

KEEP SMILING

And protect it with dental coverage designed just for you.



**Information Guide for your
AARP® Dental Insurance Plan**
*insured and administered by
Delta Dental Insurance Company*



Dental Insurance Plan
administered by



Delta Dental Insurance Company

A BEAUTIFUL SMILE





Dental Insurance Plan

administered by

 DELTA DENTAL

Delta Dental Insurance Company

Dear AARP Member,

Congratulations—you're taking the first step to a healthier smile. A healthier smile can lead to a healthier you. You're on your way to better health.

The AARP® Dental Insurance Plan, insured and administered by Delta Dental Insurance Company, was designed just for AARP members like you—to provide the best possible combination of benefits and cost savings. When you enroll in the AARP Dental Insurance plan, you:

- **Manage your out-of-pocket expenses** with in-network dentists
- **Enjoy convenience and quality assurance** with the largest network of dentists nationwide¹
- **Make the most of comprehensive coverage**, which includes three cleanings per Calendar Year and dental implants²

Your benefits become effective on the first day of the month following receipt of your enrollment and payment!

Start protecting your smile—enroll today!

Fill out and return the attached enrollment form in the enclosed prepaid envelope—or for faster enrollment, call **1-866-290-2939** (TTY: **1-800-735-2929**) or enroll online at **deltadentalins.com/aarp**.

Keep smiling,

Belinda Martinez
Senior Vice President
Delta Dental Insurance Company

P.S. Your satisfaction is guaranteed! We will give you a full refund if you aren't completely satisfied, as long as no benefits have been used. Simply send a written notification to cancel within 30 days after your coverage effective date and we'll mail you a complete refund.

¹Dental Provider Organization (DPO) and Delta Dental Premier®, based on a report generated by The Ignition Group using Netminder Network Database, 2010.

²See enclosed limitations and exclusions. Annual deductibles, copayments and maximums apply.

A HEALTHY SMILE OR A HEALTHY BUDGET?

Now you can have both!

Keeping your smile healthy and happy is now easier than ever! The AARP Dental Insurance Plan, insured and administered by Delta Dental Insurance Company, is designed exclusively for AARP members. This AARP-endorsed dental plan provides you with the best possible combination of benefits to suit your needs. Plus, the cost savings you'll find are sure to keep you smiling.

Visiting a dentist regularly can help you maintain your oral health. Regular dental checkups may provide clues to your overall well-being. Many medical conditions, including heart disease, diabetes and certain types of cancers, can be detected early on by a dentist.^{3,4,5}



Dental Insurance Plan

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Delta Dental Insurance Company

³“Healthy Gums, and a Healthy Heart: The Perio-Cardio Connection,” American Academy of Periodontology, 2009.

⁴American Cancer Society, cancer.org, 2011.

⁵AAP Supports the International Diabetes Federation Guidelines on Oral Health for People with Diabetes, American Academy of Periodontology.

Here are a few benefits you'll enjoy while protecting your smile:

- **More savings as you go**

Once you have been an enrollee for 12 continuous months, services such as crowns, bridges and dentures are available.

- **More dentists**

Four out of five dentists nationwide are contracted Delta Dental dentists—providing you with convenient access and quality assurance associated with the nation's largest dentist network.⁶

- **Comprehensive coverage**

This plan provides coverage on the most common dental procedures, including three cleanings per Calendar Year and dental implants.⁷

This guide provides information about the benefit plans available and steps to get you started. Enrolling is as easy as 1-2-3.

Keep smiling. It's worth it.

⁶Report by Ignition Group, 2010.

⁷See enclosed limitations and exclusions. Annual deductibles, copayments and maximums apply.

ONE

Choose from two plan options.

The AARP Dental Insurance Plan allows you to choose from two plan options with two different benefit levels. The eligible dental procedures covered, waiting periods and most other aspects of the plan are identical under these two options. Each plan also covers three cleanings per year.

There are differences in copayment levels, Calendar Year deductibles and Calendar Year maximum benefit amounts. These specific differences are noted in **bold** in the following chart.

