

# Certificate of Coverage

DELTA DENTAL INSURANCE COMPANY  
WILMINGTON, DELAWARE

**Keep smiling.**

CC-TX(DELTAUSA8-2010)D



**Dental Insurance Plan**

administered by



Delta Dental Insurance Company

# How to contact us:

## **Customer Service**

(Enrollment, Claims, Eligibility & Related Correspondence)

P.O. Box 2059

Mechanicsburg, PA 17055-0759

Toll-free 1-866-261-4275

8 a.m. to 8 p.m. Eastern Time

E-mail: [aarpdental@deltadentalins.com](mailto:aarpdental@deltadentalins.com)

## **Payment Inquiries or Changes**

Billing Department

P.O. Box 15167

Sacramento, CA 95851-0167

Toll-free 1-866-261-4275

8 a.m. to 8 p.m. Eastern Time

**[www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp)**

Dear AARP® Member,

Thank you for enrolling in the AARP Dental Insurance Plan, underwritten and administered by Delta Dental Insurance Company. The AARP Dental Insurance Plan was designed exclusively for AARP members and their families.

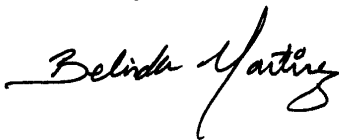
The AARP Dental Insurance Plan helps you limit your out-of-pocket costs the most when you choose a dentist who is a member of Delta Dental's extensive network of Dental Provider Organization (DPO) Plan licensed dentists. You also have the freedom to visit any licensed dentist. Visit the AARP Dental Insurance Plan website at [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp) to find a network dentist near you, or call the Delta Dental Insurance Company Customer Service Center toll free at (866) 261-4275.

The enclosed *Certificate of Coverage* is designed to be an easy-to-read guide explaining all of the AARP Dental Insurance Plan benefits, limitations and exclusions. Be sure to read the booklet carefully as it will help you understand how your plan works. It includes definitions of dental benefit terms and a summary of the types of procedures covered under the AARP Dental Insurance Plan. And as always, it is important you talk with your dentist about your dental needs so you can determine how the AARP Dental Insurance Plan can meet them.

Enclosed in this welcome packet, please find your personalized AARP Dental Insurance Plan identification cards. You may find it helpful to keep one of the cards in your wallet for easy reference. Should you have any questions about your coverage, please call Delta Dental toll-free at (866) 261-4275.

Thank you again for selecting the AARP Dental Insurance Plan. Delta Dental is dedicated to providing you with best in class pricing, benefits and service and we look forward to serving you for many years to come.

Sincerely,

A handwritten signature in black ink that reads "Belinda Martinez". The signature is written in a cursive style with a long, sweeping underline.

Belinda Martinez  
Senior Vice President  
Delta Dental Insurance Company

**IMPORTANT NOTICE****TO OBTAIN INFORMATION OR MAKE A COMPLAINT:**

You may call Delta Dental Insurance Company's toll-free telephone number for information or to make a complaint at:

**1-866-261-4275**

You may also write to Delta Dental Insurance Company at:

AARP® Dental Insurance Plan  
c/o Delta Dental Insurance Company  
Customer Service Center  
P. O. Box 2059  
Mechanicsburg, PA 17055-0759

You may also contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may also write the Texas Department of Insurance at:

Texas Department of Insurance  
P. O. Box 149104  
Austin, TX 78714-9104  
FAX: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim, you should contact the Delta Dental Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE****PARA OBTENER INFORMACION O PARA SOMETER UNA QUEJA:**

Usted puede llamar al numero de telefon gratis de Delta Dental Insurance Company para informacion o para someter una queja al:

**1-866-261-4275**

Usted tambien puede escribir a Delta Dental Insurance Company:

AARP® Dental Insurance Plan  
c/o Delta Dental Insurance Company  
Customer Service Center  
P. O. Box 2059  
Mechanicsburg, PA 17055-0759

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

Departamento de Seguros de Texas  
P. O. Box 149104  
Austin, TX 78714-9104  
FAX: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concierne a su prima o a un reclamo, debe comunicarse con Delta Dental Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento de Seguros de Texas (TDI).

**UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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## INTRODUCTION

AARP® Health is pleased to welcome you to the AARP Dental Insurance Plan underwritten and administered by Delta Dental Insurance Company (Delta Dental). Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

## Using This Certificate of Coverage

This Certificate of Coverage discloses the terms and conditions of your coverage and is designed to help you make the most of your dental program. It will help you understand how the AARP Dental Insurance Plan works and how to obtain dental care. You may wish to carry this certificate with you to the dental office, as your dentist may want to reference this certificate to determine the best course of treatment considering your benefit coverage.

Please read this certificate completely and carefully. Keep in mind that YOU and YOUR mean the individuals who are covered. WE, US and OUR always refer to Delta Dental.

In addition, please read **Appendix C, Definition of Terms**, which will explain any words that have special or technical meanings under the AARP Dental Insurance Plan.

## Contact Us

If you have any questions about your coverage that are not answered here, please call the Customer Service Center toll-free at 1-866-261-4275. The Customer Service Center can also assist you with claims, eligibility and benefit questions.

If you prefer to write Delta Dental with your question(s) please mail your inquiry to the following address:

**AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
P.O. Box 2059  
Mechanicsburg, PA 17055-0759  
Or e-mail:  
aarpdental@deltadentalins.com**

Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time to answer your questions. You can also visit our website at [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp).

## Plan Options

There are two coverage options available under the AARP Dental Insurance Plan: Plan A and Plan B. The covered benefits, waiting periods and most other aspects of the plan are identical under the two options. There are differences in the premium rates, coinsurance, deductible, and Maximum Benefit amount, which are detailed in two separate sections of this certificate. If your ID card indicates you are enrolled in Plan A, please read “Plan A Information.” If your ID card indicates you are enrolled in Plan B, please read “Plan B Information.”

You may change plan selection anytime within 30 days following your enrollment effective date, so long as no claims have been incurred. Primary Enrollees who change plans after the 30-day grace period, or who have incurred claims during the first 30 days of enrollment can only do so once per year with an effective date coinciding with the anniversary of their enrollment. Primary Enrollees who change plans within the first 24 months will be required to satisfy the waiting periods as if they were a newly enrolled Primary Enrollee.

## Identification Card

Your identification cards are enclosed in this information packet if you are a new Enrollee. If you are a Primary Enrollee who requested a replacement Certificate of Coverage, your identification cards were mailed to you when you enrolled in the program.

You will find the name of the plan option in which you are enrolled (Plan A or Plan B) in the upper right section of the ID card.

Please provide the Primary Enrollee’s AARP membership number and your Enrollee ID number to your dentist whenever you or one of your eligible dependents receives dental services. The Enrollee ID number should be included on all claims submitted for reimbursement.

## ELIGIBILITY AND ENROLLMENT

### Eligibility Requirement

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 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; 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 or appointment of guardianship. Proof of birth, adoption, or the institution of a suit to adopt must be furnished upon request by Delta Dental.

Dependent children also may be defined as unmarried grandchildren, stepchildren, adopted children, 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, 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.

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## Minimum Enrollment Period

AARP members and their dependents selecting dental coverage must enroll for a minimum of 12 months. If coverage is voluntarily discontinued, AARP members and their covered family members may not re-enroll during the 12-month period immediately following the voluntary termination.

## Enrollment Grace Period

There is a period of 30 days from your coverage effective date during which you may disenroll and receive a full refund, provided you and all enrolled family members have not used the benefits under the AARP Dental Insurance Plan.

## Disenrollment

Enrollment in the AARP Dental Insurance Plan beyond your initial 12-month commitment will be automatically continued until you disenroll.

If you disenroll after the first 30 days (see above section on “Enrollment Grace Period”), and before your pre-paid rate term expires (only applies to members on the quarterly, semi-annual and annual payment plan), you will be charged the monthly rates for any months you were actively enrolled when calculating refund amounts.

If you disenroll from the program, it is required that you provide written notification of your request to Delta Dental. Your coverage termination effective date will be the first of the month following receipt of your notification.

