

SERFF Tracking Number: DDPA-127657614 State: Arkansas
Filing Company: Dentegra Insurance Company State Tracking Number: 49893
Company Tracking Number: 12-024
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AARP-DIC-AR (2012 Amend - AR)
Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Filing at a Glance

Company: Dentegra Insurance Company

Product Name: AARP-DIC-AR (2012 Amend - AR) SERFF Tr Num: DDPA-127657614 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 49893

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: 12-024

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Lisa Kissel, Rachel
Herzke, Chastity Yusta, Kimberly
Simpson

Disposition Date: 10/03/2011

Date Submitted: 09/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: AARP-DIC-AR (2012 Amend - AR)

Status of Filing in Domicile: Pending

Project Number: 12-024

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 10/03/2011

State Status Changed: 10/03/2011

Deemer Date:

Created By: Kimberly Simpson

Submitted By: Kimberly Simpson

Corresponding Filing Tracking Number: 12-024

Filing Description:

Form Number: ARP-DIC-COC-AMEND-AR-2

Forms Name: AARP Certificate of Coverage Amendment 2

NAIC #: 73474

SERFF Tracking No.: DDPA-127657614

Company Tracking No.: 12-024

SERFF Tracking Number: DDPA-127657614 State: Arkansas
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Product Name: AARP-DIC-AR (2012 Amend - AR)
Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Dear Sir or Madam:

Dentegra Insurance Company is submitting the Certificate of Coverage Amendment (Form Number ARP-DIC-COC-AMEND-AR-2) for review and approval. This is a new amendment and does not replace any on file with your Department.

This amendment modifies the Certificate of Coverage (Form Number CC-DN-AR(DELTAUSA1-2004)D) approved by your department on June 21, 2004 and Amendment ARP-DIC-COC-AMEND-AR-1 approved by your department on October 11, 2010 under SERFF Tracking No. DDPA-126841774. To assist in your review, a redline version of the Certificate of Coverage has been included as Supporting Documentation.

Our effective date of use of the revised Certificate of Coverage will be January 1, 2012 or the earlier of the date the filing is approved or deemed approved by your Department.

Thank you for assisting us in this filing process. If there are any questions, please contact me at (717) 766-8500 or at ksimpson@delta.org.

Company and Contact

Filing Contact Information

Kim Simpson, ksimpson@deltadentalpa.org
One Delta Drive 717-766-8500 [Phone] 3548 [Ext]
Mechanicsburg, PA 17055

Filing Company Information

Dentegra Insurance Company CoCode: 73474 State of Domicile: Delaware
100 First Street Group Code: 2479 Company Type: LAH
San Francisco, CA 94105 Group Name: Dentegra Group, Inc. State ID Number:
(866) 714-7730 ext. [Phone] FEIN Number: 75-1233841

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: State of Domicile is Delaware
Per Company: No

SERFF Tracking Number: DDPA-127657614 State: Arkansas
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Product Name: AARP-DIC-AR (2012 Amend - AR)
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dentegra Insurance Company	\$50.00	09/27/2011	52190622

<i>SERFF Tracking Number:</i>	<i>DDPA-127657614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dentegra Insurance Company</i>	<i>State Tracking Number:</i>	<i>49893</i>
<i>Company Tracking Number:</i>	<i>12-024</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>AARP-DIC-AR (2012 Amend - AR)</i>		
<i>Project Name/Number:</i>	<i>AARP-DIC-AR (2012 Amend - AR)/12-024</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/03/2011	10/03/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	AARP Certificate of Coverage Amendment 2	Kimberly Simpson	09/30/2011	09/30/2011
Supporting Document	Certificate of Coverage	Kimberly Simpson	09/30/2011	09/30/2011

SERFF Tracking Number: *DDPA-127657614* *State:* *Arkansas*
Filing Company: *Dentegra Insurance Company* *State Tracking Number:* *49893*
Company Tracking Number: *12-024*
TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *AARP-DIC-AR (2012 Amend - AR)*
Project Name/Number: *AARP-DIC-AR (2012 Amend - AR)/12-024*

Disposition

Disposition Date: 10/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DDPA-127657614 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 49893
 Company Tracking Number: 12-024
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: AARP-DIC-AR (2012 Amend - AR)
 Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document (revised)	Certificate of Coverage	Approved-Closed	Yes
Supporting Document	Certificate of Coverage	Replaced	Yes
Form (revised)	AARP Certificate of Coverage Amendment 2	Approved-Closed	Yes
Form	AARP Certificate of Coverage Amendment 2	Replaced	Yes

SERFF Tracking Number: DDPA-127657614 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 49893
 Company Tracking Number: 12-024
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: AARP-DIC-AR (2012 Amend - AR)
 Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Amendment Letter

Submitted Date: 09/30/2011

Comments:

Revised the form to include the change to the Loss of Eligibility section of the Certificate of Coverage.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ARP-DIC-DOC-AMEND-AR-2	Certificate Amendment, Certificate of Insert Page, Coverage Endorsemen Amendment or Rider	AARP	Initial					ARP-DIC-COC-AMEND-AR-2 DIC COC Amendment 2012 9-29-2011.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Certificate of Coverage

Comment: A redlined version of the Certificate of Coverage has been attached to help assist you in your review.
 CC-DN-AR_DELTAUSA1-2004_D V12 Redlines 9-29-2011.pdf

SERFF Tracking Number: DDPA-127657614 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 49893
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 Product Name: AARP-DIC-AR (2012 Amend - AR)
 Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Form Schedule

Lead Form Number: ARP-DIC-COC-AMEND-AR-2 DIC COC Amendment 2012

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/03/2011	ARP-DIC-DOC-AMEND-AR-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AARP Certificate of Coverage Amendment 2	Initial			ARP-DIC-COC-AMEND-AR-2 DIC COC Amendment 2012 9-29-2011.pdf

AMENDMENT NO: 2

IT IS AGREED that the Certificate of Coverage (Form# CC-DN-AR(DELTAUSA1-2004)D) for the AARP® Dental Insurance Plan, underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company, is hereby **AMENDED** effective January 1, 2012 as follows:

Note: Items in red with strike through are deleted text.
Items in red are added text.

A) The following CHANGES are made to the language in the **Introduction** section:

Language under **Identification Card** is DELETED/ADDED on Page 3as follows:

Please provide the Primary Enrollee's AARP membership number and ~~your~~the Enrollee ID number to your dentist whenever you or one of your eligible dependents receives dental services. **ID cards are provided with the Primary Enrollee's ID number and name only and are not issued with each Enrollee's name.** The Enrollee ID number should be included on all claims submitted for reimbursement.

B) The following CHANGES are made to the language in the **Disenrollment** section:

Language is DELETED on Page 6 as follows:

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.

C) The following CHANGES are made to the language in the **Loss of Eligibility** section:

Language is DELETED on Page 6 as follows:

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.

D) The following CHANGES are made to the language in the **Overview of Dental Benefits** section:

Language is ADDED on Page 7 as follows:

The AARP Dental Insurance Plan covers most dental services that are necessary and appropriate for establishing and maintaining your dental health. **Benefits are based on a Calendar Year, which is the time period beginning on January 1st and ending on December 31st.**

Language under **Benefit Waiting Period** is ADDED and BOLDED on Page 7 as follows:

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 provided under any plan.** 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.

E) The following CHANGES are made to the language in the **Covered Benefits** section:

Language is ADDED to create new display of information so that benefits covered under the first year and second year are grouped together.

New subsection title added on Page 8 reads: **Benefits Covered During the First 12 Months.** The benefit categories grouped under this new title have been re-grouped and are in the following order: Diagnostic; Preventive; Sealants; Basic Restorative; Denture Repair, Rebase and Relining; Endodontics; General Anesthesia; Oral Surgery.

Language under **Diagnostic** is DELETED/ADDED on Page 8 as follows:

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~~ **three** in any Calendar Year.

Language under **Basic Restorative** is DELETED on Page 9 as follows:

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.

New subsection title added on Page 9 reads **Benefits Covered After 12 Months of Continuous Coverage**. The benefit categories grouped under this new title have been re-grouped and are in the following order: Major Restorative; Periodontics; Prosthodontics; Temporomandibular Joint (TMJ) Dysfunction.

F) The following CHANGES are made to the language in the **Selecting Your Dentist** section.

Language under **Non-Delta Dental Dentists** is ADDED on Page 14 as follows:

~~Out-of-country dentists are Non-Delta Dental Dentists. When you see a dentist located outside the United States you must pay for your treatment at the time of service and get a detailed receipt from the dentist. In addition to providing the dentist's name and address (including country), this receipt should describe the services performed by the dentist and indicate the tooth or teeth that were treated. It should also indicate whether the dentist's charges were billed in U.S. dollars or another currency. Once we receive your claim, we will reimburse you subject to the terms and conditions of your Delta Dental coverage. Since out-of-country dentists are Non-Delta Dental Dentists, your out-of-pocket costs may be significantly higher.~~

G) The following CHANGES are made to the language in the **Plan A Information** section:

Language under **Deductible for Plan A** is REFORMATTED to add underlining and bolding on Page 32 as follows:

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.

H) The following CHANGES are made to the language in the **Plan B Information** section:

Language under **Deductible for Plan B** is REFORMATTED to add underlining and bolding on Page 36 as follows:

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.

I) The following CHANGES are made to the language in the **Appendix A, Limitations and Exclusions** section:

Language under **Limitations** is DELETED on Page 39 as follows:

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

Language under **Limitations** is DELETED/ADDED on Page 39 as follows:

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~~ three in any Calendar Year period.

J) The following CHANGE is made to the language in the Appendix C, Definitions section:

Language for the definition of **Resin/Composite** is DELETED on Page 49 as follows:

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

Except as **AMENDED** all terms and provisions of the Certificate shall remain unchanged.

