



The AARP® Dental Insurance Plan Eligibility Requirements

At least one enrolled family member must be an active AARP member who will be designated as the Primary Enrollee. You may enroll for individual, two-party, or family coverage. Primary Enrollees electing to enroll their eligible family members must enroll them: 1) at the time the Primary Enrollee enrolls; 2) or within 90 days of the Primary Enrollee's initial enrollment; or 3) within 31 days of a Qualifying Status Change.

Eligible family members include:

- The Primary Enrollee's spouse (including a common law spouse) or domestic partner.
- Unmarried children from birth to the end of the month of their 26th birthday "Children" include natural children, step-children, adopted children, grandchildren, children of the Primary Enrollee's domestic partner and foster children. The grandchild must be financially dependent for federal income tax purposes on the Primary Enrollee at the time application for the grandchild is made.

Newborn infants are eligible from the moment of birth. Adopted children are eligible from the time the Primary Enrollee is a party in a suit in which the adoption of a child by the Primary Enrollee is sought. A newborn or adopted child will automatically be covered for 31 days after birth or adoption. For coverage to continue after the 31-day period notice of birth or notice regarding the suit to adopt and any additional premiums, if any, must be received within the 31-day period. Coverage for a grandchild may not be terminated solely because the grandchild's parent is no longer dependent upon the Primary Enrollee for federal income tax purposes.

Coverage is also extended to any child who is recognized under a medical support order issued under Chapter 154, Family Code, or enforceable by a court in Texas [Qualified Medical Child Support Order (QMCSO)]. The Non-Primary Enrollee or the child may request coverage under the Primary Enrollee's coverage. Coverage for said child is automatic for the first 31 days after receipt of a medical support order or notice of a medical support order by the employer. An additional premium may be required for the initial 31 day period of coverage. Additionally, in order for coverage to continue beyond the initial 31 day period, an additional premium may be required. Documentation of the above must be furnished upon request by Delta Dental.

- All unmarried dependent children of any age who are incapable of self-support by reason of mental or physical incapacity that occurred before the age of 26 and were covered prior to age 26. The dependent child must also be chiefly dependent on the

Primary Enrollee for support and maintenance, but is not required to reside with a parent or legal guardian who is a Primary Enrollee. Proof of physical or mental disability must be furnished to Delta Dental at least thirty-one (31) days before the dependent child attains age 26. Delta Dental may require subsequent proof not more often than once each year.

- Newborn dependent children of any Enrollee from the moment of birth, from the date in which the Enrollee becomes party to a suit in which he/she seeks to adopt the child or on the date of placement for adoption or upon placement in the foster home; and, from the date of appointment for a minor for whom guardianship has been granted by court or testamentary appointment for 31 days after birth, adoption, placement in the foster home, or appointment of guardianship. Proof of birth ,adoption, the institution of a suit to adopt, or foster home placement must be furnished upon request by Delta Dental.

Dependent children also may be defined as unmarried grandchildren, stepchildren, adopted children, children placed for adoption, children for whom a suit to adopt the child has been filed by the Enrollee and foster children. Coverage is also extended to any child who is recognized under a Qualified Medical Child Support Order (QMCSO). Documentation of the above must be furnished upon request by Delta Dental.

Qualifying Status Change is a change in:

- marital status (marriage, divorce, separation, annulment or death); or
- number of dependents (a child's birth, the filing of a suit in which the Eligible Enrollee seeks to adopt the child adoption of a child, placement of child for adoption; addition of a step or foster child or death of a child); or
- a loss of coverage under a previous dental benefits plan for reasons other than exceeding the annual or lifetime maximum benefits and provided that coverage existed for 90 continuous days without a break in coverage of more than 63 days; or
- a dependent child ceases to satisfy eligibility requirements (limiting age or marital status); or
- a court order requiring dependent coverage.