Disenrollment may also occur when a Primary Enrollee’s payment is not received by the 1st of the month following the due date on his/her invoice. Please see section “Grace Period on Late Payments” for more information.

Whenever a Primary Enrollee disenrolls, he/she will be ineligible for re-enrollment in the plan for 12 months following disenrollment.

## Loss of Eligibility

An Enrollee loses eligibility:

- On the first day of the month for which the Enrollee fails to make the required premium payment;
- On the last day of the month in which a written notice of voluntary termination is received;

- On the last day of the month in which an Enrollee no longer meets eligibility requirements; or
- On the day the Contract between AARP and Delta Dental is terminated.  
**Exception:** Delta Dental will continue to provide dental insurance coverage at the guaranteed rate for a maximum of two (2) years following the Primary Enrollee's effective date so long as the Primary Enrollee continues to pay the premium.

All enrolled family members lose coverage when the Primary Enrollee's coverage ends.

## OVERVIEW OF DENTAL BENEFITS

This section provides information that will give you a better understanding of how the AARP Dental Insurance Plan works and how to make it work best for you.

The AARP Dental Insurance Plan covers most dental services that are necessary and appropriate for establishing and maintaining your dental health.

### Benefit Waiting Period

New Enrollees are eligible for many basic and preventive dental services as soon as their coverage is effective. Some of the services described under the section “Covered Benefits” are subject to a 12-month waiting period. Please refer to the Benefit Summary Chart in the section which relates to your specific plan choice (“Plan A Information” or “Plan B Information”). No exceptions or credits are given for prior coverage. AARP members who disenroll from the dental program and later re-enroll will be required to satisfy another 12-month waiting period during the new enrollment with no credit for prior enrollment.

You may change plan selection anytime within 30 days of first enrolling in the AARP Dental Insurance plan, so long as no claims have been incurred. Primary Enrollees who change plans after the 30-day grace period, or who have incurred claims during the first 30 days of enrollment can only do so once per year with an effective date coinciding with the anniversary of their enrollment. Primary Enrollees who change plans within the first 24 months will be required to satisfy another 12-month waiting period as if they were a newly enrolled Primary Enrollee with no credit for prior enrollment.

### Limitations and Exclusions

Dental plans are designed to help with part of your dental expenses and may not always cover every dental need. The typical program includes limitations and exclusions, meaning the program does not cover every aspect of dental care. This can relate to the type of procedures or the number of visits. These limitations and exclusions are carefully detailed in this certificate and you should make yourself familiar with them. Please read the following section as well as **Appendix A, Limitations and Exclusions** to help you understand the limitations and exclusions of the dental plan.

## Covered Benefits

The AARP Dental Insurance Plan covers several categories of benefits, when a licensed dentist provides the services, and when they are within the standards of generally accepted dental practice.

To help you understand the types of procedures that are included in each category, the following is a description of each of the categories of services that are covered under the AARP Dental Insurance Plan.

**Diagnostic** — Procedures to assist dentists in evaluating the existing conditions to determine the required dental treatment such as oral examinations (including initial examinations, periodic examinations and emergency examinations); x-rays; diagnostic casts; biopsy of oral tissue; palliative (emergency) treatment of dental pain; and specialist consultation.

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. Panoramic x-rays submitted alone are limited to once in any five-year period. Bitewing x-rays are limited to twice in a calendar year period for Enrollees to age 19, and once in a calendar year for all other Enrollees. Oral examinations of the full mouth are limited to twice in any calendar year.

**Preventive** — Procedures to prevent the occurrence of disease. These services include prophylaxis (cleaning), topical application of fluoride solutions and space maintainers when used to maintain existing space. Prophylaxes and fluoride application may be performed either together or separately. Fluoride applications as a benefit are limited to twice in any calendar year period up to age 19.

A periodontal maintenance cleaning can be substituted for a prophylaxes cleaning. You may have any combination of prophylaxes and/or periodontal maintenance cleanings for a total of three in any calendar year.

**Sealants** — Topically applied acrylic, plastic or composite material (fissure sealants) to prevent decay and ingress of food particles in permanent, posterior teeth.

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. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three (3) 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 (6) 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 12 to 36 months after a sealant has been applied to that tooth, Delta Dental will pay only the fee appropriate to the restoration in excess of the fee paid for the application of the sealant. Treatment with sealants as a covered service is limited to applications to the eight posterior teeth.

**Basic Restorative** — Services include amalgam, synthetic porcelain and plastic restorations (fillings) for treatment of carious lesions. Composite restorations as a benefit are limited to anterior teeth. An amalgam allowance is provided for composite restorations on posterior teeth. Please refer to **Appendix A, Limitations and Exclusions** for more information.

**Major Restorative** — Services include single crowns, inlays and onlays, gold or cast restorations when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations.

If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the Enrollee and the dentist select another type of restoration, Delta Dental will pay only the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered optional dental treatment excluded from coverage under the plan.

Replacement of crowns, jackets, inlays and onlays shall be provided only 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.

**Oral Surgery** — Services include oral surgery procedures (including but not limited to reduction of fractures, removal of tumors, and removal of impacted teeth) including pre- and post-operative care.

**Endodontics** — Services for treatment of the tooth pulp including pulpal therapy and root canal filling.

**Periodontics** — Services for the treatment of disease of the gums and supporting structures of the teeth. 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 the plan, under any prior dental contract, or by the Enrollee.

**Prosthodontics** — Services include materials and procedures for construction of fixed bridges, partial dentures and complete dentures; implant surgical placement

and removal, implant supported prosthetics (including implant repair and recementation); if provided to replace missing natural teeth. Services for implants include procedures for endodontic endosseous, endosteal, eposteal and transosteal implants; implant connecting bars and implant repairs.

Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Prosthodontic appliances, implants and 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.

**Denture Repair, Rebase and Relining** — Services include repair of broken, complete or partial dentures; repair or replacement of broken teeth on dentures; reattachment, replacement or repair of broken clasps on dentures including rebase procedures; and relining of complete or partial dentures performed at a dentist's office or by a laboratory. Includes denture repair and relining services which will make an existing denture fit satisfactorily.

**General Anesthesia** — Includes general anesthesia when administered by a dentist for a covered oral surgery procedure.

**Temporomandibular Joint (TMJ) Dysfunction** — Includes services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments as 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.

## Optional Treatment

In all cases in which there are optional plans of treatment, Delta Dental will make payment based on the applicable percentage of the fee appropriate to the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner. The Primary Enrollee will be responsible for the balance of the treatment cost. 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. It is to your advantage to have your dentist request a pre-treatment estimate prior to receiving optional treatment.

## Pre-treatment Estimate

Pre-treatment estimate requests are not required but may be submitted to Delta Dental for more complicated and expensive procedures such as crowns, wisdom tooth extractions, bridges, dentures, or periodontal surgery. When your dentist submits a pre-treatment estimate request to Delta Dental, you'll receive an estimate of your share of the cost and how much Delta Dental will pay before treatment begins. A pre-treatment estimate is particularly useful in the following cases:

- If you are having extensive work done and total charges will exceed \$300.00;
- To be sure a particular procedure is covered;
- To see if you will exceed your benefit maximum; or
- If you need to plan your payment in advance.

By asking your dentist for a "pre-treatment estimate" from Delta Dental before you agree to receive any prescribed major treatment, you will have an estimate up front of what the dental plan will pay, and the difference you will need to pay. Your dentist may also be able to present alternative treatment options that will lower your share of the bill while still meeting your dental care needs.

Your dentist sends Delta Dental a proposed treatment plan, along with relevant x-rays. Delta Dental then checks to be sure that the services are covered. Some dental work may be limited or excluded by your program, and you will want to know exactly what services are covered before you proceed with treatment. Delta Dental also calculates how any coinsurance and dollar maximum limits might affect your share of the cost (considering any claims paid and waiting periods at the time the pre-treatment estimate is calculated). **A pre-treatment estimate may not take into account any deductibles, so please remember to figure in your deductible, if necessary.**

Pre-treatment estimates usually take about three weeks. Your dentist then receives an estimate of the amount Delta Dental will pay for approved services, and the amount you will be expected to pay.

