

## **Tufts Health Plan**

# **Understanding Your Orthodontic Benefits**

### **Coverage**

Your dental plan provides the following coverage for orthodontic services:

- ◆ 50% of your orthodontic costs.
- ◆ Your coverage is based on the maximum plan allowable fee for orthodontic services.
- ◆ Coverage is subject to a lifetime maximum of \$1,500 per member.
- ◆ All members are eligible for coverage.
- ◆ A maximum of 24 months of active treatment.

### **Paying for orthodontic care**

In most cases, Delta issues reimbursements for orthodontic care in automatic monthly payments not to exceed 12 installments. The first payment is based on the date of banding / placement of appliances. Additional payments will be issued automatically on a monthly basis assuming you are still eligible for orthodontic benefits.

If you begin orthodontic treatment after your effective date of coverage and you receive care from a network dentist, Delta Dental will reimburse your dentist directly and send you and your dentist an Explanation of Benefits (EOB). The EOB will detail any payments made to the dentist. It is up to you and your dentist to develop a payment plan for the balance minus any Delta adjustments.

### **If you've already started your orthodontic treatment**

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

To determine your coverage, we make certain assumptions. First, we assume consultations and banding account for 30% of the allowable cost of treatment. Since that cost was incurred before your coverage began with Delta, it is not covered.

We also assume the remaining 70% of the allowable cost will result from active monthly treatments. We will provide coverage for the active monthly treatments you have remaining while you are covered by Delta Dental Plan.

These payments will be made in automatic monthly installments after the first pro-rated payment has been issued.

### **Termination of Coverage**

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

## DELTA Dental- EXAMPLES OF ORTHODONTIC COVERAGE

**If you begin your orthodontic treatment while you are covered under Delta Dental:**

***Consider the following example.***

The dentist's fee	\$4,200
Coverage level	50%
Amount covered <i>(before lifetime maximum is applied)</i>	\$2,100
Lifetime maximum	\$1,500
Delta Dental's payment <i>(subject to the lifetime maximum)</i>	\$1,500
Patient responsibility <i>(difference between the dentist's fee and Delta's payment)</i>	\$2,700

**If you begin your orthodontic treatment before you are covered under Delta Dental:**

You or your dentist needs to provide Delta Dental with an estimate of the total cost of your treatment. Your coverage will be determined based on that estimate and the number of active monthly treatments you'll receive while you're covered by Delta Dental.

***Consider the following example.***

The dentist's fee	\$4,200
Cost of consultation and banding <i>(30% of the allowed fee: not covered)</i>	\$1,260
Cost of active treatments <i>(70% of the allowed fee)</i>	\$2,940
Total months of active treatment <i>(in the dentist's treatment plan)</i>	24
Monthly cost for active treatments	\$ 122.50
<i>(cost of active treatment / months of active treatment)</i>	
Months of treatment remaining <i>(after your Delta effective date of coverage)</i>	13
Amount we base coverage on <i>(monthly cost of active treatment x months remaining)</i>	\$1,592.50
Coverage level	50%
Amount covered <i>(before lifetime maximum is applied)</i>	\$ 796.25
Lifetime maximum	\$1,500
Delta Dental's payment	\$ 796.25