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 payment 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 second as secondary. 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 nonduplication) method of coordinating benefits can be selected by your group as an alternative to standard COB. 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 Delta Dental plan (in other words, it pays first), our payment for covered services (as the secondary plan) will equal the amount payable under your employer's Delta Dental plan **minus the amount paid by the other dental plan.**

For example: Bob Johnson, husband of ABC Products member Sarah Johnson, had a cleaning on his last visit to the dentist. Bob's plan is primary and covers cleanings at 50 percent. Sarah's plan is secondary and covers cleanings at 90 percent. Carve-out COB is as follows:

Procedure:	Allowed amount:	Bob's plan is primary—pays 50 percent:	Sarah's plan is secondary:	Out-of-pocket cost:
Cleaning	$100	$50	$40	$10

Since Bob's plan is primary, it pays $50 (50 percent of $100). If Sarah's plan had been primary, it would have paid $90 (90 percent of $100). But because Sarah's plan is secondary, it pays the amount payable under her Delta Dental plan, minus the amount paid by Bob's plan ($90 minus $50). That means Sarah's plan pays $40. Bob is then responsible for the difference between the two plans ($50 and $40), which is $10.

Questions?

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

- Refer to your dental care certificate.
- Register and log in to Delta Dental's Member Portal by visiting your state-specific website:

  Michigan: www.deltadentalmi.com

  Ohio: www.deltadentaloh.com

  Indiana: www.deltadentalin.com
- Call Delta Dental's customer service department at 800-524-0149.