Transition of employees/dependents with Dental treatment in progress
Regular Dental Work - Type I, II & III

Any completed procedures or services with a date of service prior to the transfer of coverage date, will be the sole responsibility of the prior carrier. However, if the patient is being treated for a multi-stage procedure with two or more visits, the rules are as follows:

A. If only one visit has been rendered prior to the effective date, and remaining visits are incurred after the effective date of the Delta Dental coverage, Delta Dental will be responsible for payment.

B. If two or more visits have been rendered prior to the effective date, and remaining visits are incurred after the effective date of the Delta Dental coverage, Delta Dental will not be responsible for payment.

Orthodontic Treatment

Delta Dental will provide pro-rated benefits for members who start orthodontic treatments before Delta Dental's effective date of coverage. This pro-rated coverage will be based on the dentist's initial estimate of the cost of total treatment and the time remaining in the treatment plan after the plan's effective date.

In determining coverage, we assume consultations and banding account for 30 percent of the allowable cost of treatment. Since that cost was incurred before the effective date of coverage, it is not covered. The remaining 70 percent of the allowable cost will result from active monthly treatments. We will provide coverage for the active monthly treatments received while the member is covered by Delta Dental.

Coverage is subject to any applicable lifetime maximum, and a maximum of 24 months of active treatment. Accordingly, any prior payments by a previous carrier will be applied to the Delta Dental lifetime maximum. Additionally, if the banding occurred more than 24 months prior to the effective date with Delta Dental, no coverage will be available.