Horizon

Horizon Blue Cross Blue Shield of New Jersey

Horizon Dental

Understanding Your Dental Explanation of Benefits

Your Dental Explanation of Benefits (EOB) from Horizon Blue Cross Blue Shield of New Jersey helps you understand how your dental plan pays claims. Register and sign in to Member Online Services at **HorizonBlue.com/members** to view, download and print your EOB.

0000000987654A*********
JANE DOE
987 MAIN STREET
ANYTOWN, NJ 09999

Issue Date: 05/17/2016

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Provider: JOHN DENTIST
Subscriber: JANE DOE
Patient: JANE DOE

Treating Addr: 123 ROUTE 999
Group-Subgrp: 098765-1234
Relationship: SELF

IN NETWORK

Subscriber ID: 3HZN12345678
Claim: 87654321

Tooth # - Surface (A)	Service Date (B)	Proc Code (C)	Procedure Description (D)	Submitted Amount (E)	Approved Amount (F)	Allowed Amount (G)	Network Savings (H)	Deductible Amt (I)	Cov % (J)	Patient Owes (K)	Plan Payment (L)	Notes *
	05/04/2016	D0120	Periodic oral exam	50.00	31.00	31.00	19.00	0.00	100	0.00	31.00	
	05/04/2016	D0210	X-ray - complete series w	134.00	88.00	88.00	46.00	0.00	100	0.00	88.00	
	05/04/2016	D1110	Prophylaxis	97.00	72.00	72.00	25.00	0.00	100	0.00	72.00	
04	05/11/2016	D2752	Crown - porcelain/metal	1006.00	889.00	889.00	117.00	25.00	80	197.80	691.20	
Totals				1287.00	1080.00	1080.00	207.00	25.00		197.80	882.00	

Appeal Comments:

	Other Insurance Coverage Paid (M)	$0.00
(N)	**Current Plan Payment**	$882.00

A – Tooth # – Surface The tooth number and surface(s) on which services were performed.

B – Service Date The date that services were provided to the patient.

C – Proc. Code The dental procedure code used to describe the procedure/service.

D – Procedure Description A brief explanation of each service.

E – Submitted Amount Amount billed to Horizon BCBSNJ by the dentist or facility.

F – Approved Amount The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost sharing, if applicable.

G – Allowed Amount The amount your Horizon BCBSNJ plan allows for the services performed.

H – Network Savings The difference between the submitted amount and the approved amount.

I – Deductible Amt. The amount you pay each year before your Horizon BCBSNJ dental plan starts to pay for covered services.

J – Cov. % The percentage of the approved amount covered by insurance based on your plan benefits.

K – Patient Owes The amount the patient must pay to the dentist or facility, including deductible, copayment and coinsurance.

L – Plan Payment The amount Horizon BCBSNJ pays the dentist or facility based on your plan benefits.

M – Other Insurance Coverage Paid The amount paid by another insurance carrier, if applicable.

N – Current Plan Payment The total amount paid to you, your dentist or facility for the services performed.