

How Does Dual Coverage Work?



It's not uncommon to have coverage under two dental plans. For example, your children may have dental benefits through your employer and your spouse's employer. Anyone with dental coverage under two separate plans has dual coverage.*

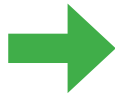
How It Works

When a person has dual coverage, insurance companies use a process known as coordination of benefits (COB) to help determine the amount that each insurer will pay. While dual coverage does not provide double benefits, you could get more coverage, as what one plan may not cover, the other may.

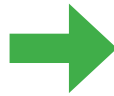
Here's how it works:



Dentist submits bill to primary insurance.



Primary insurer pays their portion and sends EOB to dentist and member. Dentist or member then submits bill to secondary insurance.



Secondary insurer pays their portion and sends EOB to dentist and member. If there is a remaining billable balance, dentist sends member an invoice.



Member pays balance, if any.

An exception to the rule: Some dental plans have a non-duplication of benefits clause. This rule prevents payment or benefits from the secondary plan if the primary plan already paid the same or more than the secondary plan would have paid if it had been the primary plan. Check your plan information to see if your secondary plan has this rule before using your benefits.

*Dual coverage is available if both plans are group plans; coordination of benefits is not possible between two individual plans, nor can an individual own an individual policy while participating in a group plan. Also, coordination of benefits is not possible with a state-funded insurance plan, such as Medicaid (Medicaid is always secondary).

Determining Which Plan is Primary

The primary plan is billed first, and the secondary plan is billed after the primary plan pays its portion. Which plan is primary varies by situation:



For yourself:

Your primary plan is typically the coverage you receive through your employer. Additional coverage through a spouse will be secondary.



For yourself, if you have two jobs:

If you have dental benefits through both employers, the primary plan is usually the one that has provided coverage the longest.



For your children:

The parent whose birthday falls first in the calendar year will have the primary plan. For example, if your birthday is August 9th, and your spouse's birthday is July 21st, your spouse's plan would be the primary plan. Birth year is not a factor.



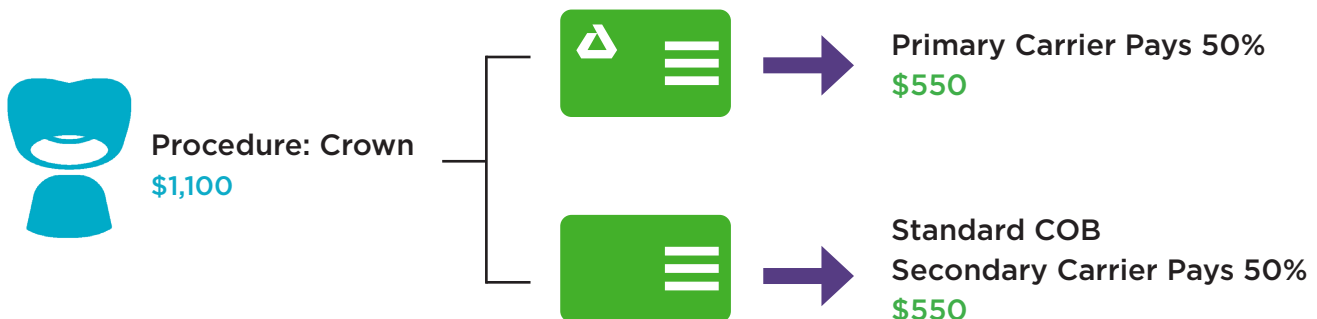
For children of divorced parents:

While the custodial parent's benefits are typically primary, the specific terms of the divorce decree will designate the primary and secondary plans.

When Both Plans are Delta Dental Plans

The dual coverage still applies if both of the plans are Delta Dental plans. The primary plan is submitted and processed first, and the secondary plan is billed next. If you have dual coverage, when submitting a claim, provide both plans' information so both plans' claims can be processed as quickly and accurately as possible.

Below is an example of a standard COB. This example assumes an allowed charge of \$1,100, your deductible has already been met, and you haven't reached your annual maximum.



If your primary or secondary plan is an HMO-type plan (such as DeltaCare® USA), please contact your carrier for specifics on how dual coverage is handled.