DELTA DENTAL®



Predetermination of Benefits FAQ

What is a Predetermination of Benefits?

A Predetermination of Benefits (POB) is a detailed description of dental services that your dentist sends to Delta Dental. It's a way to find out what's covered, what Delta Dental will pay and what your share of the cost will be before you have dental work. When a POB has been processed, we send a statement to you and your dentist. This is an excellent way to determine which dental services are covered so you and your dentist may make informed decisions about your care.

How does Predetermination of Benefits work?

Your dentist will create a treatment plan and submit it to Delta Dental. Once received, Delta Dental will review and mail a statement to you and your dentist indicating what's covered, and what's not, along with the amounts the dental plan will pay and what your payment responsibility will be. If you proceed with the dental treatment, the actual payment for these services will depend on eligibility, plan limitations, coordination of benefits and the remaining available annual maximum at the time the services are rendered and when the claim is received.

How long does it take to receive a Predetermination of Benefits?

Turnaround time to process a POB is seven to ten days, possibly longer if we need to reach out to your dentist for more information.

When should I get a Predetermination of Benefits?

You should request a POB whenever your dentist recommends dental services costing $250 or more. Sometimes you have to ask your dentist to file a POB; they don't always automatically do it.

How long is a Predetermination of Benefits valid?

A POB is valid for 90 days and is subject to eligibility, benefit maximums and group and dentist status at the time services are provided.

Delta Dental benefit plans emphasize prevention. Brushing and flossing every day and visiting your dentist regularly for checkups can help you avoid expensive dental treatments later.