DENTEGRA INSURANCE COMPANY

A handwritten signature in black ink that reads "Belinda Martinez". The signature is written in a cursive style with a large, stylized initial "B".

Belinda Martinez, Senior Vice President

SERFF Tracking Number: DDPA-127657614 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 49893
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 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: AARP-DIC-AR (2012 Amend - AR)
 Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/03/2011
Comments: Please see attached.		
Attachment: Readability Certification 09272011.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	10/03/2011
Comments: Previous certificate forms: CC-DN-AR(DELTAUSA1-2004)D, approved 6-21-2004		
Attachment: AR AARP COC APVL 2004-6-21.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	10/03/2011
Comments:		
Attachment: DIC Filing Cover Letter - AR 09272011.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certificate of Coverage	Approved-Closed	10/03/2011
Comments: A redlined version of the Certificate of Coverage has been attached to help assist you in your review.		
Attachment: CC-DN-AR_DELTAUSA1-2004_D V12 Redlines 9-29-2011.pdf		

Readability Certification

ACA 23-80-206(e)

As an authorized representative of the company, we have reviewed the enclosed policy form and certify that, to the best of our knowledge and belief, each form submitted meets your state's minimum statutory requirements relating to the readability of said forms.

Katherine L. Watts

Name



Signature

Vice President, Legal & Regulatory and
Assistant Secretary

Title

September 27, 2011

Date



**WESTMONT
ASSOCIATES, INC.**

June 2, 2004

Ms. Rosalind Minor
Life & Health Division
Arkansas Department of Insurance
1200 W. 3rd Street
Little Rock, AR 72201-1904

RECEIVED

JUN - 3 2004

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Via UPS Next Day Delivery

RE: Dentegra Insurance Company (formerly know as Provantis Insurance Company)

NAIC Group Code: 2479 - NAIC Company Code: 73474

CC-DN-AR(DELTAUSA1-2004)D:Certificate of Coverage

APPROVED
JUN 21 2004
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Dear Ms. Minor:

In response to your letter of May 10, 2004, enclosed please find an original and one copy of the revised Certificate of Coverage with the following revisions:

1. On page 2 the address and phone number of the Arkansas Insurance Department have been corrected.
2. On Page 4, the time limit for furnishing proof of incapacity for handicapped dependents has been removed.
3. On Page 4, increasing coverage for newborns to at least 90 days.
4. On page 4, increasing coverage for minors for whom the insured has filed a petition to adopt to 60 days.

We trust these changes address your concerns, and we look forward to your department's approval. If you should have any questions, please contact our office.

Respectfully Submitted,

Charles A. Markus
(chuck@westmontlaw.com)

Enclosures

- Certificate of Coverage (original + 1 copy)



www.dentegra.com

September 27, 2011

VIA SERFF

Life & Health Division
Arkansas Department of Insurance
1200 W 3rd Street
Little Rock, AR 72201-1904

Re: Submittal of Amendment to the Certificate of Coverage for Dentegra Insurance Company (DIC):

Form Number:	ARP-DIC-COC-AMEND-AR-2
Forms Name:	AARP Certificate of Coverage Amendment 2
NAIC #:	73474
SERFF Tracking No.:	DDPA-127657614
Company Tracking No.:	12-024

Dear Sir or Madam:

Dentegra Insurance Company is submitting the Certificate of Coverage Amendment (Form Number ARP-DIC-COC-AMEND-AR-2) for review and approval. This is a new amendment and does not replace any on file with your Department.

This amendment modifies the Certificate of Coverage (Form Number CC-DN-AR(DELTUSA1-2004)D) approved by your department on June 21, 2004 and Amendment ARP-DIC-COC-AMEND-AR-1 approved by your department on October 11, 2010 under SERFF Tracking No. DDPA-126841774. To assist in your review, a redline version of the Certificate of Coverage has been included as Supporting Documentation.

Our effective date of use of the revised Certificate of Coverage will be January 1, 2012 or the earlier of the date the filing is approved or deemed approved by your Department.

Thank you for assisting us in this filing process. If there are any questions, please contact me at (717) 766-8500 or at ksimpson@delta.org.

Sincerely,

Kimberly J. Simpson
Regulatory Analyst

Enclosures

Certificate of Coverage

DENTEGRA INSURANCE COMPANY
WILMINGTON, DELAWARE

Keep smiling.

CC-DN-AR(DELTAUSA1-2004)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

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

Dear AARP® Member,

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

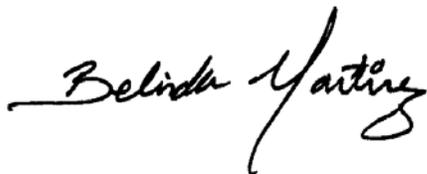
The AARP Dental Insurance Plan helps you limit your out-of-pocket costs the most when you choose a dentist who is a member of Delta Dental's extensive network of Delta Dental PPOSM licensed dentists. You also have the freedom to visit any licensed dentist. Visit the AARP Dental Insurance Plan website at www.deltadentalins.com/aarp to find a network dentist near you, or call the Delta Dental Insurance Company Customer Service Center toll free at 1-866-261-4275.