A pre-treatment estimate does not guarantee payment. It is an estimate of the amount Delta Dental will pay if you are enrolled and meet all the requirements of the program at the time the treatment you have planned is completed.

A pre-treatment estimate is a free service that Delta Dental provides to its Enrollees. It can help you and your dentist make more informed decisions about your dental care.

## SELECTING YOUR DENTIST

### Free Choice of Dentist

We recognize that many factors affect the choice of dentist and therefore support your right to freedom of choice regarding your dentist. This assures that you have full access to the dental treatment you need from the dental office of your choice. With the AARP Dental Insurance Plan, you may see any licensed dentist for your covered treatment whether the dentist is a:

- Dental Provider Organization Dentist (DPO Dentist);
- Delta Dental Premier® Dentist (Premier Dentist); or a
- Non-Contracting Dentist/Non-Delta Dental Dentist (Non-Delta Dentist).

In addition, you may choose your own specialist, and you and your family members can see different dentists.

**Remember, you enjoy the greatest benefits—including out-of-pocket savings—when you choose a DPO dentist.** To take full advantage of your benefits, we highly recommend you verify a dentist’s contracting status within a Delta Dental Program with your dental office before each appointment. Review the section titled “How Claims Are Paid” for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your dentist selection and how that may impact your out-of-pocket costs.

### Referrals to Specialists

Your dentist may refer you to another dentist for a consultation or specialized treatment or you may elect to see a specialist on your own. If this is done, be sure that the dentist you are referred to is a Delta Dental Dentist. You can do this by simply asking the specialist when you make your appointment. Visiting a Delta Dental Dentist can save you money, time, and the hassle of paperwork. Remember if the dentist is a Non-Delta Dental Dentist, you may be required to pay all of the treatment cost at the time of service and submit a claim to Delta Dental for reimbursement.

### Locating a Delta Dental Dentist

There are two ways in which you can locate a DPO Dentist near you:

- You may access information about the plan through our website at [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp). Delta Dental provides a link for AARP Dental

Insurance Plan members, which connects you directly to the information specific to your region. This website includes a dentist search function allowing you to locate DPO or Premier Dentists by location, specialty and Program type; or

- You may also call our Customer Service Center toll-free at 1-866-261-4275 and one of our representatives will assist you. He/she can provide you with information regarding a dentist's membership status, specialty and office location. You may also request a paper copy of the dental directory.

## HOW CLAIMS ARE PAID

Payment for any single procedure that is a covered service will be made upon completion of the procedure. Payment for care is applied to the calendar year deductible and Maximum Benefit based on the date of service, regardless of when the claim is submitted. After you have satisfied your deductible requirement, Delta Dental will provide payment for covered services at the percentage indicated in the Benefit Summary Chart for the plan you selected, up to a maximum for each Enrollee in each calendar year.

### Payment for Services – DPO Dentist

Payment for covered services performed for you by a DPO Dentist is calculated based on the Maximum Contract Allowance under the Contract which is the lesser of the submitted fee on the claim or the DPO Provider's Contracted Fee. DPO Dentists have agreed to accept the DPO Provider's Contracted Fee as the full charge for covered services. DPO Dentists have contractually agreed to charge no more than the DPO Provider's Contracted Fee even for services that are not covered under the Contract provided the service(s) are included in their agreement with us.

Delta Dental calculates its share of the Maximum Contract Allowance ("Delta Payment") using the applicable percentage (Contract Benefit Level) from the Benefit Summary Chart and sends it directly to the DPO Dentist who has submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). These charges are generally your share of the Maximum Contract Allowance, as well as any Deductibles, charges where the benefit maximum has been exceeded, and/or charges for non-covered services.

Example (assuming this is a Basic Restorative procedure, the service is covered, the Maximum Benefit has not been exceeded and the calendar year deductible has been met):

Submitted Fee	=	\$100
Maximum Contract Allowance	=	\$80
Delta Dental Payment (50% of Max. Contract Allow.)	=	\$40
Patient Payment	=	\$40

## Payment for Services — Delta Dental Premier® Dentist

A Premier Dentist is a Contracting Dentist, but is not a member of the DPO Program. Payment for covered services performed for you by a Premier Provider is calculated based on the Maximum Contract Allowance, which is the lesser of the submitted fee on the claim, or the DPO Provider's Contracted Fee for a DPO Provider in the same geographic area. Premier Providers have agreed to accept the Premier Provider's Contracted Fee as the full charge for covered services. Premier Providers have contractually agreed to charge no more than the Premier Provider's Contracted Fee even for services that are not covered under the Contract provided the service(s) are included in their agreement with us.

For services provided by a Premier Dentist, Delta Dental calculates its share of the Maximum Contract Allowance ("Delta Payment") using the applicable percentage (Contract Benefit Level) from the Benefit Summary Chart for the plan you selected and sends it directly to the Premier Dentist who has submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). These charges are generally your share of the Maximum Contract Allowance, as well as any Deductible, charges where the Maximum Benefit has been exceeded, the difference between the Premier Provider's Contracted Fee and the Maximum Contract Allowance, and/or charges for non-covered services.

Example (assuming this is a Basic Restorative procedure, the service is covered, the Maximum Benefit has not been exceeded and the calendar year deductible has been met):

Submitted Fee	=	\$100
Premier Provider's Contracted Fee	=	\$90
Maximum Contract Allowance	=	\$80
Delta Dental Payment (50% of Max. Plan Allow.)	=	\$40
Patient Payment	=	\$50

**Note:** The patient balance of \$50 is the sum of the patient coinsurance (50% of the Maximum Contract Allowance of \$80, which is \$40) and the difference between the Maximum Contract Allowance and Premier Provider's Contracted Fee, which is \$10.

## Payment for Services — Non-Delta Dental Dentist

Payment for services performed for you by a Non-Delta Dental Dentist is also calculated based on the Maximum Contract Allowance. The portion of the Maximum Contract Allowance payable by us is limited to the applicable percentage (Contract Benefit Level) as shown in the Benefit Summary Chart for the plan you selected.

Non-Delta Dental Dentists have to agreement with Delta Dental and are free to balance bill you for any difference between what Delta Dental pays and the Submitted Fee.

When dental services are received from a Non-Delta Dental Provider, Delta Dental's payment is sent directly to the Primary Enrollee if benefits are not assigned to the dentist. You are responsible for payment of the Non-Delta Dental Dentist's Submitted Fee. Non-Delta Dental Dentists will bill you for their normal charges, which may be higher than the Maximum Contract Allowance for the service. You may be required to pay the dentist yourself and then submit a claim to Delta Dental for reimbursement. Since the Maximum Contract Allowance for services you receive may be less than the Non-Delta Dental Dentist's actual charges, your out-of-pocket cost may be significantly higher.

Example (assuming this is a Basic Restorative procedure, the service is covered, the benefit maximum has not been exceeded, the calendar year deductible has been met):

Submitted Fee	=	\$100
Maximum Contract Allowance	=	\$80
Delta Dental Payment (50% of Max. Contract Allow.)	=	\$40
Patient Payment	=	\$60

**Note:** The patient balance of \$60 is the sum of the patient coinsurance (50% of the Maximum Contract Allowance of \$80, which is \$40) and the difference between the Maximum Contract Allowance and the Submitted Fee, which is \$20.

## How to Submit a Claim

Delta Dental does not require any special claim forms. Most dental offices have standard claim forms available. Contracting Dentists will fill out and submit your claims paperwork for you. Some Non-Delta Dental Dentists may also provide this service upon your request. If you receive services from a Non-Delta Dental Dentist who does not provide this service, you can submit your own claim directly to Delta Dental. For your convenience, you can print a claim form from our website:

[www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp).

