



Understanding Orthodontic Benefits

Proper tooth alignment is important not only for a beautiful smile, but also for function. When teeth are aligned, it's easier to chew and talk. And it's also important to correct and guide tooth and jaw development as a child grows, in order to ensure a healthy and functioning smile for adulthood.

Orthodontic services, often referred to as “ortho,” are services, treatment and procedures used to correct malposed or misaligned teeth. These services can include braces, retainers, and other orthodontic appliances. Your coverage level for orthodontic services depends on the dental plan chosen by your employer group. Please refer to your Summary of Dental Plan Benefits for orthodontic services age restrictions and lifetime maximum per person limitations.

Q: Do I need a referral to visit an orthodontist?

A: No referral is necessary. Both general dentists and orthodontists provide orthodontic treatment. You are free to visit a licensed dentist of your choice.

Q: What is Delta Dental's processing policy on orthodontics?

A: Orthodontics, including oral evaluations and all treatment, must be performed by a licensed dentist or by their supervised staff acting within the scope of applicable law. The dentist of record must perform an in-person clinical evaluation of the patient to establish the need for orthodontics and have adequate diagnostic information, including appropriate radiographic imaging, to develop a proper treatment plan.

Q: How will orthodontic services be paid if treatment begins under Delta Dental?

A: Delta Dental requires your dentist to submit an orthodontic treatment plan to us. When orthodontic treatment starts, we will pay a percentage of the total fee. We will continue to make payments based on the type of treatment (18 months for comprehensive, 10 months for interceptive and 8 months for limited) or until the lifetime orthodontic maximum is reached. Additional payments will be issued automatically on a quarterly basis assuming you are still eligible for orthodontic benefits.

To determine your coverage, we calculate the initial/banding fee which is 30% of the total cost of treatment. We will make an initial payment of 50% of the initial/banding fee. Then, we process your benefit on the remaining 70% of the total cost of treatment by dividing it by the number of months of treatment (i.e., the monthly fee). Lastly, we will make additional payments of 50% of the monthly fee but on a quarterly basis.

Example:

Bob Johnson works for ABC Corporation and is enrolled in dental coverage under his employer group. ABC Corporation provides a \$1500 orthodontic benefit to their employees. Bob had orthodontic braces placed on his last visit to the dentist. Orthodontic benefits are as follows:

Procedure:				
Orthodontic Braces				
Treatment Plan:				
18 Months				
Orthodontic Coverage Level:				
50%				
Total Cost of Treatment:				
\$5400				
Initial/Banding Fee:				
The initial/banding fee is 30% of the total cost of treatment or \$1620 .				
Initial/Banding Payment:				
The initial/banding payment is 50% of the initial banding fee so Delta Dental pays \$810 .				
Post-Banding Fee:				
The post-banding fee is 70% of the total cost of treatment or \$3780 .				
Monthly Fee:				
The monthly fee is the post-banding fee spread out over 18 months of treatment or \$210 .				
Monthly Payment:				
The monthly payment is 50% of the monthly fee or \$105 .				
Quarterly Payment:				
The quarterly payment is 3 times the monthly payment, so Delta Dental pays \$315 every 3 months . Benefit is payable for up to 18 months at the coinsurance percentage, or up to the orthodontic maximum, whichever comes first.				
Payment Summary:				
Banding Payment	Payment 1	Payment 2	Payment 3	Total
-	Months 1-3	Months 4-6	Months 7-9	-
\$810	\$315	\$315	\$60	\$1500

Q: How will orthodontic services be paid if treatment began under a different carrier?

A: We provide pro-rated orthodontic benefits for members who begin treatment before they join Delta Dental. If you have already started your orthodontic treatment before your coverage begins, coverage will be based on your dentist's treatment plan and the months remaining in your treatment plan once your coverage with Delta Dental begins.

To determine your coverage, we calculate the initial/banding fee which is 30% of the total cost of treatment. We subtract the initial/banding fee from the total fee (as this was incurred prior to eligibility with Delta Dental). Then, we process your benefit on the remaining 70% of the total cost of treatment. We will spread the remaining amount over the total number of months of treatment (i.e., the monthly fee). Lastly, we will make additional payments of 50% of the monthly fee for the remaining months but on a quarterly basis.

Example:

Bob Johnson works for ABC Corporation and is enrolled in dental coverage under his employer group. ABC Corporation provides a \$1500 orthodontic benefit to their employees. Bob had orthodontic braces placed 3 months ago but was not employed by ABC Corporation during that time. Orthodontic benefits are as follows:

Procedure:		
Orthodontic Braces		
Treatment Plan:		
18 Months		
Months of Treatment Prior To Eligibility With Delta Dental:		
3 Months		
Orthodontic Coverage Level:		
50%		
Total Cost of Treatment:		
\$5400		
Initial/Banding Fee:		
The initial/banding fee is 30% of the total cost of treatment or \$1620.		
Initial/Banding Payment:		
The initial/banding payment is 50% of the initial banding fee or \$810. Delta Dental will pay \$0 towards the initial/banding fee since it was incurred prior to eligibility with Delta Dental.		
Post-Banding Fee:		
The post-banding fee is 70% of the total cost of treatment or \$3780.		
Monthly Fee:		
The monthly fee is the post-banding fee spread out over 18 months of treatment or \$210.		
Monthly Payment:		
The monthly payment is 50% of the monthly fee or \$105.		
Quarterly Payment:		
The quarterly payment is 3 times the monthly payment, so Delta Dental pays \$315 every 3 months. Benefit is payable for up to 15 months at the coinsurance percentage, or up to the orthodontic maximum, whichever comes first. Delta Dental will pay \$0 towards any months of treatment prior to eligibility with Delta Dental.		
Payment Summary:		
Payment 1	Payment 2	Total
Months 4-6	Months 7-9	-
\$315	\$60	\$375

Q: What if my coverage terminates during my orthodontic treatment?

A: In the event your coverage terminates before you complete your orthodontic treatment the automatic quarterly payments will cease.

Questions?

To find out what's covered under the dental plan chosen by your employer:

- Contact your group plan administrator.
- Call Delta Dental's customer service department at: **(800) 662-8856**