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 1-866-261-4275.

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
Dentegra Insurance Company

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INTRODUCTION

AARP® Health is pleased to welcome you to the AARP Dental Insurance Plan underwritten by Dentegra Insurance Company 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.

If we at Delta Dental fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640
or 1-800-852-5494**

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, copayments, 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 ~~the your~~ Enrollee ID number to your dentist whenever you or one of your eligible dependents receives dental services. ID cards are provided with the Primary Enrollee's ID number and name only and are not issued with each Enrollee's name. 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; 3) or within 90 days of the birth of a newborn child or before the next premium due date, whichever is later; 4) or within 60 days after the filing of the petition for adoption of an adopted child; or 5) within 31 days of a Qualifying Status Change.

Eligible family members include:

- The Primary Enrollee's spouse or domestic partner.
- Unmarried dependent children until the end of the month of their 26th birthday (includes dependent children of a Primary Enrollee and/or Primary Enrollee's spouse or domestic partner).
- 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 before the dependent child attains age 26. Delta Dental may require subsequent proof not more than once each year.
- Newborn dependent children of any Enrollee from the moment of birth for ninety (90) days after birth or until the next premium due date, whichever is later, adopted children of any enrollee from the date of the filing of a petition of adoption for sixty (60) days thereafter or from the date of appointment for a minor from whom guardianship has been granted by a court or testamentary appointment and for 31 days after appointment of guardianship. However, an adopted child shall be considered an eligible family member from the date of birth if the petition for adoption and enrollment for coverage is filed within sixty (60) days after the birth of the child.
- Dependent children also may be defined as unmarried grandchildren, stepchildren, adopted children, children placed for adoption and foster children, provided they are dependent upon the Primary Enrollee for support and maintenance. 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:

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

The premium must be paid by AARP members to Delta Dental in order to begin and maintain eligibility for coverage and benefits.

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. Benefits are based on a Calendar Year, which is the time period beginning on January 1st and ending on December 31st.

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 provided under any plan.** 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 31 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 31-day grace period, or who have incurred claims during the first 31 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 this 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.

Benefits Covered During the First 12 Months

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~~ Calendar Year period for Enrollees to age 19, and once in a ~~calendar year~~ Calendar Year for all other Enrollees. Oral examinations of the full mouth are limited to ~~twice~~ three in any ~~calendar year~~ 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~~ 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~~ 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 years have elapsed following any prior

provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from 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.

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.

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

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

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.

Benefits Covered After 12 Months of Continuous Coverage

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 this 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. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Enrollee.

~~**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 this 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 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 Maximum Benefit; 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 copayments 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

Delta Dental recognizes that many factors affect the choice of dentist and therefore supports 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:

- Delta Dental PPOSM Dentist
- Delta Dental Premier[®] Dentist
- Non-Delta Dental 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 Delta Dental PPO dentist. To take full advantage of your benefits, we highly recommend you verify a dentist's participation status within a Delta Dental network 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.

Non-Delta Dental Dentists

If you go to a Non-Delta Dental Dentist, Delta Dental pays the applicable percentage of the lesser of the dentist's fee or the PPO Maximum Allowance for covered services. But since we cannot limit the Non-Delta Dental Dentist's fees, the amount you pay may be significantly higher than the percentage shown in the Benefits Summary Chart for your plan selection.

When dental services are received from a Non-Delta Dental Dentist, reimbursement for the services will be paid directly to you if benefits are not assigned to the dentist. Non-Delta Dental Dentists will bill you for their normal charges, which may be higher than the Allowed Amount for the service, therefore your out-of-pocket costs may be significantly higher. You may be required to pay the dentist yourself and then submit a claim form to Delta Dental for reimbursement, less your share of the cost, which may include a deductible and/or copayment. (See section titled "Copayments" for your plan selection for more information about out-of-pocket costs.) You may obtain a standard claim form from your dentist or by contacting our

Customer Service Center toll-free at 1-866-261-4275 for assistance. Blank claim forms are also available on at our website at www.deltadentalins.com/aarp.

Out-of-country dentists are Non-Delta Dental Dentists. When you see a dentist located outside the United States you must pay for your treatment at the time of service and get a detailed receipt from the dentist. In addition to providing the dentist's name and address (including country), this receipt should describe the services performed by the dentist and indicate the tooth or teeth that were treated. It should also indicate whether the dentist's charges were billed in U.S. dollars or another currency. Once we receive your claim, we will reimburse you subject to the terms and conditions of your Delta Dental coverage. Since out-of-country dentists are Non-Delta Dental Dentists, your out-of-pocket costs may be significantly higher.