* Delta Dental's payment under this plan is limited to the applicable percentage of the lesser of: a) your dentist's actual charges; or b) the Dental Provider Organization (DPO) Maximum Contract Allowance (the highest amount that Delta Dental will pay to a DPO dentist where you received the services). You will be required to pay the balance of the dentist's fee not paid by Delta Dental. When receiving treatment from a Delta Dental Premier® (Premier) dentist, you may be required to pay any cost above the DPO Maximum Contract Allowance, up to your dentist's Premier Maximum Contract Allowance. **When receiving treatment from a Non-Delta Dental dentist, there is no limit regarding their fees.**

BENEFIT SUMMARY CHART

PLAN A

Delta Pays* Member Pays

PLAN B

Delta Pays* Member Pays

Benefits in Year 1

Diagnostic and preventive (includes exams, x-rays and cleanings).
NOTE: In Plan A, no deductible is required for diagnostic or preventive services. In Plan B, Calendar Year deductible applies.

100% **0%** **80%** **20%**

Periodontal maintenance cleanings (gum cleanings)

80% **20%** **50%** **50%**

Denture repairs

80% **20%** **50%** **50%**

Restorations (including tooth-colored fillings)

50% 50% 50% 50%

Oral surgery

50% 50% 50% 50%

Endodontics (root canals)

50% 50% 50% 50%

Additional Benefits after 1 Year of Continuous Enrollment

Periodontics (gum disease treatment)

50% 50% 50% 50%

Crown and cast restorations

50% 50% 50% 50%

Dental implant services

50% 50% 50% 50%

Prosthodontics (dentures)

50% 50% 50% 50%

Temporomandibular Joint Dysfunction (TMJ)

50% 50% 50% 50%

Additional Benefits with Annual Rate Payment

Dental accident (\$1,000 lifetime maximum)

100% **0%** **Not a benefit in Plan B**

Deductibles and Maximums per Enrollee

Calendar Year deductible

\$50 **\$100**

Calendar Year maximum benefit

\$1,500 **\$1,000**

Temporomandibular Joint Dysfunction—lifetime maximum

\$300 \$300

Bold items indicate the differences between Plan A and B.

TWO

Choose your dentist.

Under the AARP Dental Insurance Plan, you have the freedom to visit any licensed dentist. When visiting a Delta Dental dentist, you can enjoy:

- **Fewer out-of-pocket expenses:** Delta Dental dentists agree to our negotiated fees; therefore, enrollees enjoy cost controls.
- **More dentists:** Four out of five dentists nationwide are contracted Delta Dental dentists—providing you with convenient access and quality assurance associated with the nation’s largest dentist network.⁸

The following table further explains the differences when selecting a Delta Dental DPO, Delta Dental Premier® or Non-Delta Dental dentist.

⁸Report by Ignition Group, 2010.

Dental Provider Organization (DPO) Dentists	Delta Dental Premier® (Premier) Dentists	Non-Delta Dental Dentists
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DENTIST'S FEES

<p>Provide treatment at moderate fees; accept the DPO Maximum Contract Allowance as payment in full*</p>	<p>Provide treatment at reduced, pre-negotiated fees; accept the Premier Maximum Contract Allowance as payment in full*</p>	<p>Do not accept set or pre-negotiated fees; may charge full cost of treatment</p>
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MEMBER PAYMENT**

<p>Deductible + Copayment/ Coinsurance</p>	<p>Deductible + Copayment/ Coinsurance + Difference between the DPO Maximum Contract Allowance* and the Premier Maximum Contract Allowance*</p>	<p>Deductible + Copayment/ Coinsurance + Difference between the DPO Maximum Contract Allowance* and the dentist's full fee</p>
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CLAIM PROCESS

<p>DPO dentists handle all claims and bill Delta Dental directly</p> <p>Member receives notice explaining the portion of the bill Delta Dental and the member are responsible for paying</p>	<p>Premier dentists handle all claims and bill Delta Dental directly</p> <p>Member receives notice explaining the portion of the bill Delta Dental and the member are responsible for paying</p>	<p>Non-Delta Dental dentists may or may not handle claims paperwork</p> <p>Member may have to pay up front, then submit claim to Delta Dental to be reimbursed</p>
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*DPO Maximum Contract Allowance and Premier Maximum Contract Allowances may vary by dental office and/or dental specialty.
 **Member is responsible for any amount over the plan Calendar Year maximum benefit and any non-covered service.

