

A GUIDE TO YOUR ORTHODONTIC COVERAGE

Understanding how your coverage works

The County of Orange dental PPO plan, administered by Blue Shield of California includes coverage for orthodontic treatment for covered dependent children through age 18. Like other dental services, you are 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 is important that you know the cost and the provisions for payment.
- Have your dental provider request a pre-treatment estimate from Blue Shield 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 and your family 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 your child is 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 lifetime maximum.

Orthodontic benefit payment example

Blue Shield pays claims over the course of the approved treatment plan up to a \$1,500 lifetime maximum. Plan exclusions may apply. Refer to your plan document for details.

Blue Shield pays the first installment at 20% of the allowable amount. Blue Shield then pays the rest of the amount over the remaining 24 months of treatment, up to the lifetime maximum benefit.

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. Is my child eligible for orthodontic benefits if they are already undergoing treatment prior to the addition of orthodontic coverage in 2024?

A. Yes. If your child is enrolled in the plan, they are eligible for orthodontic benefits, however, services received prior to your effective date are not covered. 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 treatment started prior to having orthodontic coverage, how do I submit claims?

A. For treatment received after your effective date, claim payment is not automatic. Blue Shield requires that claims for treatment in progress to be submitted for review and approval. Your provider will be required to submit the comprehensive treatment plan information, including total treatment cost, banding date, treatment timeline, amount any other insurance plan may have paid along with the member cost share paid. Eligibility for the full orthodontic maximum will be determined based on the number of months remaining for treatment and any deductible 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. Asking your provider to obtain a pre-treatment estimate from Blue Shield prior to starting treatment 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.

Q. Does my child have coverage if care continues longer than two years?

A. Yes, the orthodontic benefit is not limited to a 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. 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. 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 up front. 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. 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 the County of Orange Dental Plan Document which you may download at www.blueshieldca.com/oc or call your Blue Shield dental claims administrator at **(877) 403-2273**.

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 your Blue Shield dental claims administrator at **(877) 403-2273**.

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 my child to begin receiving orthodontic treatment?

A. No, there is no waiting period for orthodontic coverage. Please refer to the County of Orange Dental Plan Document for orthodontic coverage details. Visit www.blueshieldca.com/oc