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 dentist who has agreed to participate in the Delta Dental network can save you money, time, and the hassle of paperwork. Remember if the dentist is not a 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 Delta Dental Dentist near you:

- You may access information about the plan through our website at 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 Delta Dental Dentists by location, specialty and network 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 by Delta Dental 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~~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~~Calendar Year.

Payment for Services — Delta Dental PPOSM Dentist

Payment for covered services performed for you by a Delta Dental PPO Dentist is calculated based on the PPO Maximum Allowance. PPO dentists have agreed to accept a PPO Maximum Allowance as the full charge for covered services.

Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the applicable percentage from the Benefit Summary Chart and sends it directly to the PPO 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 PPO Maximum Allowance (copayment), the deductible, charges where the Maximum Benefit 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~~Calendar Year deductible has been met):

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

Payment for Services — Delta Dental Premier[®] Dentist

A Delta Dental Premier Dentist is a contracting dentist, but is not a PPO Dentist. Delta Dental Premier Dentists have not agreed to accept a PPO Maximum Allowance as full payment for services covered by the Contract but instead have agreed to accept the Delta Dental Premier Maximum Allowance and they may bill you the difference. For services provided by a Delta Dental Premier Dentist, Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the

applicable percentage from the Benefit Summary Chart for the plan you selected and sends it directly to the Delta Dental 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 PPO Maximum Allowance (copayment), the deductible, charges where the Maximum Benefit has been exceeded, the difference between the dentist’s Delta Dental Premier Maximum Allowance and the PPO Maximum 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~~Calendar Year deductible has been met):

Submitted Amount	= \$100
Delta Dental Premier Maximum Allowance	= \$90
PPO Maximum Allowance	= \$80
Delta Payment (50% of PPO Max. Allow.)	= \$40
Patient Payment	= \$50

Note: The patient balance of \$50 is the sum of the patient copayment (50% of the PPO Maximum Allowance of \$80, which is \$40) and the difference between the PPO Maximum Allowance and the Delta Dental Premier Maximum Allowance, 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 by Delta Dental based on the PPO Maximum Allowance.

When dental services are received from a Non-Delta Dental Dentist, Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the applicable percentage from the Benefit Summary Chart for the plan you selected and sends it directly to the Enrollee if benefits are not assigned to the dentist. You are responsible for payment of the Non-Delta Dental Dentist’s total fee. Non-Delta Dental Dentists will bill you for their normal charges, which may be higher than the PPO Maximum 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 Delta Dental Payment 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 Maximum Benefit has not been exceeded, and the ~~calendar year~~ Calendar Year deductible has been met):

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

Note: The patient balance of \$60 is the sum of the patient copayment (50% of the PPO Maximum Allowance of \$80, which is \$40) and the difference between the PPO Maximum Allowance and the Submitted Amount, 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. Delta Dental 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.

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:

<p>AARP Dental Insurance Plan c/o Delta Dental Insurance Company P.O. Box 2059 Mechanicsburg, PA 17055-0759</p>
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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 Delta Dental Dentist failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your Delta

Dental 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.

We explain to all Delta Dental 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 benefits to which you are entitled.

PREMIUM PAYMENT RESPONSIBILITIES

The Primary Enrollee is responsible for making premium payments, paying deductibles and copayments 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 Fund 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, 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.

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 Delta Dental 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 Delta Dental Dentist near you and provide you with information regarding a dentist's membership status in the Delta Dental PPO or Delta Dental Premier networks. You can also visit our website [at www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp) to locate a Delta Dental 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 online 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 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.

If we at Delta Dental fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640
or 1-800-852-5494**

GENERAL PROGRAM INFORMATION

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 form (available online at 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 claim 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 claim, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Affirmative proof of claim 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 claim 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 claim within such time and that such proof of claim was furnished as soon as was reasonably possible. In any event, proof of claim must be given no later than one year from such time (unless you were legally incapacitated).

All written proof of claim 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." 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, and any balance remaining unpaid upon the termination of Delta Dental's liability for benefits under the Contract will be paid immediately upon Delta Dental's receipt of proof of claim.

To Whom Benefits ~~Are~~ Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a Delta Dental 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.

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 claim 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 claim 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.

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 Delta Dental 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 are 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 Delta Dental PPO Maximum 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 PPO Maximum Allowance or charges for non-covered services.

Benefit Summary Chart Plan A		
	Paid by Delta	Paid by Patient
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%
Additional Benefits Available After 12 Months Continuous Enrollment		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
Deductibles and Maximums Per Enrollee		
Deductible* (Calendar Year)	\$50	
Maximum Benefit (Calendar Year)	\$1,500	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	
Additional Benefits Available With Payment at the Annual Rate Level		
Dental Accident	100%	0%
Lifetime Maximum—Dental Accident	\$1,000	

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

The percentages are based on the Delta Dental PPO Maximum Allowance that Delta Dental PPO Dentists accept as full payment for covered services.

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.

Copayments

The AARP Dental Insurance Plan will pay a percentage of the Allowed Amount for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment 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 PPO Maximum Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the copayment.