Your dental office should be able to assist you in filling out the claim form. Fill out the claim form completely and mail it to:

**AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
P.O. Box 2059  
Mechanicsburg, PA 17055-0759**

## Payment Guidelines

Delta Dental does not pay Contracting Dentists any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your dentist files a claim for services more than 12 months after the date you received the services, payment may be denied. If the services were received from a Non-Delta Dental Dentist, you are still responsible for the full cost. If the payment is denied because your Contracting Dentist failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your Contracting Dentist that you were a member of the AARP Dental Insurance Plan at the time you received the service, you may be responsible for the cost of that service, unless you were legally incapacitated.

We explain to all Contracting Dentists how we determine or deny payment for services. We describe in detail the dental procedures covered as benefits, the conditions under which coverage is provided and the program's limitations and exclusions. If any claims are not covered, or if limitations or exclusions apply to services you have received, you may be responsible for the full payment.

If you have any questions about any dental charges, processing policies and/or how your claim is paid, contact our Customer Service Center toll-free at 1-866-261-4275.

## Optional Treatment and Non-Covered Services

You must pay for any non-covered or optional dental benefits that you choose to have done. Refer to **Appendix A, Limitations and Exclusions** for information about excluded services and limitations.

Often there are several approaches or different methods that a dentist may use to treat dental needs. This program is designed to cover dental treatment using standards of care consistent with the delivery of quality, affordable dental treatment

to the patient. If you request a treatment that is more costly than standard practice, you must pay for the charges in excess of the covered dental benefit.

**Example:** If a metal filling would fix the tooth and you choose to have the tooth crowned, you are responsible to pay the difference between the cost of the crown and the cost of the filling. You must pay this money directly to your dentist.

**Please Remember...** If you and your dentist are unsure of your contract benefits for a specific course of treatment, be sure to ask for a pre-treatment estimate. You should ask your dentist to submit the claim form in advance of performing the proposed services. Delta Dental will act promptly in returning a pre-treatment estimate statement to you and the attending dentist with non-binding verification of the patient's current availability of benefits and applicable maximums. The pre-treatment estimate is non-binding as the availability of benefits may change subsequent to the date of the pre-treatment estimate due to a change in eligibility status, exhaustion of applicable Maximum Benefit or application of frequency of procedure limitations.

## **Other Health Insurance**

Be sure to advise your dentist of all programs under which you have dental coverage and have him or her complete the dual coverage portion of the claim form, so that you will receive all the benefits to which you are entitled.

## **PREMIUM PAYMENT RESPONSIBILITIES**

The Primary Enrollee is responsible for making premium payments, paying deductibles and coinsurance and ensuring your dentist is aware of any other dental coverage you carry. These are explained in detail in the following subsections.

### **Premium Rates**

Premiums for the AARP Dental Insurance Plan are based on the prevailing dental costs in the region where you live (based on your ZIP code), your choice of three enrollment options: single-party enrollment, two-party enrollment, or a family enrollment of three or more persons, and your choice of Plan A or Plan B.

### **Rate Guarantee**

Your initial premium rate is guaranteed for the first two years of your enrollment, based upon the new enrollee rates in force at the time of enrollment. After the first two years, premium rates may be adjusted annually. If you move, or change your enrollment options, your premium rate may also change.

### **Premium Billing**

During enrollment, you selected a plan and the method for paying your ongoing AARP Dental Insurance Plan premiums, either by check or through Electronic Funds Transfer (EFT). The following is a description of how each of these methods works.

#### **Pay by Check**

If you selected to pay by check, you also selected the option of paying your premiums quarterly, semi-annually or annually.

If you elected to pay your premiums quarterly, semi-annually, or annually, you will receive an invoice once every billing period.

Your payment must be received by the 20th of the month in which it is due to ensure coverage for the following billing period. Your invoice will reflect the appropriate discount you receive when you pay your premiums quarterly, semi-annually or annually.

All payments are to be mailed to the following address:

**AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
P.O. Box 526032  
Sacramento, CA 95852-6032**

## **Pay by Electronic Fund Transfer (EFT)**

If you chose to pay your premium on a monthly basis through monthly EFT, Delta Dental will transfer the premium payment from your bank account at the end of each month for the following month's coverage.

If funds aren't available, your account will be considered delinquent and claims will not be processed for time periods during which premiums have not been paid until the account is brought current.

If the account continues to be delinquent for more than 31 days, your enrollment will be terminated and you and your enrolled family members will not be able to re-enroll for 12 months following termination. When you re-enroll after 12 months, applicable benefit waiting periods will again be in effect without credit for the time you were previously enrolled.

## **Changing Payment Options**

Payment options may be changed at any time; however, the effective date of the change varies dependent on your payment option. Changes to EFT, quarterly and semi-annual payment options are effective on the anniversary or semi-anniversary of your plan enrollment effective date. Changes to the annual payment option are effective on the anniversary of your plan enrollment effective date. To change your payment option you can call the Customer Service Center toll-free at 1-866-261-4275 or write to the Customer Service Center at:

**AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
Customer Service Center  
P.O. Box 2059  
Mechanicsburg, PA 17055-0759**

## Grace Period on Late Payments

Your payment is due by the 20th of the month in which you receive an invoice. If it is not received by the 20th, it is considered delinquent. If not paid by the first of the following month, although claims incurred prior to the first are covered, claims incurred after that the first will not be covered. If the premiums are not paid your enrollment will be terminated and you and your enrolled family members will not be able to re-enroll for 12 months following termination. When you re-enroll after 12 months, applicable benefit waiting periods will again be in effect without credit for the time you were previously enrolled.

## CUSTOMER SERVICE

Your introduction to the AARP Dental Insurance Plan begins with our Customer Service Center. A Customer Service Center representative can answer questions you have about obtaining dental care, help you locate a Contracting Dentist, explain benefits and assist you in filing a claim.

A Customer Service Center representative is available by telephone Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. You can contact our Customer Service Center toll-free by calling 1-866-261-4275. If you are hearing impaired, you may call our toll-free TDD number at 1-800-735-2922 or TTY at 1-800-735-2929.

### Locate a Dentist

A Customer Service Center representative will help you locate a Contracting Dentist near you and provide you with information regarding a dentist's membership status in the DPO or Premier Programs. You can also visit our website [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp) to locate a Contracting Dentist in your area.

### Explain Benefits

A Customer Service Center representative will answer questions regarding your coverage, explain out-of-pocket expenses, deductible, pre-treatment estimates, and at your request provide you with dental health education materials.

### File a Claim and Respond to Inquiries

Customer Service Center representatives have on-line access to claims history, Primary Enrollee and family member eligibility data, premium rates and account status information. Representatives will assist you with:

- Questions regarding Delta Dental's policies and procedures.
- Requesting an Attending Dentist Statement.
- Correcting claim payment errors (except those requiring changes to the description of service or the date of service on the original form which your dentist will need to correct).
- Provide duplicate notices of payment.

## Payment Options

During enrollment you selected a method of payment, as well as a payment option of monthly EFT, quarterly, semi-annually or annually. A Customer Service Center representative will assist you should you wish to make a change to this process.

## Complaints, Grievances and Appeals

Our commitment to you is to ensure quality throughout the entire treatment process: from the courtesy extended to you by our Customer Service Center representatives to the dental services provided by our Contracting Dentists. If you have questions about any services received, we recommend that you first discuss the matter with your dentist. However, if you continue to have concerns, call Delta Dental's Customer Service Center toll-free at 1-866-261-4275, Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

Questions or complaints regarding eligibility, premium billing, the denial of dental services or claims, the policies, procedures, or operations of Delta Dental, or the quality of dental services performed by the dentist may be directed in writing to Delta Dental or by calling Delta Dental toll-free at 1-866-261-4275.

A grievance is a written expression of dissatisfaction with the provision of services or claims practices of Delta Dental under the AARP Dental Insurance Plan. When you write, please include the name of the patient, the Primary Enrollee's name and AARP membership number, and your telephone number on all correspondence. You should also include a copy of the claim form, Notice of Payment, Invoice or other relevant information.

Appeals on claims denied must be submitted in writing. Your Notice of Payment document will have an explanation of the claim review and appeal process and time limits applicable to such process.

