



Delta Dental of Massachusetts **Coordination of Benefits Policy**

When a subscriber is covered by two or more dental plans, we will coordinate coverage with the other carrier(s) to enable the subscriber to receive the maximum allowable benefit from each plan. This process, which is known as Coordination of Benefits (COB), allows a subscriber to be reimbursed up to the total cost of the dental services he or she receives – coordinated coverage cannot exceed the total cost of the services.

Subscribers should include all COB information on their Enrollment Forms.

In coordinating benefits, we follow the guidelines established by the National Association of Insurance Commissioners (NAIC). The rules for determining primary and secondary benefits are applied in the following order:

Fully Insured Accounts

- 1) Capitated dental plans, such as DeltaCare, are always primary.
- 2) Delta Dental is your employee's primary dental plan; the plan offered by his or her spouse is secondary for your employee.
- 3) The plan offered by your employee's spouse is the spouse's primary dental plan; Delta Dental is secondary for the spouse.
- 4) The plan covering the parent whose birthday falls first in the calendar year, regardless of age, is the primary plan for dependent children. (Ex: May vs. Sept.)
- 5) If the parents are divorced, the plan of the custodial parent is primary for dependent children, the plan of the spouse of the custodial parent is secondary and the plan of the non-custodial parent is tertiary. A court order supersedes the above when it specifies who will be primary.
- 6) When a patient is a subscriber in more than one plan, the plan covering the patient longer is the primary plan.

Self Insured Accounts

ASO accounts can establish their own processing rules for COB. Therefore the dentist/patient should submit the claim based on the rules for the specific account, which may be found on the account's benefit summary or by contacting Delta Dental and/or the other insurance carrier.

If Delta Dental is Primary

- 1) The dentist/patient should submit the claim to Delta Dental.
- 2) Once the claim payment is issued, the dentist/patient should provide Delta's Explanation of Benefits form to the secondary carrier, from which they will calculate the secondary payment.

If Delta Dental is Secondary

- 1) The dentist/patient should submit the claim to the primary carrier.
- 2) Once the claim payment is issued from the primary carrier, the dentist/patient should provide the primary carrier's Explanation of Benefit form to Delta Dental, from which we will calculate the secondary payment.