The amount of your copayment 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 copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO Maximum Allowance as payment, which typically results in lower copayments charged to 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 eCalendar yYear** 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.

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~~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 PPO Maximum 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 PPO Maximum Allowance or charges for non-covered services.

Benefit Summary Chart Plan B		
	Paid by Delta	Paid by Patient
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%
Additional Benefits Available After 12 Months Continuous Enrollment		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
Deductibles and Maximums Per Enrollee		
Deductible (Calendar Year)	\$100	
Maximum Benefit (Calendar Year)	\$1,000	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	

The percentages are based on Delta Dental PPO Maximum Allowance that Delta Dental PPO Dentists accept as full payment for covered services.

Copayments

The AARP Dental Insurance Plan will pay a percentage of the Allowed Amount for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment 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 PPO Maximum Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the copayment.

The amount of your copayment 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 copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO Maximum Allowance as payment, which typically results in lower copayments charged to 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 eCalendar yYear** 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 ~~ealendar year~~ **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 placed for adoption and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision congenital defects or anomalies specifically includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the Enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.

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

Limitations

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 this 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 this plan. Replacement of crowns, jackets, inlays and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Enrollee.
- 4. Limitation on Diagnostic Aids.** Full mouth x-rays (including panoramic x-rays accompanied by supplemental films, which are considered equivalent to a full mouth x-ray) are limited to once in any five-year period. Bitewing x-rays are limited to twice in any ~~calendar year~~Calendar Year period for Enrollees to age 19, and once in a ~~calendar year~~Calendar Year for all other Enrollees. Periodic examinations of the full mouth are limited to ~~twice~~three in any ~~calendar year~~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~~Calendar Year. Fluoride applications as a benefit are limited to twice in any ~~calendar year~~Calendar Year period up to age 19.

- 6. Limitation on Sealants.** Application of sealants as a benefit is limited to Enrollees up to age 14 through the completion of the procedure or the date eligibility terminates, whichever occurs first. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three years have elapsed following any prior provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from twelve to 36 months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.
- 7. Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure.

Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

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

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

- 9. Limitation on Temporomandibular Joint (TMJ) Dysfunction.** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments 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 copayments 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.

Allowed Amount: For covered services, the Allowed Amount under the AARP Dental Insurance Plan is the lesser of the dentist's submitted fee or the PPO Maximum Allowance if the dentist is a PPO Delta Dental Dentist or a Non-Delta Dental Dentist. For Delta Dental Premier Dentists, the Allowed Amount is the lesser of the dentist's submitted fee, the PPO Maximum Allowance, or the Delta Dental Premier Maximum Allowance. For non-covered services, the Allowed Amount is zero.

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.

Benefits: Dental services available under the AARP Dental Insurance Plan, which are described in this booklet and are provided to an Enrollee by a licensed dentist.

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 (cuspids) 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 1st and ending on December 31st.

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: A written or electronically submitted document to request payment for completed dental treatment or to request a pre-treatment estimate for proposed dental treatment. The claim form is also sometimes called an Attending Dentist's Statement.

Contract: The written agreement between Delta Dental Insurance Company and AARP to provide dental benefits. The Contract, together with this booklet, forms the terms and conditions of benefits available to you under the AARP Dental Insurance Trust Plan.

Copayment: Your share of the cost of a given service, usually expressed as a percentage of the dentist's Allowed Amount.

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~~Calendar Year.

Delta Dental Dentist: A dentist who contracts with Delta Dental and agrees to abide by certain administrative guidelines. Delta Dental Dentists include dentists who are members of the Delta Dental PPO and Delta Dental Premier networks.

Delta Dental PPO (PPO) Dentist: Dentist is a contracting dentist and is a member of the Delta Dental PPO national preferred provider organization plan that allows Enrollees to visit any licensed dentist, but offers incentives to choose a PPO network dentist.

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

Delta Dental Premier Maximum Allowance: The maximum fee for a covered dental service payable by Delta Dental to a member of the Delta Dental Premier Dentist network.

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.

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: A person covered under the AARP Dental Insurance Plan. 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~~Calendar Year.

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.

Network: A collective expression for all Delta Dental 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 networks: Delta Dental Premier and Delta Dental PPO. Under the AARP Dental Insurance Plan, visiting a PPO network dentist generally results in the lowest out-of-pocket cost.

Non-Delta Dental Dentist: A dentist who does not contract with Delta Dental in either the Delta Dental Premier or Delta Dental PPO network 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, copayment, any amount exceeding the ~~calendar~~ 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.

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.

PPO Maximum Allowance: The maximum fee for a covered dental service payable by Delta Dental to a member of the Delta Dental Premier Option 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: A pre-treatment estimate gives a non-binding estimate of how much of a proposed treatment plan will be covered under an Enrollee's dental program and what the Enrollee's out-of-pocket cost will be.

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.

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.

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

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.

Submitted Amount: The amount the dental office actually submits on the claim form. This is the fee normally charged by the dentist for services provided to all patients, regardless of insurance coverage.

