

For members with group dental PPO and INO plans

A guide to your orthodontic coverage



Understanding how your coverage works

As part of your Blue Shield dental PPO plan, you also have coverage for orthodontic treatment. Like other dental services, you're responsible for sharing part of the treatment cost. There are two important steps you should follow when seeking orthodontic services:

- Before orthodontic work begins, it's important that you know the cost and the provisions for payment.
- Get a pre-treatment estimate and find out how much your plan will pay toward the total cost.

One claim for the total treatment

- You and your dental plan share the cost for orthodontic treatment.
- Your orthodontist will submit a claim for the total cost of the treatment plan when treatment starts.
- The total amount is not paid up front. Instead, Blue Shield makes an initial payment and follows up with automatic payments on a monthly basis for as long as you are enrolled in the dental plan.
- It is not necessary to submit any more claims during the active treatment phase.
- Blue Shield will let you know when your orthodontist has been paid, or if you're going to a non-network orthodontist, you will be reimbursed directly.
- The treatment period officially starts the first month following payment of the initial installment. Blue Shield assumes a 24-month treatment period, based on the typical length of most orthodontic cases.
- For treatment beyond the 24th month, payment will continue according to your benefit plan, up to the annual maximum.
- Reimbursement for any services after the 24th month requires a separate claim. It's important to notify Blue Shield before submitting a separate claim.

- Once treatment is completed, Blue Shield will make a final payment to your orthodontist.

Claims are paid up to and over a 24-month treatment plan. So, let's say a 24-month treatment plan costs \$4,000. Blue Shield's coinsurance amount is 50% with an annual maximum of up to \$1,000 (for a total of \$2,000 paid over the course of the 24-month course of treatment). The total out-of-pocket cost to the member is \$2,000.

Example 24-month treatment plan

Take a look at the chart below for an example of what this might look like with the first first installment/initial banding paid at 20% of the allowable amount. In the case below, Blue Shield pays \$400 of the initial banding. Then the remaining allowance will be equally dispersed over the remaining 23 months of treatment with an annual maximum of up to \$1000 per year.

Payment schedule	Percent of payment by plan	Amount of payment by plan
First installment – January	20%	\$400
Year 1 – February through December	10% of \$600 (remaining amount of \$1,000 calendar-year maximum)	\$54.54 per month
Year 2 – January through December	10% of \$1,000 calendar-year maximum	\$83.33 per month
Total benefit paid by the plan		\$2,000
Total out-of-pocket cost to member		\$2,000

This is a general payment guide. Exact monthly provider payments may vary depending on the length of the complete treatment plan and varied provider banding costs; each case will be evaluated individually.

Frequently asked questions

- Q. Am I eligible for orthodontic benefits if I am undergoing treatment when I join the dental plan?**
- A.** No, services received prior to your effective date of coverage are not covered with our plan. However, for treatment after your effective date, your claim can be prorated. Blue Shield will evaluate how long you've been in treatment, along with the case information submitted with the initial claim.
- Q. If I started treatment prior to joining this dental plan, how do I submit claims?**
- A.** For treatments received after your effective date, claim payment is not automatic. Instead, Blue Shield requires that claims be submitted as treatment is received. Eligibility for the full orthodontic maximum will be determined based on the number of months remaining for treatment and any deductibles that may apply.
- Q. What is a pre-treatment estimate?**
- A.** It is important to know your share of the cost so you can plan your budget and manage payments. Getting a pre-treatment estimate is a way to help you decide on the best treatment option, understand your costs and know what your plan will cover.
- Q. Can I get a second opinion on a recommended course of treatment?**
- A.** Yes, both initial consultations and second opinions are covered. However, these assessments may require services such as exams, study models, records and X-rays. These services are generally covered under your standard dental benefits for diagnostic and preventive services, but will have limits on the number of times you can have them. Please review your *Evidence of Coverage (EOC)* booklet for these limitations under the section called "Covered Services and Supplies."
- Q. Do I have coverage if my care continues longer than two years?**
- A.** Yes, the orthodontic coinsurance benefit is not limited to any particular time frame. If treatment is required beyond 24 months, the dental plan covers services at the orthodontia benefit percentage, subject to deductibles and maximums.
- Q. How is the benefit administered if the orthodontist estimates a 24-month treatment and it turns out to be an 18-month treatment?**
- A.** Sometimes treatment may finish early, but there may be follow-up visits scheduled several months afterward. Blue Shield will continue to make monthly payments according to the original 24-month treatment outline.
- Q. What happens if my orthodontist is not in the plan's network and requests that I pay the full fee before beginning treatment?**
- A.** If you choose an orthodontist outside the network,* he or she may require payment upfront. Also, non-network orthodontists have not agreed to reimbursement under the same terms as network orthodontists and may cost you more money than if services are obtained from a network provider. If you use a non-network orthodontist, payments from the plan go directly to you. Therefore, you are encouraged to meet with your orthodontist to discuss your coverage and negotiate payment before treatment begins.
- Q. Will I receive an Explanation of Benefits (EOB) when payment is made to my orthodontist?**
- A.** Yes, an EOB will be sent to you.
- Q. Do my benefits differ when using a network or non-network provider?**
- A.** Yes, there are differences between network and non-network benefits explained in your *Evidence of Coverage (EOC)* booklet, or call Customer Service at **(888) 702-4171** for more information.
- Q. What happens if my orthodontist drops out of the network before I have completed my treatment?**
- A.** If your orthodontist drops out of the network, please contact Customer Service at **(888) 702-4171** for more information.
- Q. What if I lose my coverage with Blue Shield in the middle of treatment?**
- A.** If you lose eligibility during orthodontic treatment, your reimbursement will be prorated based on the number of months you were eligible during the last quarter of eligibility. Services required beyond the eligibility period are not covered.
- Q. Is there a waiting period for me to begin receiving orthodontic treatment?**
- A.** There may be a waiting period for orthodontic coverage depending on your plan. Please see your plan's specific Summary of Benefits for details.

* For INO plans, orthodontic coverage is available only when treatment is received by a contracted orthodontist within the network of providers.