



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 deltadentalmo.com or contact Customer Service at **1-866-276-8329** or service@deltadentalmo.com.

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?

A: 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 50% of the initial down payment required by the provider, which can be up to one-third of the maximum plan allowance for in network providers. We will continue to make equal quarterly payments beginning the first quarter 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?

A: For ortho treatment in-progress, we will make payments for the months of treatment while eligibility is active under your new Delta Dental policy, up to the lifetime maximum benefit amount. (Please note that the total Lifetime Maximum amount is eligible but not guaranteed for treatment in progress.) Once you are effective on the plan, your provider will need to submit your original and total treatment plan to include length of plan, along with initial banding date, total cost of treatment, and any initial down payment or subsequent payments you have made. The remaining cost of treatment and remaining treatment timeline will then be used to calculate the amount of benefit that Delta Dental of Missouri will be paying toward treatment, up to the lifetime maximum, as long as your plan remains active. See Example Two on page 3.

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 predetermination of benefits estimate from Delta Dental. 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 DeltaDentalMO.com) to Delta Dental for reimbursement.

Q: How do I find a Delta Dental orthodontist?

A: Use our dentist directory to find an orthodontist at DeltaDentalMO.com or on our Mobile App. If you do not have Internet access, call Customer Service at **1-866-276-8329**.

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.

Q: My orthodontist has recommended “twophase” 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: Delta Dental of Missouri plans that cover orthodontic services do cover Invisalign. There may be other brands that are also considered as a covered benefit. Mail order or “do it yourself” ortho treatment plans and/or devices are not a covered benefit under your Delta Dental of Missouri plan.

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

A: Customer Service is available at **1-866-276-8329** or e-mail Customer Service from the Contact Us page at DeltaDentalMO.com. Refer to your Summary Plan Description (SPD) to confirm whether your dental plan provides orthodontic coverage and the extent benefits are provided.

Payments to provider will be made quarterly.

Payment examples

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

Group Benefit..... 50% coinsurance
with \$1,500 max
Patient Eligible..... 1/1/2023
Total Case Fee..... \$4,500
Banding Date..... 1/10/2023
Initial Banding Fee..... \$1,500
of Months in Treatment..... 24

Initial Payment
Initial Banding Fee..... \$1,500
Multiplied by Coinsurance x 50%
\$750
Initial Benefit Payment..... \$750

Monthly Payment
Plan's Lifetime Maximum..... \$1,500
Minus Initial Payment..... - \$750
Remaining Lifetime Maximum.... \$750
Divided by # of Months
in Treatment..... ÷ 24

Delta Dental of Missouri's
Monthly Payment Amount..... = \$31.25

Delta Dental of Missouri's
Quarterly Payment Amount.... = \$93.75

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

Group Benefit..... 50% coinsurance
with \$1,500 max
Patient Eligible..... 1/1/2023
Total Case Fee..... \$4,500
Banding Date..... 6/1/2022
Initial Banding Fee..... \$1,500
of Months in Treatment..... 24

Total Case Fee..... \$4,500
Multiplied by Coinsurance..... x 50%
Total benefit from plan,
not exceeding max..... \$1,500 max

Balance to be considered under
Delta Dental of Missouri..... \$1,500

Divided by # of Months
Remaining in Treatment..... ÷ 18
Monthly Allowance..... = \$83.33
Multiplied by Coinsurance..... x 50%

Delta Dental of Missouri's
Monthly Payment Amount..... = \$41.67

Delta Dental of Missouri's
Quarterly Payment Amount..... = \$125

This information is based on utilization of an in-network provider unless otherwise noted.