

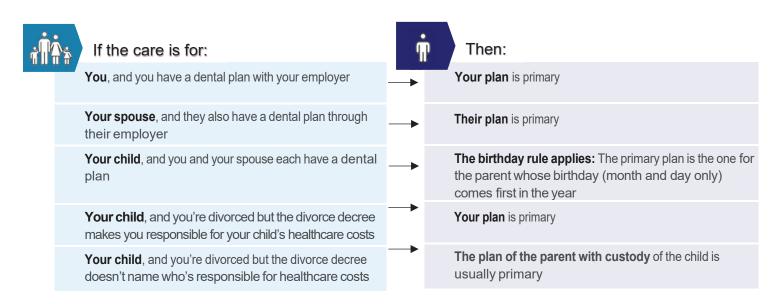
Making the most of two dental plans

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.



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