THREE

Enroll today.

Now is your chance to protect your smile and your budget with dental coverage that was designed just for you. Act now and take advantage of the largest network of dentists⁹ and coverage you can count on.

You can enroll in the AARP Dental Insurance Plan in three easy ways:

-  Mail the enclosed enrollment form in the postage-paid business reply envelope
-  Visit deltadentalins.com/aarp
-  Call toll-free at 1-866-290-2939 (TTY: 1-800-735-2929)

⁹Report by Ignition Group, 2010.

The AARP Dental Insurance Plan is administered and insured by **Delta Dental Insurance Company** (Policy DDIC1230).

AARP endorses the AARP Dental Insurance Plan, administered by Delta Dental Insurance Company. Delta Dental Insurance Company pays royalty fees to AARP for use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliate are not insurers.



LIMITATIONS AND EXCLUSIONS

Excluded Benefits

The AARP Dental Insurance Plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The AARP Dental Insurance Plan does not provide benefits for:

1. Treatment or materials that are benefits to an Enrollee under Medicare unless this exclusion is prohibited by law.
2. Treatment or materials to correct congenital or developmental malformations (including treatment of enamel hypoplasia) except for newborn children eligible at birth, children placed for adoption and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision congenital defects or anomalies specifically includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the Enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.
9. Myofunctional therapy, unless covered by the exception in Item 2, above.

10. Temporomandibular joint dysfunction, which is medical in nature, unless covered by the exception in Item 2, above.
11. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered Oral Surgery procedure.
12. Experimental procedures that have not been accepted by the American Dental Association.
13. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual Enrollees, except this shall not apply to services commenced while the plan was in effect or the Enrollee was eligible.
14. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
15. Dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
16. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
17. Materials and procedures for construction of bridges, partial and complete dentures, unless a covered benefit.
18. Orthodontic services, including tooth guidance appliances.

Limitations

1. **Limitation on Optional Treatment Plan.** In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the Enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.

- 2. Limitation on Basic Restorative Benefits.** If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.
- 3. Limitation on Major Restorative Benefits.** If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan. Replacement of crowns, jackets, inlays and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Enrollee.
- 4. Limitation on Diagnostic Aids.** Full mouth x-rays (including panoramic x-rays accompanied by supplemental films, which are considered equivalent to a full mouth x-ray) are limited to once in any five-year period. Bitewing x-rays are limited to twice in any Calendar Year period for Enrollees to age 19, and once in a Calendar Year for all other Enrollees. Periodic examinations of the full mouth are limited to three times in any Calendar Year period.
- 5. Limitation on Prophylaxis, Periodontal Maintenance Cleanings and Fluoride.** Prophylaxes, periodontal maintenance cleanings and fluoride application may be performed either together or separately. You may have any combination of prophylaxes and/or periodontal maintenance cleanings for a total of three in any Calendar Year. Fluoride applications as a benefit are limited to twice in any Calendar Year period up to age 19.
- 6. Limitation on Sealants.** Application of sealants as a benefit is limited to Enrollees up to age 14 through the completion of the procedure or the date eligibility terminates, whichever occurs first. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three years have elapsed following any prior provision of such materials.

Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed, are not covered services. If a single-surface occlusal restoration is performed on a tooth from twelve to 36 months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.

- 7. Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit, will be provided as outlined in the section, "Covered Benefits." Prosthodontic appliances, implants and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure. Diagnostic and treatment facilitating aids for implants are considered a part of, and are included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime, whether provided under Delta Dental or any other dental care plan.

The initial installation of a prosthodontic appliance and/or implant is not a Benefit unless the prosthodontic appliance, implant, bridge or denture is made necessary by natural, permanent teeth extraction. Bone grafts provided for implants completed on the same day of service.

- 8. Limitation on Periodontal Surgery.** Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the Primary Enrollee.

- 9. Limitation on Temporomandibular Joint (TMJ) Dysfunction.** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments that have demonstrably satisfactory prognosis. Benefits for TMJ dysfunction include temporomandibular joint arthrograms (including injection), occlusal guards (by report), occlusal analysis (mounted case) and occlusal adjustments (complete). Other procedures are considered medical in nature, and are excluded benefits.

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It's good for you.



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deltadentalins.com/aarp



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