Send your grievance, appeal, or claims review request to Delta Dental at the address shown below:

**AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
Customer Service Center  
P.O. Box 2059  
Mechanicsburg, PA 17055-0759**

If the matter continues to be unresolved to your satisfaction, you may wish to contact AARP Services, Member Services toll-free at: 1-888-687-2277. TTY users should call 1-877-434-7598 and TDD users should call 1-800-735-2922.

## GENERAL PROGRAM INFORMATION

### Entire Contract: Changes

This Contract, including the Application and the attachments, is the entire agreement between the parties. No agent has authority to change this Contract or waive any of its provisions. No change in this Contract will be valid unless approved by an executive officer of Delta Dental.

### Proof of Claim

Before approving a claim, Delta Dental will be entitled to receive, to such extent as may be lawful, from any attending or examining dentist, or from hospitals in which a dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an Enrollee as may be required to administer the claim, or that an Enrollee be examined by a dental consultant retained by Delta Dental, in or near the community or residence. Delta Dental will in every case hold such information and records confidential.

Delta Dental will provide any dentist or Enrollee, on request, a standard Attending Dentist's Statement (available online at [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp)) to make a claim for Benefits. To make a claim, the form must be completed and signed by the Dentist who performed the services and by the Enrollee (or the parent or guardian if the patient is a minor) and submitted to Delta Dental. If the form is not furnished by Delta Dental within 15 days after requested by a dentist or Enrollee, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Delta Dental, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Affirmative proof of loss must be furnished to Delta Dental at its office within 90 days after termination of care for which benefits are payable hereunder. Failure to furnish written notice of claim and proof of loss within the times indicated will not invalidate nor reduce any claim if it will be shown not to have been reasonably possible to furnish such proof of loss within such time and that such proof of loss was furnished as soon as was reasonably possible. In any event, proof of loss must be given no later than one year from such time (unless you were legally incapacitated).

All written proof of loss must be given to Delta Dental within 90 days of the termination of the Contract.

## Time Of Payment

Amounts payable under the Contract for any benefits other than benefits for which the Contract provides periodic payment will be paid immediately upon Delta Dental's receipt of proof of claim as described above under "Proof of Claim." Delta Dental will acknowledge receipt of the claim and request any additional information within 15 days of receipt of the claim. If the requested information is not received within 45 days, the claim will be denied at the end of this 45-day period. All accrued amounts payable for benefits for which the Contract provides periodic payment will be paid monthly, assuming Delta Dental has received proof of claim for such benefits.

## To Whom Benefits Are Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a Contracting Dentist will be made directly to the dentist. Any other payments provided by the Contract will be made to you, unless you request when filing a proof of claim that the payment be made directly to the dentist providing the services. All benefits not paid to the dentist will be payable to you, the Primary Enrollee or Enrollee, or to your estate, except that if the person is a minor or otherwise not competent to give a valid release, benefits may be payable to his or her parent, guardian or other person actually supporting him or her.

Delta Dental shall reimburse the Texas Department of Human Services for the cost of services paid by the Department under the Medical Assistance Act of 1967, as amended (article 695j-1, Vernon's Texas Civil Statutes) to the extent such costs are for services which are Benefits under the Contract.

If the Texas Department of Human Services is paying benefits pursuant to Chapters 31 and 32 of the Human Services Code (financial and medical assistance programs administered pursuant to the Human Services Code) and a parent is covered by the group policy has possession or access to a child pursuant to a court order, or is entitled to access or possession of a child and is required by the court to pay child support, then all benefits paid on behalf of the child(ren) under the Contract must be paid to the Texas Department of Human Service.

## Misstatement of Age

If the age of the Primary Enrollee or dependent has been misstated, all amounts payable under the contract shall be such as the premium paid would have purchased at the correct age.

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## Legal Actions

No action at law or in equity may be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor may an action be brought at all unless brought within three years from expiration of the time within which proof of loss is required by the Contract.

## Applicable Laws

All legal questions about the Contract will be governed by the District of Columbia where the contract was entered into and is to be performed except Texas law will govern for Texas residents.

## Misstatements On Application/Effect

The validity of the policy shall not be contested, except for nonpayment of premiums, after it has been in force for two years from its date of issue. In the absence of fraud, all statements made by the Primary Enrollee will be deemed representations and not warranties. No such statement will be used in defense to a claim under the Contract, unless it is contained in a written instrument signed by the Primary Enrollee, a copy of which has been furnished to the Primary Enrollee.

## Disability Access

### Physical Access

Delta Dental has made efforts to ensure that our offices and the offices and facilities of Contracting Dentists are accessible to the disabled. If you are not able to locate an accessible dentist, please call our Customer Service Center and a representative will help you find an alternate dentist.

### Access for the Hearing Impaired

The hearing impaired may contact the Customer Service Center through our toll-free TDD number 1-800-735-2922 or TTY at 1-800-735-2929.

## Privacy

Delta Dental values its relationship with you. Protecting your personal information is of great importance to us. Delta Dental will obtain from the Primary Enrollee only nonpublic information that relates to Delta Dental's administration of the dental benefits we provide. Information may include, but not be limited to name, address,

social security number, AARP membership number, and date of birth. We do not disclose any nonpublic personal information about you to any affiliated or nonaffiliated third parties except to AARP or AARP Services, Inc. as is necessary in order to provide our service to you or as we are required or permitted by law. Delta Dental maintains physical, electronic, and procedural security measures to safeguard your nonpublic personal information in our possession.

## Website Security

Delta Dental employs security measures to control access to the eligibility and dental benefit information under our control. Delta Dental uses industry standards, such as firewalls and Secure Socket Layers, to safeguard the confidentiality of personal Enrollee information.

An identification number—usually the Primary Enrollee’s AARP membership number—and a last name is required to access the Eligibility and Benefits feature. (These two pieces of information are also used to access the same information from our Customer Service Center by telephone.) The identification number entry screen and pages displaying the user’s dental benefits are secured (encrypted) pages.

We understand there may be sensitivity about using one’s AARP Membership Number as a means of identification. Delta Dental only uses your number to administer your dental program and does not release it to unauthorized individuals.

There are areas of our website that require a specific user ID and password for website access. In order to receive a user ID and password, Delta Dental requires Primary Enrollees to contractually agree to not provide information they may access to other individuals. The user identification and password required for site access is internally validated to ensure this information cannot be viewed without proper authority and security authentication.

## PLAN A INFORMATION

The information contained in this section applies only to Primary Enrollees and Enrollees in Plan A.

### Benefit Summary Chart – Plan A

The services provided through the AARP Dental Insurance Plan include all the benefits described in the Benefit Summary Chart, with the exception of those items presented in the **Appendix A, Limitations and Exclusions**. The percentages listed are based upon the share of the Maximum Contract Allowance paid by Delta Dental and the patient. The patient's share may be higher depending on the applicability of deductibles, maximums, the difference between a Non-Delta Dental Dentist's fee and the Maximum Contract Allowance or charges for non-covered services.

<b>Benefit Summary Chart Plan A</b>		
	<b>Contract Benefit Level Paid by Delta</b>	<b>Paid by Patient</b>
Diagnostic & Preventive*	100%	0%
Periodontal Maintenance Cleanings	80%	20%
Denture Repair, Rebase and Relining	80%	20%
Basic Restorative	50%	50%
Oral Surgery	50%	50%
Endodontics	50%	50%
Sealants	50%	50%
<b>Additional Benefits Available After 12 Months Continuous Enrollment</b>		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
<b>Deductibles and Maximums Per Enrollee</b>		
Deductible* (Calendar Year)	\$50	
Maximum Benefit (Calendar Year)	\$1,500	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	
<b>Additional Benefits Available With Payment at the Annual Rate Level</b>		
Dental Accident	100%	0%
Lifetime Maximum—Dental Accident	\$1,000	

**\*No deductible required for diagnostic or preventive services.**

The percentages are based on the Maximum Contract Allowance.

