



Understanding Coordination of Benefits & Dual Coverage

What is dual coverage?

If you have two jobs that provide dental benefits or you are covered by a second dental plan such as a spouse's dental plan, this is considered dual coverage. Dual coverage doesn't mean that benefits are doubled. What it does mean is that you will likely enjoy lower out-of-pocket costs for dental care.

How does dual coverage work?

Delta Dental works with the second dental carrier and your dental office to coordinate benefits and ensure that the combined amount paid by the plans does not exceed the total amount the dentist has agreed to accept from the primary carrier.

For example, if both plans provide two cleanings a year, each with 80 percent coverage, you would not be entitled to four cleanings per year, but you would receive out-of-pocket cost savings.

The table below illustrates how dual coverage is processed.

Procedure – primary carrier total allowed charge	Primary carrier pays procedure at 80%	Secondary carrier pays procedure at 80%	Patient pays
\$100	\$80	\$20* (\$100-\$80)	\$0
Dentist paid: \$100			

*The total paid to the provider cannot exceed the total allowed charge.

The table below illustrates how dual coverage would be processed under the Coordination of Benefits (COB) change.

Procedure – primary carrier total allowed charge	Primary carrier pays procedure at 80%	Secondary carrier pays procedure at 80%	Patient pays
\$100	\$80	\$80	\$0
Dentist paid: \$160			

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 the primary carrier.

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) occurs first in the calendar year is the child’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.

Below are examples of how to determine the primary carrier.

Whose plan is primary carrier when a child’s father and mother have the same month and day of birth?	The plan that has covered either parent longer is primary.*
Whose plan is primary when a child’s parents are legally separated or divorced?	The parent with whom the child lives with usually provides primary coverage.*
Whose plan is primary when there is joint custody and both parents have dental coverage?	The plan of the parent whose birthday* (month and day, not year) occurs first in the calendar year provides primary coverage.**
Which plan is primary if a person has coverage as an active employee of one company and is laid off or a retired employee of another company?	The plan covering the person as an active employee is primary and the coverage resulting from retirement or being laid off is secondary.

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

**If another carrier does not use the “birthday rule,” then the other plan will determine which coverage is first. Please review your Summary Plan Description or Benefit Certificate for specific details about your plan.