year, including when the new benefit year begins
Questions?
We’re here to help.

For questions about your Delta Dental coverage, please contact Dental Customer Service. Call us toll-free at 877-217-2365. TTY users, please call 711.

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