DELTA DENTAL®

How Delta Dental coordinates benefits

Coordination of Benefits (COB) is a procedure for paying health care expenses when people are covered by more than one plan (such as a husband and wife who both have health care coverage through their respective employers). The goal of COB is to make sure the combined payments of the plans does not exceed the amount of your actual bills.

How does Delta Dental decide which plan pays as primary?

Delta Dental follows rules established by state law to decide which plan pays first (primary) and how much the other plan must pay. Refer to your Dental Care Certificate for further details on your state's rules to determine which plan pays as primary.

How does Delta Dental pay as the primary plan?

When Delta Dental is the primary plan, we pay the full benefit allowed by your contract as if you had no other coverage.

What is standard COB?

Standard COB is when the secondary plan payment is based on the balance left after the primary has paid, but does not exceed the amount it would have paid as primary or the total amount of the claim. For example, Bob and Sarah Johnson both have dental coverage. Due to their state's law, Bob's plan pays as primary and Sarah's plan pays as secondary. Bob had a cleaning on his last visit to the dentist. Standard COB is as follows:

Procedure:	Sample allowed amount:	Bob's plan is primary—pays 80 percent:	Sarah's plan is secondary—pays remainder:
Cleaning	$100	$80	$20

Because Bob's plan is primary, his plan pays first and Sarah's plan pays as secondary or second. Bob's plan pays $80 (80 percent of $100) and Sarah's plan pays the remainder, or $20 (does not exceed amount we would have paid as primary).

What is carve-out COB?

The carve-out (or non-duplication) method of coordinating benefits can be selected by your group as an alternative to standard COB for enrollees who are covered under more than one dental plan. With carve-out COB if you or a member of your family have another dental plan and that plan is primary to your employer's dental plan (in other words, it pays first), our payment for covered services will equal the amount payable under your employer's dental plan **minus the amount paid by the other dental plan.**

For example: Bob Johnson, husband of ABC Products enrollee Sarah Johnson, had a crown on his last visit to the dentist. Both his dental plan and Sarah's plan cover major restorative services like crowns at 50 percent:

Procedure:	Sample allowed amount:	Bob's plan pays 50 percent:	Sarah's plan pays 50 percent:
Crown	$705	$352.50	$0

Because Bob's dental plan is primary, Sarah's ABC Products plan pays nothing because the amount payable under her plan (50 percent of $705, or $352.50) minus the amount paid by Bob's plan ($352.50) equals zero.

Questions?

To find out what's covered under the dental plan chosen by your employer:

- Refer to your Dental Care Certificate
- Register and log onto Delta Dental's Consumer Toolkit℠ from our Web sites:

  Michigan: www.deltadentalmi.com

  Ohio: www.deltadentaloh.com

  Tennessee: www.deltadentaltn.com

  Indiana: www.deltadentalin.com
- Call Delta Dental's Customer Service department at:

  Michigan, Ohio and Indiana: (800) 524-0149

  Tennessee: (800) 223-3104

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