**Additional benefits available with payment at the annual rate level for Plan A Enrollees:**

**Dental Accident** — Dental accident benefits shall be available only to those Primary Enrollees and enrolled family members who are enrolled in Plan A and pay premiums at the annual rate level. Dental accident benefits cover procedures and treatment within the standards of generally accepted dental practice for an injury to the mouth or structures within the oral cavity which includes diagnostic, preventive,

basic restorative, major restorative, oral surgery, endodontics, periodontics, and prosthodontic treatment or procedures, for conditions caused directly by force and independent of disease or bodily infirmity or any other cause while coverage is in effect. Damage to the teeth, which is the result of biting into food or other substances, is not covered. There is a lifetime Maximum Benefit of \$1,000.00 per eligible Enrollee.

**Limitation on Dental Accident Benefits** — Dental accident benefits are limited to the covered treatments or procedures provided to a Primary Enrollee within 180 days following the date of the accident, and shall not include any services for conditions caused by an accident occurring before the patient's effective date.

## Coinsurance

The AARP Dental Insurance Plan will pay a percentage of the Maximum Contract Allowance for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the coinsurance and is part of your out-of-pocket cost. You pay this even after a deductible has been met.

Payment is limited to the applicable percentage of the lesser of the dentist's fees or the Maximum Contract Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the coinsurance.

The amount of your coinsurance will depend on the type of service provided and the dentist providing the service (see section titled "Selecting Your Dentist"). Dentists are required to collect your coinsurance for covered services.

It is to your advantage to select a dentist who is a DPO dentist because they have agreed to accept the DPO Provider's Contracted Fee, which typically results in lower out-of-pocket expenses for you. Please read the sections titled "Selecting Your Dentist" and "How Claims Are Paid" for more information.

## Deductible for Plan A

Most dental plans have a specific dollar deductible. For Plan A the deductible is \$50.00. Each enrolled family member must pay the deductible as part of their first covered service each calendar year to satisfy the Plan deductible. You pay this directly to your dentist for completed services. Deductibles do not apply to any diagnostic and preventive services.

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## Maximum Benefit for Plan A

Most dental programs have a Maximum Benefit. This is the maximum dollar amount a dental plan will pay toward the cost of dental care. The patient is personally responsible for paying costs above the Maximum Benefit. In the AARP Dental Insurance Plan, the Maximum Benefit amount that Delta Dental will pay for covered services, excluding Temporomandibular Joint Dysfunction and Dental Accident Benefits, for Enrollees in Plan A is \$1,500.00 per Enrollee each calendar year. The maximum amount payable for Temporomandibular Joint Dysfunction treatment for the lifetime of the Enrollee is \$300.00 and the maximum amount payable for Dental Accident Benefits is \$1,000.00 for the lifetime of the Enrollee.

## PLAN B INFORMATION

The information contained in this section applies only to Primary Enrollees and Enrollees in Plan B.

### Benefit Summary Chart – Plan B

The services provided through the AARP Dental Insurance Plan include all the benefits described in the Benefit Summary Chart, with the exception of those items presented in the **Appendix A, Limitations and Exclusions**. The percentages listed are based upon the share of the Delta Dental Maximum Contract Allowance paid by Delta Dental and the patient. The patient's share may be higher depending on the applicability of deductibles, maximums, the difference between a Non-Delta Dental Dentist's Fee and the Maximum Contract Allowance or charges for non-covered services.

<b>Benefit Summary Chart Plan B</b>		
	<b>Contract Benefit Level Paid by Delta</b>	<b>Paid by Patient</b>
Diagnostic & Preventive	80%	20%
Periodontal Maintenance Cleanings	50%	50%
Denture Repair, Rebase and Relining	50%	50%
Basic Restorative	50%	50%
Oral Surgery	50%	50%
Endodontics	50%	50%
Sealants	50%	50%
<b>Additional Benefits Available After 12 Months Continuous Enrollment</b>		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
<b>Deductibles and Maximums Per Enrollee</b>		
Deductible (Calendar Year)	\$100	
Maximum Benefit (Calendar Year)	\$1,000	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	

The percentages are based on the Maximum Contract Allowance.

## Coinsurance

The AARP Dental Insurance Plan will pay a percentage of the Maximum Contract Allowance for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the coinsurance and is part of your out-of-pocket cost. You pay this even after a deductible has been met.

Payment is limited to the applicable percentage of the lesser of the dentist's fees or the Maximum Contract Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the coinsurance.

The amount of your coinsurance will depend on the type of service provided and the dentist providing the service (see section titled "Selecting Your Dentist"). Dentists are required to collect your coinsurance payment for covered services.

It is to your advantage to select a dentist who is a DPO Dentist because they have agreed to accept the DPO Provider's Contracted Fee, which typically results in lower out-of-pocket expenses for you. Please read the sections titled "Selecting Your Dentist" and "How Claims Are Paid" for more information.

## **Deductible for Plan B**

Most dental plans have a specific dollar deductible. For Plan B the deductible is \$100.00. Each enrolled family member must pay the deductible as part of their first covered service each calendar year to satisfy the Plan deductible. You pay this directly to your dentist for completed services.

## **Maximum Benefit for Plan B**

Most dental programs have a Maximum Benefit. This is the maximum dollar amount a dental plan will pay toward the cost of dental care. The patient is personally responsible for paying costs above the Maximum Benefit. In the AARP Dental Insurance Plan, the Maximum Benefit amount that Delta Dental will pay for covered services, excluding Temporomandibular Joint Dysfunction, for Enrollees in Plan B is \$1,000.00 per Enrollee each calendar year. The maximum amount payable for Temporomandibular Joint Dysfunction treatment for the lifetime of the Enrollee is \$300.00.

## APPENDIX A, 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 for whom the Enrollee has become party to a suit in which he/she seeks to adopt the child and/or 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 the 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 treatment, 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.
19. Services for injuries or conditions which are compensable under Workers' Compensation or similar law.

## Limitations

Benefits to Enrollees are limited as follows:

- 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 the plan. An allowance for comparable amalgam restorations is made when the patient opts for resin restorations on posterior teeth. The patient is responsible for the difference between the dentist's charge for the resin restoration and the amount paid by Delta Dental.
- 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 the 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 the 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 twice 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 (3) 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 (6) 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 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.
- 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 as 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.

## **APPENDIX B, PATIENTS' RIGHTS AND RESPONSIBILITIES**

We believe that you, as a Delta Dental Enrollee, have the right to expect quality, affordable care that protects not only your dental health, but also your privacy and ability to make informed choices. We also believe that you have certain responsibilities to help protect these rights.

### **The Right to Choose**

The Delta Dental system maintains some of the largest dentist networks in the industry—each with a full range of specialists—to give you the widest possible choice of dentists. Dentists are never penalized for referring you to a specialist. You can visit any dentist at any time, without prior notification or authorization from Delta Dental.

### **The Right to Quality Assurance**

While we support the right of patients to choose their dentist, we recognize our responsibility to provide some assurances of quality care.

Therefore, each dentist who has contracted with Delta Dental agrees to provide care that meets the standards of the dental profession. Dentist contracts allow Delta Dental to audit dental offices in person—at random and for cause—to help ensure that these standards are met. If you should ever receive substandard care from a Delta Dental dentist, Delta Dental will fully investigate the matter and can arrange for you to be reimbursed and/or retreated as needed.

### **The Right to Affordability**

Delta Dental contracts with dentists to provide fair and reasonable compensation. Those contracts also prohibit dentists from billing you for excess charges, for “add-on” procedures that should already be included, or for any amount that is Delta Dental’s responsibility.

Delta Dental benefit plans are designed to promote preventive care, avoiding dental disease before more costly treatment becomes necessary.

### **The Right to Full Disclosure**

You have the right to clear and complete information about your dental benefits, including treatment that is subject to limitations or not covered. You are entitled to

know what your share of costs will be before you receive treatment (“pre-treatment estimate”), and how your dentist is compensated by Delta Dental. Delta Dental provides materials to explain these features to you.

Delta Dental dentists are not subject to policies sometimes called “gag clauses.” You are entitled to hear about all treatment options your dentist may recommend, whether covered or not, and to obtain a second opinion if you choose.

## **The Right to Fair Review and Appeal**

Delta Dental supports your right, as well as your dentist’s, to a fair and prompt review of any of Delta Dental’s coverage decisions. We maintain effective complaint resolution systems in the event of disagreement over coverage or concern about the quality of care.

