

Here's how it works when you have *two* dental plans



You may have a dental plan from your employer and your spouse has one, too. Or if you're divorced, you may be wondering how dental coverage works for your children.

Health and dental plans work together to make sure they're not paying for the same care. This is called coordination of benefits (COB), and it's the way we figure out which plan pays for your dental care. State laws guide which plan pays first — this is called the **primary** plan. The **secondary** plan may also pay, depending on what it covers and how much the primary plan pays. Even if you get benefits from both plans, they may not cover all your costs. The combined benefits should never be more than the cost of your care.

So which plan is primary?

It mostly depends on who's getting the dental care.

If the care is for	Then
You , and you have a dental plan with your employer	Your plan is primary
Your spouse , and they also have a dental plan through their employer	Their plan is primary
Your child , and you and your spouse each have a dental plan	The primary plan is the one for the parent whose birthday comes first in the year
Your child , and you're divorced but the divorce decree makes you responsible for your child's health care costs	Your plan is primary
Your child , and you're divorced but the divorce decree doesn't name who's responsible for health care costs	The plan of the parent with custody of the child is usually primary*

There's an exception to these rules. If you and your spouse each have a dental plan and one of the plans doesn't coordinate benefits, that plan is primary for both of you. Check your spouse's dental plan to find out.

What does the primary plan pay?

The primary plan pays the full benefit allowed by the plan as if you had no other coverage. Based on how much your primary plan pays and what it covers, the secondary plan may also kick in.



Questions?

Call the Member Services number on the back of your ID card. We're here to help.

How does the secondary plan work?

Any payments the secondary plan makes are based on the balance after the primary plan pays. And then, the secondary plan pays only toward the services it covers and only the amounts it allows for those services. If the amount it allows for a service is lower than what the primary plan pays, the secondary plan doesn't pay.

Secondary plan payments are decided either by:

- Standard method: The primary plan payment plus the secondary plan payment can't be more than 100% of the submitted charges.
- Non-duplication of benefits method: The secondary plan doesn't pay any more on the claim than it would have paid if it were the primary plan.

Here are some examples showing how these payment methods work for dental and orthodontic care. Remember, these are just examples. Your plan payments won't be exactly like this.

Dental

Standard method		Non-duplication of benefits method	
Primary		Primary	
Billed amount	\$550	Billed amount	\$550
Allowed amount	\$550	Allowed amount	\$550
Deductible	\$50	Deductible	\$50
Allowed amount less deductible	\$500	Allowed amount less deductible	\$500
50% coverage	\$250 (\$500 x 50%)	50% coverage	\$250 (\$500 x 50%)
Primary plan pays	\$250	Primary plan pays	\$250
Secondary		Secondary	
Billed amount	\$550	Billed amount	\$550
Allowed amount	\$550	Allowed amount	\$550
Deductible	\$50	Deductible	\$50
Allowed amount less deductible	\$500	Allowed amount less deductible	\$500
80% coverage	\$400 (\$500 x 80%)	80% coverage	\$400 (\$500 x 80%)
(Primary plan paid)	\$250	(Primary plan paid)	\$250
Secondary plan pays	\$300 (\$550 - \$250)	Secondary plan pays	\$150 (\$400 - \$250)
You pay	\$0	You pay	\$150

Note: This example shows payments based on the primary dental plan paying 50% of allowed dental costs and the secondary dental plan paying 80% of allowed dental costs. Your plans may cover different amounts.

Orthodontics

Standard method		Non-duplication of benefits method	
Primary		Primary	
Billed amount	\$5,250	Billed amount	\$5,250
Allowed amount	\$5,250	Allowed amount	\$5,250
50% coverage	\$2,625 (\$5,250 x 50%)	50% coverage	\$2,625 (\$5,250 x 50%)
Primary plan pays	\$1,000 (assumes plan includes \$1,000 lifetime maximum)	Primary plan pays	\$1,000 (assumes plan includes \$1,000 lifetime maximum)
Secondary		Secondary	
Billed amount	\$5,250	Billed amount	\$5,250
Allowed amount	\$5,250	Allowed amount	\$5,250
50% coverage	\$2,625 (\$5,250 x 50%)	50% coverage	\$2,625 (\$5,250 x 50%)
Secondary plan pays	\$1,000 (assumes plan includes \$1,000 lifetime maximum)	Secondary plan pays	\$0
You pay	\$3,250	You pay	\$4,250

Note: This example shows payments based on the primary and secondary dental plans paying 50% of allowed orthodontic costs. It also assumes the plans have a \$1,000 lifetime maximum orthodontic benefit. This may not be the case with your plans.

*If your divorce decree doesn't name the parent responsible for your child's health care expenses, the primary plan is determined in this order: 1) plan of the parent with custody of the child; 2) plan of the spouse of the parent with custody of the child; 3) plan of the parent who doesn't have custody of the child.

Coordination of benefits isn't calculated based on pre-estimates for services. There is no guarantee that the primary plan will pay the pre-estimate amount when the claim is actually processed.

This is a summary of only a few of the provisions of your dental plans to help you understand coordination of benefits, which can be very complicated. This is not a complete description of all of the coordination rules and procedures, and doesn't change or replace the language contained in your insurance plan, which determines your benefits. For more information, please contact your insurance company customer service department or your human resources department.

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