



Making the most of two dental plans

How Dual Coverage works

When you're covered by two or more dental insurance plans (dual coverage), both plans collaborate through Coordination of Benefits (COB). This ensures your claims are processed efficiently and fairly.

What is Dual Coverage?

Dual coverage means having dental insurance from two different insurance policies. For example, if both you and your spouse have dental coverage through the New York State Dental Plan, or if one spouse has coverage with another employer and you cover each other, you have dual coverage; a child covered by the dental plans of both parents is under dual coverage. Dual coverage can help reduce out-of-pocket costs.



If the care is for:

You, and you have a dental plan with your employer

Your spouse, and they also have a dental plan through their employer

Your child, and you and your spouse each have a dental plan

Your child, and you're divorced but the divorce decree makes you responsible for your child's healthcare costs

Your child, and you're divorced but the divorce decree doesn't name who's responsible for healthcare costs



Then:

Your plan is primary

Their plan is primary

The birthday rule applies: The primary plan is the one for the parent whose birthday (month and day only) comes first in the year

Your plan is primary

The plan of the parent with custody of the child is usually primary

Coordination of Benefits (COB) Process

To coordinate benefits, the claim must be sent to both insurance plans for processing. This requires the primary plan to process and pay their portion of the cost before sending the claim to the secondary policy.

An in-network dental provider is responsible for completing the claim submission to both insurance plans on the members' behalf. Members do not have to coordinate claims. If an in-network provider has questions on the process, they can contact the dedicated Anthem customer service team at 833-821-1949 for assistance.

An out-of-network dental provider often submits claims on the behalf of the member. If the provider does not submit claims, the member is responsible for submitting claims to the primary and secondary policies. Members should contact the dedicated Anthem customer service team at 833-821-1949 for assistance with this process.

Pre-Estimate COB

- Pre-estimates: COB is not calculated or shown on pre-estimates (exceptions apply for Orthodontics). Since services haven't been performed yet, there is no guarantee the primary coverage will pay the estimated amount.



Use your benefits with confidence

If you have any questions, call the dedicated Anthem customer service team at 833-821-1949
8am – 5pm EST Monday - Friday