## **The Responsibility to Protect These Rights**

Protection of the rights described above is possible only with your cooperation. In order to ensure the continued enjoyment of these rights, you share:

- The responsibility to participate in your own dental health—practicing personal dental hygiene and receiving regular professional care. You should avoid substances and behaviors that could jeopardize your oral health, and should cooperate with your dentist on his or her recommended treatment plans.
- The responsibility to become familiar with your coverage. This includes meeting any financial obligation incurred as a result of treatment (including the appropriate coinsurance amounts or deductibles required by the program). It means cooperation with Delta Dental policies designed to protect against health care fraud schemes by fellow Enrollees or dentists. It also means taking advantage of the information available on dental health and your dental program so that you can become a more informed consumer.

## APPENDIX C, DEFINITION OF TERMS

The following are definitions of words that have special or technical meanings under the AARP Dental Insurance Plan.

**Abscess:** A localized infection formed at the apex of the root tip.

**Abutment:** A tooth, a root, or an implant used for the retention of a fixed or removable prosthesis. Also known as a retainer.

**Accepted Fee:** The amount the attending Provider agrees to accept as payment in full for services rendered.

**Amalgam:** Sometimes referred to as a silver filling. Used for more than a century, amalgam fillings are proven to be safe, cost-effective and durable.

**Anterior Teeth:** The teeth toward the front, which include the incisors and cuspids.

**Apex:** The anatomic area at the end of the tooth root.

**Apicoectomy:** The surgical removal of the apical portion of the tooth through a surgical opening made in the overlying bone and gingival tissues.

**Attrition:** The wearing down of the surface of a tooth from chewing or grinding teeth.

**Balance Billing:** Balance billing occurs when a dentist bills an enrollee for any difference (or balance) between the Non-Delta Dental Dentist Submitted Fee, the Premier Provider's Contracted Fee and the Maximum Contract Allowance. DPO Dentists agree to accept the Maximum Contract Allowance as their full charge and will not bill Enrollees for the difference. Non-Delta Dental Dentists are not limited in the amount they may balance bill.

**Benefits (In-Network or Out-of-Network):** The amounts that Delta Dental will pay for dental services under the Contract. In-Network Benefits are those covered by the Contract and performed by a DPO Provider. Out-of-Network Benefits are those covered by the Contract but performed by a Premier Provider or a Non-Delta Dental Provider.

**Benefit Waiting Period:** The 12-month period of time of continuous enrollment that an Enrollee must complete before certain dental procedures become covered benefits.

**Bicuspid/Premolars:** The teeth with two rounded points (cusps) located between the eye-teeth (cuspid) and the molars.

**Bleaching:** A technique that lightens the color of heavily stained teeth. Considered a cosmetic procedure.

**Bonding:** The technique to adhere a filling material to a tooth. Bonding materials may be used to repair chipped, cracked, misshapen or discolored teeth, or to fill in a gap between teeth.

**Bridges:** Non-removable artificial teeth attached to adjoining natural teeth when one or a few teeth are missing.

**Bruxism:** Involuntary clenching or grinding of the teeth.

**Calendar Year:** The time period beginning on January 1<sup>st</sup> and ending on December 31<sup>st</sup>.

**Caries:** Tooth decay, also known as a cavity.

**Cast Restorations:** A procedure that uses a model of the tooth (an impression) to make a metal casting which replaces missing parts. Example: A Crown.

**Centrals/Laterals:** The four front teeth. The centrals are the two upper and two lower teeth in the very center of your mouth. The laterals are the teeth just adjacent to the centrals.

**Claim Form:** The standard form used to file a claim or request a Pre-treatment Estimate.

**Coinsurance Amount:** Your share of the cost of a given service, usually expressed as a percentage of the Maximum Contract Allowance.

**Contract:** The agreement between Delta Dental and the Contract holder, including the application and any attachments.

**Contract Benefit Level:** The percentage of Maximum Contract Allowance that Delta Dental will pay after the Deductible has been satisfied.

**Contracting Dentist:** A dentist who contracts with Delta Dental or any member of the Delta Dental Plans Association with which Delta Dental contracts and agrees to abide by certain administrative guidelines. Contracting Dentists include dentists who are members of the Premier or DPO programs.

**Covered Services:** See Benefits.

**Crown/Jacket/Cap:** The artificial covering of a tooth with metal, porcelain or porcelain fused to metal. Crowns cover teeth weakened by decay or severely damaged or chipped.

**Cusp:** The pointed or rounded part of a tooth's biting surface.

**Cuspids:** The teeth near the front of the mouth that come to a single point. Sometimes called the "eye teeth" or "canines."

**Deciduous Teeth:** Primary or baby teeth.

**Deductible:** The dollar amount Enrollees must pay toward completed treatment before Delta Dental payment is applied to those services in a calendar year.

**Delta Dental Premier® Provider (Premier Provider):** A Provider who contracts with Delta Dental Insurance Company or any other member company of the Delta Dental Plans Association and agrees to accept the contracted fees as payment in full for services provided under a plan and complies with Delta Dental's administrative guidelines.

**DPO:** Dental Provider Organization.

**DPO Provider's Contracted Fee:** The fee for each Single Procedure that a DPO Provider has contractually agreed to accept as payment in full for treating Enrollees.

**Dental Provider Organization (DPO) Plan:** Delta Dental's plan that allows Enrollees to visit any licensed dentist, but offers incentives to choose a DPO Dentist.

**Dentures:** Removable artificial teeth in a plastic base that rests directly on the gums. A denture may be a complete or partial depending on the number of missing natural teeth.

**DPO Dentist:** Dentist is a Contracting Dentist and is a member of the DPO program.

**DPO Provider (DPO Provider):** A Provider who contracts with Delta Dental Insurance Company or any other member company of the Delta Dental Plans Association and agrees to accept the contracted fees as payment in full for services provided under this DPO dental plan and complies with Delta Dental's administrative guidelines.

**Effective Date:** The date your eligibility for covered services begins. For the AARP Dental Insurance Plan, this date will always be the first of the month.

**Endodontics:** Dental services that involve treatment of diseases or injuries that affect the root tip or nerve of the tooth.

**Enrollee:** An Eligible Member or an Eligible Dependent enrolled to receive Benefits; may also be referred to as “Patient.” There are two subsets of Enrollees: the Primary Enrollee who is the AARP member under whom the family is enrolled, and the enrolled family members including spouse, domestic partner and eligible children.

**Exclusions:** Services that are not covered under the AARP Dental Insurance Plan.

**Explanation of Benefits (EOB):** See Notice of Payment.

**Gingivitis:** An inflammation of the gums surrounding the teeth caused by a buildup of plaque or food particles.

**Impacted Tooth:** A tooth partially or fully beneath the gum tissue that is under bone or soft tissue and is unlikely to erupt (grow out) on its own.

**Implant:** A support for a bridge or denture that has been surgically placed into the bone.

**Inlay:** A solid laboratory-processed filling cast to fit the missing portion of the tooth and cemented into place. This type of restoration does not involve the high points (cusps) of the tooth.

**Laminate Veneer:** A thin plastic or porcelain shell applied to the front of a tooth to restore, strengthen or improve its appearance.

**Limitations:** The number of services allowed, frequency of services allowed, and the most affordable dentally appropriate service.

**Malocclusion:** Incorrect position of biting or chewing surfaces of the upper and lower teeth.

**Maximum Benefit:** The total maximum dollar amount the AARP Dental Insurance Plan will pay toward the cost of dental care incurred by an individual Enrollee in a calendar year.

**Maximum Contract Allowance:** the reimbursement under the Enrollee’s benefit plan against which Delta Dental calculates its payment and the Enrollee’s financial obligation. Subject to adjustment for extreme difficulty or unusual circumstances, the Maximum Contract Allowance for services provided:

- [by DPO Providers is the lesser of the Submitted Fee on the claim or the DPO Provider’s Contracted Fee; or

- by Premier Providers is the lesser of the Submitted Fee on the claim or the DPO Provider's Contracted Fee for a DPO Provider in the same geographic area; or
- by Non-Delta Dental Providers is the lesser of the Submitted Fee on the claim or the DPO Provider's Contracted Fee for a DPO Provider's in the same geographic area.]

