

Understanding coordination of benefits and dual coverage



We'll do whatever it takes and then some.

What is dual coverage?

If you have two jobs that both provide dental benefits or if you are covered by a second dental plan in addition to your own, you have what is called dual coverage. Dual coverage doesn't mean that your benefits are doubled. What it does mean is that you will likely enjoy lower out-of-pocket costs for your dental care.

Dual coverage saves money for you and your group by sharing the total cost of covered dental services between two carriers. Containing costs is an important part of Delta Dental's plan to keep you smiling.

How does dual coverage work?

Dual coverage works the same way whether you are covered by two Delta Dental plans or by Delta Dental and another carrier. We simply work with the other dental carrier and your dental office to coordinate your benefits and ensure that the combined amount paid by the plans does not exceed the total amount the dentist has agreed to accept from Delta Dental.

Suppose, for example, that both of your plans provide two cleanings a year, each with 80 percent coverage. You would not be entitled to four cleanings per year, but you would have some cost savings. The primary carrier pays up to 80 percent of its maximum plan allowance first, and the secondary carrier would cover up to the remaining 20 percent that you would have had to pay out-of-pocket if you were covered by only one plan.

Why not twice as many benefits?

Why don't you receive double the benefits when you have two dental plans, especially if your dentist recommends that you receive more than two cleanings per year?

Dual coverage limitations, like all other plan limitations, are built into your group's contract and into the rates your group pays for your coverage. These contracts are set up to provide affordable dental care to a maximum number of people. Given the choice between doubling an individual's benefits or providing a greater scope of benefits to more people in the group, most group purchasers choose to spread their benefit dollars more evenly.

What is "non-duplication of benefits"?

For groups with a non-duplication of benefits rule in their plan, the secondary carrier pays only the difference between what the primary carrier actually paid and what the secondary carrier would have paid if it had been the primary carrier.

For example, if the primary carrier paid 80 percent and the secondary carrier normally covers 80 percent as well, the secondary carrier would not make any additional payment. However, if the primary carrier had only paid 50 percent, the secondary carrier would pay up to the remaining 30 percent.

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WE KEEP YOU SMILING®

Why do 59 million enrollees trust their smiles to Delta Dental?*

- More dentists
- Simpler process
- Less out-of-pocket

SmileWay® Wellness Program

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free e-newsletter subscription, at: mysmileway.com.

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Product administration

Delta Dental includes these companies in these states:
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Delta Dental of Pennsylvania – PA & MD •
Delta Dental of West Virginia – WV •
Delta Dental of Delaware, Inc. – DE •
Delta Dental of the District of Columbia, Inc. – DC •
Delta Dental of New York, Inc. – NY •
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*Delta Dental of California, Delta Dental of Pennsylvania and Delta Dental Insurance Company, together with our affiliate companies and Delta Dental of New York, are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to more than 59 million people in the U.S.

Who is the primary carrier?

The primary carrier is the one that covers you as the enrollee (e.g., through your employer rather than your spouse's employer). If you have two jobs, the plan that has covered you longer is considered primary.

For your children's coverage, the primary carrier is generally determined by the "birthday rule": coverage of the parent whose birthday (month and day, not year) comes first in the year is your children's primary coverage. For example, if the mother's birthday is in April and the father's birthday is in September, the mother's plan would be primary.*

Here are more dual coverage examples to help you determine the primary carrier.

Q. Whose plan is primary when a child's father and mother have the same month and day of birth?	A. The plan that has covered either parent longer is primary.*
Q. Whose plan is primary when a child's parents are legally separated or divorced?	A. The parent with whom the child lives usually provides primary coverage.*
Q. Whose plan is primary when there is joint custody and both parents have dental coverage?	A. The plan that covers the parent with whom the child lives provides primary coverage.* In joint custody cases, the plan that has covered either parent/step parent longer is primary. When a child is covered through remarriage or domestic partnership, coverage is determined in this order: <ul style="list-style-type: none">• Primary coverage: plan that covers the parent the child lives with• Second: plan that covers the custodial parent's spouse or domestic partner• Third: plan that covers the other parent• Fourth: plan that covers the other parent's spouse or domestic partner
Q. Which plan is primary for a person with two jobs, or if a person has coverage as an active employee of one company and as a laid-off or retired employee of another company?	A. In the case of two jobs, the plan that has covered the employee longer is primary. In the other case, the plan covering the person as an active employee is primary and the coverage resulting from retirement or being laid off is secondary.

Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

*These rules are superseded by a court order establishing the person responsible for the child's coverage.