Thanks for joining us.

To locate a Delta Dental dentist, visit us online at ~~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
Dentegra Insurance Company**
and Administered by
Delta Dental Insurance Company

P.O. Box 2059
Mechanicsburg, PA 17055-0759
Toll-free 1-866-261-4275
E-mail: aarpdental@deltadentalins.com
www.deltadentalins.com/aarp

Revise to 2012



SERFF Tracking Number: DDPA-127657614 *State:* Arkansas
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TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: AARP-DIC-AR (2012 Amend - AR)
Project Name/Number: AARP-DIC-AR (2012 Amend - AR)/12-024

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/27/2011	Supporting	Certificate of Coverage Document	09/30/2011	CC-DN-AR_DELTAUSA1-2004_D V12 Redlines 9-19-2011.pdf (Superseded)
09/27/2011	Form	AARP Certificate of Coverage Amendment 2	09/30/2011	ARP-DIC-COC-AMEND-AR-2 DIC COC Amendment 2012.pdf (Superseded)

Certificate of Coverage

DENTEGRA INSURANCE COMPANY
WILMINGTON, DELAWARE

Keep smiling.

CC-DN-AR(DELTAUSA1-2004)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

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

Dear AARP® Member,

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

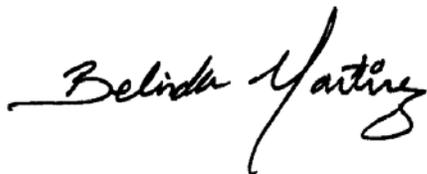
The AARP Dental Insurance Plan helps you limit your out-of-pocket costs the most when you choose a dentist who is a member of Delta Dental's extensive network of Delta Dental PPOSM licensed dentists. You also have the freedom to visit any licensed dentist. Visit the AARP Dental Insurance Plan website at www.deltadentalins.com/aarp to find a network dentist near you, or call the Delta Dental Insurance Company Customer Service Center toll free at 1-866-261-4275.

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 1-866-261-4275.

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, flowing style.

Belinda Martinez
Senior Vice President
Dentegra Insurance Company

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INTRODUCTION

AARP® Health is pleased to welcome you to the AARP Dental Insurance Plan underwritten by Dentegra Insurance Company 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.

If we at Delta Dental fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640
or 1-800-852-5494**

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, copayments, 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 ~~the your~~ Enrollee ID number to your dentist whenever you or one of your eligible dependents receives dental services. ID cards are provided with the Primary Enrollee's ID number and name only and are not issued with each Enrollee's name. 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; 3) or within 90 days of the birth of a newborn child or before the next premium due date, whichever is later; 4) or within 60 days after the filing of the petition for adoption of an adopted child; or 5) within 31 days of a Qualifying Status Change.

Eligible family members include:

- The Primary Enrollee's spouse or domestic partner.
- Unmarried dependent children until the end of the month of their 26th birthday (includes dependent children of a Primary Enrollee and/or Primary Enrollee's spouse or domestic partner).
- 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 before the dependent child attains age 26. Delta Dental may require subsequent proof not more than once each year.
- Newborn dependent children of any Enrollee from the moment of birth for ninety (90) days after birth or until the next premium due date, whichever is later, adopted children of any enrollee from the date of the filing of a petition of adoption for sixty (60) days thereafter or from the date of appointment for a minor from whom guardianship has been granted by a court or testamentary appointment and for 31 days after appointment of guardianship. However, an adopted child shall be considered an eligible family member from the date of birth if the petition for adoption and enrollment for coverage is filed within sixty (60) days after the birth of the child.
- Dependent children also may be defined as unmarried grandchildren, stepchildren, adopted children, children placed for adoption and foster children, provided they are dependent upon the Primary Enrollee for support and maintenance. 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:

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

The premium must be paid by AARP members to Delta Dental in order to begin and maintain eligibility for coverage and benefits.

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. Benefits are based on a Calendar Year, which is the time period beginning on January 1st and ending on December 31st.

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 provided under any plan.** 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 31 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 31-day grace period, or who have incurred claims during the first 31 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 this 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.

Benefits Covered During the First 12 Months

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~~ Calendar Year period for Enrollees to age 19, and once in a ~~calendar year~~ Calendar Year for all other Enrollees. Oral examinations of the full mouth are limited to ~~twice~~ three in any ~~calendar year~~ 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~~ 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~~ 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 years have elapsed following any prior

provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from 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.

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.

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

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

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.

Benefits Covered After 12 Months of Continuous Coverage

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 this 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. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Enrollee.

~~**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 this 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 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 Maximum Benefit; 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 copayments 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

Delta Dental recognizes that many factors affect the choice of dentist and therefore supports 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:

- Delta Dental PPOSM Dentist
- Delta Dental Premier[®] Dentist
- Non-Delta Dental 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 Delta Dental PPO dentist. To take full advantage of your benefits, we highly recommend you verify a dentist’s participation status within a Delta Dental network 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.