**Member:** A person enrolled as a member of AARP and assigned an AARP membership number.

**Molars:** Teeth with broad chewing surface for grinding food, located in the back of the mouth.

**Non-Contracting Dentist/Non-Delta Dental Dentist (Non-Delta Dentist):** A dentist who does not contract in either the Premier or DPO programs and who is not contractually bound to abide by Delta Dental's administrative guidelines.

**Notice of Payment:** The statement you receive after a claim is processed, detailing how your claim payment was calculated including the procedures and fees submitted and the amount for which you are responsible.

**Occlusal:** Pertaining to the biting surfaces of the premolar and molar teeth or contacting surfaces of opposing teeth. For example, the chewing surfaces of the back teeth.

**Out-of-Pocket Costs:** The portion of dental fees that you pay. Out-of-pocket costs include your deductible, coinsurance, any amount exceeding the calendar year Maximum Benefit amount, and optional services not covered by the AARP Dental Insurance Plan.

**Overdenture:** A removable denture that fits over a small number of remaining natural teeth or implants to provide better stability for the denture.

**Patient Pays:** Enrollee's financial obligation for services calculated as the difference between the amount shown as the Accepted Fee and the portion shown as "Delta Dental Pays" on the claims statement when a claim is processed.

**Pedodontist/Pediatric Dentist:** A dental specialist who treats children from birth through adolescence.

**Periapical:** The area surrounding the end of a tooth root.

**Periodontics:** Services that involve treatment of diseases of the gums, tissue and bone that supports the teeth.

**Periodontitis/Gum Disease:** Chronic inflammation and destruction of supporting bone and tissue membrane around the roots of teeth.

**Permanent Teeth:** Adult Teeth.

**Plaque:** A bacteria-containing substance that collects on the surface of teeth. Plaque can cause decay and gum irritation when it is not removed by daily brushing and flossing.

**Pontic:** The portion of a dental bridge that replaces missing teeth.

**Post and Core:** An anchor placed in the tooth root following a root canal to strengthen the tooth and help hold a crown (cap) in place.

**Posterior Teeth:** The teeth toward the back of the mouth.

**Premier Dentist:** Dentist who is a contracting dentist and is a member of the Delta Dental Premier Dentist network.

**Premiums:** The money paid to Delta Dental for each month of dental coverage for the Primary Enrollee and the Primary Enrollee's enrolled family members. Payment may be submitted monthly (through EFT), quarterly, semi-annually, or annually.

**Pre-treatment Estimate:** An estimation of the allowable Benefits under this Contract for the services proposed, assuming the person is an eligible Enrollee.

**Primary Enrollee:** The AARP member who applies for enrollment in the AARP Dental Insurance Plan. At least one enrolled family member must be an active AARP member who will be designated as the Primary Enrollee.

**Program:** A collective expression for all Contracting Dentists who have contracted with Delta Dental to offer services to enrollees and who have agreed to abide by certain administrative guidelines. There are two separate and distinct Delta Dental programs: Delta Dental Premier and Delta Dental DPO. Under the AARP Dental Insurance Plan, visiting a DPO Dentist generally results in the lowest out-of-pocket costs.

**Prophylaxis:** A professional cleaning to remove plaque, calculus (mineralized plaque) and stains to help prevent dental disease.

**Prosthodontics:** Services involving replacement of missing teeth with artificial materials, such as a bridge or denture.

**Provider:** A person licensed to practice dentistry when and where services are performed. A Provider shall also include a dental partnership, dental professional corporation or dental clinic.

**Pulp:** The blood vessels and nerve tissue inside a tooth.

**Qualifying Status Change:** a change in:

- marital status (marriage, divorce, separation, annulment or death);
- number of dependents (a child's birth, adoption of a child, institution of a suit wherein the insured seeks to adopt a child, addition of a step or foster child or death of a child);
- employment status (change in employment status of Enrollee, spouse or dependent child);
- dependent child ceases to satisfy eligibility requirements (limiting age, student status or marital status);
- residence (Enrollee, dependent spouse or child moves);
- a court order requiring dependent coverage; or
- any other current or future election changes permitted by IRC Section 125.

**Resin/Composite:** Tooth-colored filling material used primarily for front teeth. Although cosmetically superior, it is less durable than other materials.

**Restorations:** Procedures involving the replacement of missing or damaged tooth structure with artificial materials.

**Root Canal Treatment:** The removal of the pulp tissue of a tooth due to decay, infection (abscess) or injury.

**Root Planing:** A treatment of periodontal disease that involves scraping the roots of a tooth and gums to remove bacteria and mineralized plaque (tartar) from the root surfaces and tooth pocket.

**Sealant:** A thin plastic material used to cover the biting surface of a child's tooth to prevent tooth decay.

**Single Procedure:** A dental procedure that is assigned a separate CDT® number.

**Submitted Fee:** The amount that the Provider bills and enters on a claim for a specific procedure.

# Thanks for joining us.

To locate a Delta Dental dentist, visit us online at [www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp) or call toll-free 1-866-261-4275. Please confirm your dentist's participation when scheduling your appointment. And don't forget, you can nominate your dentist for our networks online or over the phone.

We are looking forward to serving you.

**Keep smiling.**



**Dental Insurance Plan**

administered by



Delta Dental Insurance Company

**Underwritten by  
Delta Dental Insurance Company**

P.O. Box 2059  
Mechanicsburg, PA 17055-0759  
Toll-free 1-866-261-4275  
E-mail: [aarpdental@deltadentalins.com](mailto:aarpdental@deltadentalins.com)  
**[www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp)**

**NOTICES**  
**REQUIRED BY LAW**



**Delta Dental Insurance Company**

# **NOTICE OF PRIVACY PRACTICES**

*CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **NOTICE OF PRIVACY PRACTICES CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION**

This notice is required by law to tell you how Delta Dental and its affiliates (“Delta Dental”) protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient’s healthcare history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your benefits. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program, and we will notify you of how you can receive a copy of this notice every three years.

### **Permitted Uses and Disclosures of Your PHI**

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third parties that perform services for Delta Dental in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Delta Dental in the administration of your benefits. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

### **Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations**

Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment.

*For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*

- Uses and/or disclosures of PHI for payment.

*For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*

- Uses and/or disclosures of PHI for health care operations.

*For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

## **Disclosures Without an Authorization**

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- *Court order;*
- *Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;*
- *Subpoena in a civil action;*
- *Investigative subpoena of a government board, commission, or agency;*
- *Subpoena in an arbitration;*
- *Law enforcement search warrant; or*
- *Coroner's request during investigations*

## **Disclosures Delta Dental Makes With Your Authorization**

Delta Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

## **Your Rights Regarding PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.** You may access your PHI by contacting the appropriate Delta Dental office. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the privacy office as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**You have the right to correct or update your PHI.** This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**

We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the privacy office as noted below.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact the privacy office as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by e-mail.**

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

## **Complaints**

You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that Delta Dental has violated your privacy rights. You may file a complaint with us by notifying the privacy office as noted below. We will not retaliate against you for filing a complaint.

## **Contact**

Delta Dental Insurance Company administers the AARP Dental Insurance Plan for these companies in the following states: Delta Dental Insurance Company in AK, AL, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, PR, TN, TX, UT, VI and WV; Dentegra Insurance Company in AR, AZ, CA, CO, CT, HI, IA, ID, IL, IN, KS, KY, ME, MI, MN, MO, NC, ND, NE, NJ, NM, OH, OK, OR, RI, SC, SD, VA, WA, WI and WY; Dentegra Insurance Company of New England in MA, NH and VT. You may contact the Privacy Department at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
Attn: Customer Service Center  
P.O. Box 2059  
Mechanicsburg, PA 17055-59  
Or call toll free 1-866-261-4275

This notice is effective on and after July 1, 2006.