

# Writers' Guild-Industry Health Fund

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## **Important!! Dental Claim Change Effective September 1, 2004**

August 16, 2004

### **Are you affected by this change?**

Possibly. If you have more than one dental insurance carrier in your household,  
or  
If you are a divorced or separated parent, you may be affected.

### **What's happening?**

We're obligated to coordinate benefits (called **COB**) with other carriers to make sure the Plan doesn't overpay anyone. Effective with dental care services incurred on or after **September 1, 2004**, participants with other dental coverage as their primary payer will be required to submit the primary payer's **Explanation of Benefits (EOB)** along with the **itemized bill** for all services. (See the question/answer portion below for a better understanding of what these things are.)

### **Why is this change happening?**

We're working with Delta Dental to **improve claim handling**, ensuring that claims are processed **accurately** and in the most **timely manner**.

**PLEASE TAKE A MOMENT TO REVIEW THE QUESTIONS & ANSWERS ON  
THE FOLLOWING PAGES OF THIS NOTIFICATION**



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## **Frequently Asked Questions**

### **What is COB?**

COB makes sure that you do not get reimbursed for more than the actual cost of your dental expenses when more than one insurance carrier covers you.

### **How do I know which dental insurance is primary?**

The plan that covers you as the employee or participant (i.e. the writer) is generally considered the carrier that is primary for you. The plan that covers you as a dependent (i.e. your spouse's plan) is generally considered the carrier that is secondary for you.

There are several rules associated with determining who is primary. The Fund, and all group insurance carriers, is required to follow the Group Coordination of Benefits Model Regulation #120 published by the National Association of Insurance Commissioners (NAIC) (whew!!). What that translates into is we are required to follow rules established by other organizations in this matter. The Fund office will be happy to assist you in understanding COB and which insurance carrier is primary, so feel free to call us.

### **How would this apply to my children if they were covered as dependents under more than one insurance carrier?**

Coverage for dependent children is a little more complicated.

If your child **is not** of divorced or separated parents, the order of benefit determination is based on the birthdays of the parents. The parent's plan whose birthday comes first in the calendar year (MM/DD) will be considered the primary plan in coordination of benefits situations.

If your child **is** of divorced or separated parents, you should contact the Fund Office for assistance in understanding the order of benefit determination, as there are many questions that need to be answered in order to follow the regulation mentioned earlier.

### **How do I get a copy of the primary insurance carrier's Explanation of Benefits (EOB)?**

When an insurance carrier pays a claim, an EOB is produced – and it usually says it's the Explanation of Benefits somewhere on the form. The EOB is generally sent to the participant; however, there are instances when an EOB will be sent to the dentist. If the EOB is sent to the dentist, you can contact them for a copy of the EOB, or you can contact your primary insurance carrier to request a duplicate EOB.

### **What is considered an itemized bill?**

An itemized bill will contain, but is not limited to, the following information: name of patient, address of participant, date of birth of patient, ID#/SS# of participant, dentist full name, address, phone and tax identification number, procedure codes, procedure descriptions, charges for each service rendered, diagnosis code and any payments made for services rendered.

### **How do I get a copy of the itemized bill?**

Many Delta Dental dentists will submit claims to your primary insurance payer on your behalf. The dentist's office may be able to duplicate that billing for you, especially if you explain that you have two dental insurance carriers.

However, if you are utilizing the services of a non-Delta Dental dentist, you will want to get an itemized bill while you are at the dentist's office.

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## **How and where do I submit my claim if the Fund is my secondary insurance carrier?**

Claims for dental benefits should include the **EOB** and the **itemized bill**. They should be submitted directly to Delta Dental at:

Delta Dental  
P.O. Box 999730  
Sacramento, CA 95899

## **If I have any questions about submitting a claim, status of a claim, etc. who should I contact?**

You should contact Delta Dental at (800) 765-6003. We don't have detail information on dental claims here at the Fund.