



Making the most of two dental plans

How dual coverage works

If you are covered by two different dental plans, you have dual dental coverage. For example, you and your spouse may cover each other under dental plans from your employers. Another example might be covering a child under two dental plans in the case of a divorce. It's easier to use your benefits confidently when you know how these plans work together.

What is dual coverage?

Dual coverage doesn't mean you have double the benefits — but it can mean you pay less for dental care. The plans work together to decide what share of the costs each one pays through a process called coordination of benefits (COB). State laws decide which plan pays first (this is the **primary plan**) and which pays second (the **secondary plan**). Knowing which plan is primary and which is secondary can help you estimate your share of the costs.

Which plan is primary?

This depends on who is receiving the care.



If the care is for:

You, and you have a dental plan with your employer

Your spouse, and they also have a dental plan through their employer

Your child, and you and your spouse each have a dental plan

Your child, and you're divorced but the divorce decree makes you responsible for your child's healthcare costs

Your child, and you're divorced but the divorce decree doesn't name who's responsible for healthcare costs



Then:

Your plan is primary

Their plan is primary

The birthday rule applies: The primary plan is the one for the parent whose birthday is earlier in the year

Your plan is primary

The plan of the parent with custody of the child is usually primary*

There is an exception to these rules. If you and your spouse each have a dental plan and one plan doesn't coordinate benefits, that plan is primary for both of you. Check each person's plan documents to see if this applies to you.

How much does each plan pay?

Coordination of benefits decides what total percentage of the cost both plans will cover. They will never pay more than 100% of the costs.

The **primary plan** pays the full benefit allowed by the plan as if you had no other coverage. **Secondary plan** payments are decided by how the plan coordinates benefits. There are two methods the secondary plan might use to decide this. Check your dental plan documents to see which one applies to you.

- **Standard method:** Receive up to 100% of the total cost of care from a combination of the primary and secondary plans.
- **Non-duplication of benefits method:** The secondary plan covers what the primary plan does not. If both plans cover the same things, the secondary plan doesn't pay at all.

Here are some examples that show how much each plan might pay, depending on the coverage type and the coordination of benefits method. Your plan won't be exactly like this.

	Type of coverage	Primary plan covers	Secondary plan covers	Secondary plan pays	Total share covered by both plans	Your out-of-pocket responsibility	How we did the math
Option 1	No dual coverage	50% of the cost of care	N/A	N/A	50%	50%	Without dual coverage, only one plan pays for care.
Option 2	Standard dual coverage	50%	80%	50%	100%	0%	The primary plan paid 50%. The secondary plan will pay up to 80%. In this case, the secondary plan paid 50%, resulting in 100% of the amount paid.
Option 3	Dual coverage with non-duplication of benefits, secondary plan covers more than the primary plan	50%	80%	30%	80%	20%	The primary plan paid 50%. The secondary plan pays up to 80%. In this case, it covers the additional 30% not covered by the primary plan.
Option 4	Dual coverage with non-duplication of benefits, primary and secondary plan cover the same percentage	50%	50%	0%	50%	50%	The primary plan paid 50%. Because the primary plan and the secondary plan cover the same 50%, only the primary plan pays.



Use your benefits with confidence

If you have questions, call Member Services at the number on your ID card.

To review your dental plan documents, log in at anthem.com/ca. Go to *My Plans* and select **Dental**, then choose **Plan Documents**.

*If your divorce decree doesn't name the parent responsible for your child's healthcare 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.

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