



Orthodontic Benefits Summary

Orthodontic services or “ortho” services are treatments used to correct the alignment of teeth. Your coverage for orthodontic services depends on the plan offered by your employer or organization. To find out what’s covered, refer to your Summary of Dental Plan Benefits, log onto the member webpage at DeltaDentalVA.com or contact Customer Service at 1-800-237-6060.

Answers about Delta Dental PPO™ and Delta Dental Premier® orthodontic benefits

Q: What’s covered?

A: Your coverage depends on your group’s specific plan. However, most Delta Dental plans include coverage for:

- Pre-orthodontic treatment visit
- Examination and start-up records
- Comprehensive orthodontic treatment
- Orthodontic retention (replacement retainers are not covered)
- Post-treatment records

Q: How will orthodontic services be paid?

Delta Dental requires that your dentist, or in some cases, you, submit an orthodontic treatment plan to us. When orthodontic treatment is starting on or after the member’s eligibility date, we will pay half of the initial banding fee up to \$500. We will continue to make equal monthly payments beginning the month following the initial payment until the treatment ends — up to the total lifetime orthodontic maximum. Note that if the policy

terminates prior to the end of treatment, the insurance payments will stop on the last date of coverage. See Example One on page 3.

Q: What if treatment began under a different insurance policy?

For ortho treatment in-progress, we will make payments for the months of treatment while eligibility is active under your new Delta Dental policy. Once your new insurance begins, ask your dentist to submit your original claim with the new policy information. We will then calculate our payments based on the original claim. We subtract the initial/banding fee from the total fee (as this was incurred prior to eligibility) and divide by the number of months of treatment. We then pay for the remaining months of treatment, up to orthodontic lifetime maximum, as long as the policy is active. If a group has the orthodontic maximums carried over from a prior carrier, Delta Dental will pay up to the remainder of the lifetime orthodontic maximum carried over. See Example Two on page 3.

Orthodontic Benefits Summary *(continued)*

Q: Do I have to see a Delta Dental orthodontist?

A: Enrollees can visit any licensed orthodontist; however, out-of-pocket costs may be lower if you use a Delta Dental network orthodontist. Delta Dental's payment is made directly to in-network dentists. For out-of-network dentists, Delta Dental's payment would be made to the member.

Q: How much will orthodontic treatment cost?

A: Ask your orthodontist to request a pre-determination of benefits estimate from Delta Dental. If your orthodontist is not a Delta Dental network dentist, you may need to submit a pre-determination of benefits form (available at DeltaDentalVA.com) directly to Delta Dental of Virginia. You'll receive an estimate of the treatment cost showing your share of the cost and how much Delta Dental will pay.

Q: Do I submit the claim for orthodontic services?

A: When you use a Delta Dental network orthodontist, the dentist will submit claims on your behalf when the braces are first placed or an appliance is first delivered. However, if you choose an out-of-network orthodontist, you may need to submit a claim form yourself (available at DeltaDentalVA.com) to Delta Dental for reimbursement. When switching insurance during treatment, ask your dentist to submit the original claim under your new insurance policy and we will prorate the payments.

Q: How do I find a Delta Dental orthodontist?

A: Use our dentist directory to find an orthodontist at DeltaDentalVA.com or on our **Mobile App**. If you do not have Internet access, call Customer Service at **1-800-237-6060**.

Q: My orthodontist has recommended tooth extractions prior to treatment. Is that covered?

A: For some plans, those services would be covered under your Basic or Major oral surgery benefit, and the cost would count towards your annual

maximum and would not be applied towards your orthodontic lifetime maximum.

If your orthodontist determines that extractions are necessary for orthodontic reasons, they may be covered under your orthodontic benefit and may count against your orthodontic lifetime maximum. A pre-determination of benefits is recommended for any service that may cost more than \$250.

Q: My orthodontist has recommended "two-phase" orthodontic treatment, beginning while my child is quite young (phase I), and completing treatment at a later date (phase II). Is two-phase orthodontic care covered?

A: Yes; however, the total amount covered for both phases will be limited to the lifetime orthodontic maximum and you will be responsible for any costs not paid by Delta Dental.

Q: My plan has a lifetime maximum benefit for orthodontics. Is orthodontics subject to the annual maximum?

A: For most plans, covered orthodontic services only count against the orthodontic lifetime maximum. This represents the total amount the plan will pay for covered orthodontic services.

Q: Are Invisalign® braces covered by my plan?

A: Currently all plans that cover orthodontic services, cover Invisalign.

Q: Whom can I contact if I need further assistance?

A: Customer Service is available at **1-800-237-6060** or e-mail Customer Service from the Contact Us page at DeltaDentalVA.com. Refer to your Evidence of Coverage, Summary Plan description or Group Dental Service contract to confirm whether your dental plan provides orthodontic coverage and the extent benefits are provided.

Orthodontic Benefits Summary *(continued)*

Payment examples

Example One: treatment occurring on or after the effective date of coverage

Group Benefit 50% coinsurance
with \$2,500 max

Patient Eligible 1/1/2018

Total Case Fee \$6,000

Banding Date 1/1/2016

Initial Banding Fee \$1,500

of Months in Treatment 36

Initial Payment

Initial Banding Fee \$1,500

Multiplied by Coinsurance x 50%
\$750

Initial Benefit Payment \$500

Monthly Payment

Plan's Lifetime Maximum \$2,500

Minus Initial Payment - \$500

Remaining Lifetime Maximum.... \$2,000

Divided by # of Months
in Treatment ÷ 35

*Delta Dental of Virginia's
Monthly Plan Payment* = \$57.14

Example Two: in-progress — treatment occurred before the effective date of coverage

Group Benefit 50% coinsurance
with \$2,500 max

Patient Eligible 1/1/2018

Total Case Fee \$5,000

Banding Date 1/1/2016

Initial Banding Fee \$1,500

of Months in Treatment 36

Total Case Fee \$5,000

Multiplied by Coinsurance x 50%

Total benefit from plan,
not exceeding max \$2,500 max

Subtract previous carrier's consideration
towards treatment - \$1,000

*Balance to be considered under
Delta Dental of Virginia* \$1,500

Divided by # of Months
Remaining in Treatment ÷ 29

Monthly Allowance = \$103.45

Multiplied by Coinsurance x 50%

*Delta Dental of Virginia's
Monthly Plan Payment* = \$51.73