

Delta Dental Orthodontics Coverage Frequently Asked Questions (FAQs)

- **What is the benefit?**
- **Who is eligible for the benefit?**
- **How are orthodontic benefits paid?**
- **What is the process for reimbursement?**
- **Can I receive the benefit if my eligible dependent already has braces?**

What is the benefit?

Effective January 1, 2012, the Star Tribune is adding an orthodontic benefit to the dental plan. The dental plan pays 50% of the treatment cost, up to a lifetime maximum benefit of \$1,000 per covered child, and is limited to those orthodontic treatment plans commenced through the dependent child's 18th birthday.

Who is eligible for the benefit?

Covered eligible dependent children through the age of 18

How are orthodontic benefits paid?

Because orthodontic treatment normally occurs over a long period of time, benefit payments are made over the course of treatment. The covered child must have continuous eligibility under the dental plan in order to receive ongoing orthodontic benefit payments.

Benefit payments are made in equal amounts: (1) when treatment begins (appliances are installed), and (2) at six month intervals thereafter, until treatment is completed or until the lifetime maximum benefits are exhausted.

New Treatment:

Total Fee:	\$4,500
Treatment Length:	24 months
Monthly Fee:	\$187.50
Plan Payment:	\$1,000.00; to be paid as \$500 upon placement and \$500 6 months later Plan Lifetime Ortho Maximum is \$1,000, so total payment will be \$1,000

What is the process for reimbursement?

Before treatment begins, the treating dentist should submit a pre-treatment estimate. An Estimate of Benefits form will be sent to you and your dentist indicating the estimated plan payment amount. This form serves as a claim form when treatment begins.

When treatment begins, the dentist should submit the Estimate of Benefit form with the date of placement and his/her signature. After benefit and eligibility verification by the Plan, a benefit payment will be issued. A new/revised Estimate of Benefits form will also be issued to you and your dentist. This again will serve as the claim form to be submitted 6 months from the date of appliance placement.

Can I receive the benefit if my eligible dependent already has braces?

If a covered, dependent child is in the midst of a plan of scheduled orthodontic treatment when the new orthodontic benefit takes effect on January 1, 2012, the provider needs to supply Delta Dental with the following information: (1) treatment type (procedure number), (2) total fee for treatment, (3) number of months treatment will take place, (4) provider signature, and (5) claim form completed by you or the provider.

The amount of the benefit that will be paid will be pro-rated based on the number of months of active treatment remaining and the eligibility status of the covered dependent child. If the child was covered under another dental plan when the orthodontic treatment commenced, Delta Dental will coordinate the lifetime maximum amount payable with what the previous carrier paid. See potential examples below:

Treatment in Progress: Prorate the benefit based on the effective date of 1/1/12

Example 1:

Total Fee:	\$4,500
Treatment Length:	18 months
Monthly Fee:	\$250.00
Prior Months of Treatment:	10 months (banding date: 3/1/11)
Ineligible Amount:	\$2,500 (10 months X monthly fee)
Plan Will Pay:	\$1,000 (total fee minus ineligible amount X 50%); to be paid in 2 installments 6 months apart. First payment is made when the treatment information and claim form is received by Delta Dental after Jan. 1, 2012.

Example 2:

Total Fee:	\$4,500
Treatment Length:	24 months
Monthly Fee:	\$187.50
Prior Months of Treatment:	5 months (banding date: 8/1/11)
Ineligible Amount:	\$937.50 (5 months X monthly fee)
Plan Will Pay:	\$1,000.00 Although the eligible amount is \$1,781.25 (total fee minus ineligible amount X 50%), Plan Lifetime Ortho Maximum is \$1,000, so total payment will be \$1,000.

Example 3:

Total Fee:	\$4,500
Treatment Length:	24 months
Monthly Fee:	\$187.50
Prior Months of Treatment:	22 months (banding date: 3/1/10)
Ineligible Amount:	\$4,125 (22 months X monthly fee)
Plan Will Pay:	\$187.50 (total fee minus ineligible amount X 50%)

This is a summary of benefit only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.