

Coordination of Benefits (COB)

It's not uncommon for an individual to be covered by two dental plans. This often occurs in situations where both spouses are employed at workplaces that offer dental plans. When a person is covered by more than one dental plan, there needs to be a coordination of benefits when the claim is processed.

The first determination is which plan is primary. Generally, the member's plan will be primary for them and their spouse's plan will be primary for the spouse. If a member has children, usually the plan of the parent whose birthday comes first during the calendar year is designated as primary; the other parent's plan is secondary. (For children in blended families, the rules can be more complicated. Check your plan policy for details about order of benefits in specific circumstances.)

Duplication of Benefits

Most plans utilize a **Traditional Coordination of Benefits**. After benefits have been determined under the primary plan, the secondary plan will determine its allowable benefit and pay a benefit up to the full amount of the claim. See examples below.

Occasionally, the secondary plan has a **Non-Duplication Coordination of Benefits**. In these cases, it will not "duplicate" benefits that were paid by the primary plan. See examples below.

Plans with traditional coordination of benefits are much more common than those with non-duplication. However, as shown in the chart below, the difference can have a significant impact on your out-of-pocket costs. Members may check with their employer's Human Resources department to see which type of coordination of benefits is used in each plan.

Examples	Primary Plan Pays	Traditional COB		Non-Duplication COB	
		Secondary Plan Pays	You Pay	Secondary Plan Pays	You Pay
Allowable charges of \$130 with services covered at 80% by both the primary plan and the secondary plan.	\$104	\$26	\$0	\$0	\$26
Allowable charges of \$1,600 with services covered at 50% by the primary plan and 80% by the secondary plan.	\$800	\$800	\$0	\$480	\$320
Allowable charges of \$4,000, with services covered at 50% by both the primary plan and the secondary plan. The primary plan has a \$1,200 maximum, and the secondary plan has a \$1,500 maximum.	\$1,200	\$1,500	\$1,300	\$300	\$2,500

Note: These examples are for purposes of illustration only. They do not consider deductibles, exclusions, specific contract language, and other factors that may apply in the processing of claims under real-life circumstances.