

Claim Payment

Your EOB at a Glance

Refer to the numbered descriptions on the back for more information about how Principal Life Insurance Company calculates dental claim payments on an explanation of benefits (EOB).

PRINCIPAL LIFE INSURANCE CO
 PO BOX 10357
 DES MOINES, IA 50306-0357
 PHONE 800-323-XXXX
QUESTIONS?
PLEASE CONTACT: 800-123-XXXX (SPANISH)

MAIL TO:
 JOHN DOE
 1212 VILLA DRIVE
 DES MOINES IA 50309

EXPLANATION OF BENEFITS FOR MEMBER

EMPLOYEE: JOHN DOE
 PATIENT NAME: SELF
 EMPLOYER: DOE MANUFACTURING INC
 CLAIM NO: P12345-123456789-013

PAID TO: THE IOWA DENTAL OFFICE
 DES MOINES IA 50309

On 6-01-11, we processed \$106.00 in charges. Of the \$106.00, we paid \$83.00 for your benefit amount. Please read below to see how we applied your DENTAL benefits. We will mail the provider payment on 6-08-11.

Service Provider		A: Mary Jones, DDS 1										
Service	Description of Service	Dates of Service		Provider Charge	Charge Allowed	Not Covered	Pending	Deductible	Copay	Coins	Remarks**	Benefit
		From	Through									
A	DN1 CLEANING	030111	030111	67.00	55.00	12.00				100	00-01	55.00
A	DN1 DENTAL EXAM	030111	030111	39.00	28.00	11.00				100	00-02	28.00
Totals:				106.00	83.00	23.00						83.00

14 SUMMARY OF ADJUSTMENTS > > >

15 ADJUSTMENT TOTAL :

0.00

16 Total Paid: 83.00

Remarks **	REMAINING OUT-OF-POCKET EXPENSE	
	INDIVIDUAL	FAMILY
00-01 BASED ON THE RECIPROCAL AGREEMENT BETWEEN YOUR PPO AND THE PRINCIPAL PLAN DENTAL, WE'VE REDUCED THE CHARGE BY \$23.00. THE PPO PROVIDER CAN'T BILL THE PATIENT THE DIFFERENCE BETWEEN THE BILLED COVERED CHARGE AND THE CONTRACTED PPO AMOUNT. THE PATIENT IS RESPONSIBLE FOR \$.00.	17	
00-02 MEMBER PLEASE ANSWER: DO YOU OR ANY FAMILY MEMBERS HAVE OTHER INSURANCE? IF SO, WE NEED OTHER PLAN'S INSURED'S NAME; PLAN NUMBER; INSURANCE COMPANY'S NAME/ADDRESS/PHONE NUMBER; NAMES OF FAMILY MEMBERS COVERED BY OTHER PLAN; AND SPOUSE'S BIRTHDATE. PLEASE CONTACT US SO WE MAY UPDATE YOUR RECORDS.	18	
00-03 CURRENT DENTAL TERMINOLOGY (C) AMERICAN DENTAL ASSOCIATION	19	
00-04 LOG ON TO OUR HEALTH AND WELLNESS CENTER AT WWW.PRINCIPAL.COM FOR USEFUL INFORMATION AND VALUABLE TOOLS TO HELP YOU GET HEALTHY AND STAY HEALTHY.	PAID	REMAINING

When a deductible, co-pay, out-of-pocket, or coinsurance maximum has been applied, an explanation regarding the deductible, co-pay, out-of-pocket, or coinsurance maximum is found in the summary of benefits section of your plan booklet.

HELP STOP INSURANCE FRAUD! CALL 1-800-642-3788. See additional information on back page.

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 Visit us at www.principal.com

Field descriptions

- 1. Service Provider:** Name of the dentist or other provider.
- 2. Service:** The professional procedure code assigned to each service you received.
- 3. Description of Services:** Description of the professional procedure code listed in the Service section.
- 4. Dates:** Date(s) the service was provided.
- 5. Provider Charge:** Dollar amount billed for services.
- 6. Charge Allowed:** The billable amount allowed under the terms of your coverage.
- 7. Not Covered:** Amount subtracted from the charges because the service or treatment is not covered.
- 8. Pending:** Amount subtracted from the charges because more information is required before this part of the claim is processed.
- 9. Deductible:** Amount subtracted from the charges to meet your deductible. The deductible is the amount you pay before the benefit program begins paying.
- 10. Co-pay:** If your coverage includes a co-pay, this is the amount you pay for each visit. This amount is subtracted from the covered charges before benefits are paid.
- 11. Coinsurance:** Percentage of covered charges the benefit program pays. You pay the remaining percentage.
- 12. Remarks:** Cross-references messages found in the Remarks section. Remarks explain actions on the claim.
- 13. Benefit:** The amount left after applying the amounts in the Not Covered, Pending, Deductible and Co-pay columns and the Coinsurance percentage.
- 14. Summary of Adjustments:** May show one or more of the following – adjustment for other coverage, provider payment discounts and/or cost containment penalties.
- 15. Adjustment Total:** The total from the Summary of Adjustments.
- 16. Total Paid:** The total benefit amount paid by your coverage minus any adjustments.
- 17. Remaining Out-of-Pocket Expense:** Not used for dental.
- 18. Remaining Deductible:** Not used for dental.
- 19. Lifetime Benefits Maximum:** Not used for dental.



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This material is designed to provide a general summary of the information found on the explanation of benefits (EOB). It does not state all insurance contract provisions, restrictions of coverage, benefits, conditions, limitations, or provisions required by state or federal law. A more complete description is in the booklet that will be issued to each member. Ask your employer for details.