Non-Delta Dental Dentists

If you go to a Non-Delta Dental Dentist, Delta Dental pays the applicable percentage of the lesser of the dentist’s fee or the PPO Maximum Allowance for covered services. But since we cannot limit the Non-Delta Dental Dentist’s fees, the amount you pay may be significantly higher than the percentage shown in the Benefits Summary Chart for your plan selection.

When dental services are received from a Non-Delta Dental Dentist, reimbursement for the services will be paid directly to you if benefits are not assigned to the dentist. Non-Delta Dental Dentists will bill you for their normal charges, which may be higher than the Allowed Amount for the service, therefore your out-of-pocket costs may be significantly higher. You may be required to pay the dentist yourself and then submit a claim form to Delta Dental for reimbursement, less your share of the cost, which may include a deductible and/or copayment. (See section titled “Copayments” for your plan selection for more information about out-of-pocket costs.) You may obtain a standard claim form from your dentist or by contacting our

Customer Service Center toll-free at 1-866-261-4275 for assistance. Blank claim forms are also available on at our website at www.deltadentalins.com/aarp.

Out-of-country dentists are Non-Delta Dental Dentists. When you see a dentist located outside the United States you must pay for your treatment at the time of service and get a detailed receipt from the dentist. In addition to providing the dentist's name and address (including country), this receipt should describe the services performed by the dentist and indicate the tooth or teeth that were treated. It should also indicate whether the dentist's charges were billed in U.S. dollars or another currency. Once we receive your claim, we will reimburse you subject to the terms and conditions of your Delta Dental coverage. Since out-of-country dentists are Non-Delta Dental Dentists, your out-of-pocket costs may be significantly higher.

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 dentist who has agreed to participate in the Delta Dental network can save you money, time, and the hassle of paperwork. Remember if the dentist is not a 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 Delta Dental Dentist near you:

- You may access information about the plan through our website at 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 Delta Dental Dentists by location, specialty and network 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 by Delta Dental 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~~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~~Calendar Year.

Payment for Services — Delta Dental PPOSM Dentist

Payment for covered services performed for you by a Delta Dental PPO Dentist is calculated based on the PPO Maximum Allowance. PPO dentists have agreed to accept a PPO Maximum Allowance as the full charge for covered services.

Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the applicable percentage from the Benefit Summary Chart and sends it directly to the PPO 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 PPO Maximum Allowance (copayment), the deductible, charges where the Maximum Benefit 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~~Calendar Year deductible has been met):

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

Payment for Services — Delta Dental Premier[®] Dentist

A Delta Dental Premier Dentist is a contracting dentist, but is not a PPO Dentist. Delta Dental Premier Dentists have not agreed to accept a PPO Maximum Allowance as full payment for services covered by the Contract but instead have agreed to accept the Delta Dental Premier Maximum Allowance and they may bill you the difference. For services provided by a Delta Dental Premier Dentist, Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the

applicable percentage from the Benefit Summary Chart for the plan you selected and sends it directly to the Delta Dental 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 PPO Maximum Allowance (copayment), the deductible, charges where the Maximum Benefit has been exceeded, the difference between the dentist’s Delta Dental Premier Maximum Allowance and the PPO Maximum 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~~Calendar Year deductible has been met):

Submitted Amount	= \$100
Delta Dental Premier Maximum Allowance	= \$90
PPO Maximum Allowance	= \$80
Delta Payment (50% of PPO Max. Allow.)	= \$40
Patient Payment	= \$50

Note: The patient balance of \$50 is the sum of the patient copayment (50% of the PPO Maximum Allowance of \$80, which is \$40) and the difference between the PPO Maximum Allowance and the Delta Dental Premier Maximum Allowance, 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 by Delta Dental based on the PPO Maximum Allowance.

When dental services are received from a Non-Delta Dental Dentist, Delta Dental calculates its share of the PPO Maximum Allowance (“Delta Payment”) using the applicable percentage from the Benefit Summary Chart for the plan you selected and sends it directly to the Enrollee if benefits are not assigned to the dentist. You are responsible for payment of the Non-Delta Dental Dentist’s total fee. Non-Delta Dental Dentists will bill you for their normal charges, which may be higher than the PPO Maximum 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 Delta Dental Payment 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 Maximum Benefit has not been exceeded, and the ~~calendar year~~ Calendar Year deductible has been met):

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

Note: The patient balance of \$60 is the sum of the patient copayment (50% of the PPO Maximum Allowance of \$80, which is \$40) and the difference between the PPO Maximum Allowance and the Submitted Amount, 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. Delta Dental 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.

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:

<p>AARP Dental Insurance Plan c/o Delta Dental Insurance Company P.O. Box 2059 Mechanicsburg, PA 17055-0759</p>
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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 Delta Dental Dentist failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your Delta

Dental 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.

We explain to all Delta Dental 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 benefits to which you are entitled.

PREMIUM PAYMENT RESPONSIBILITIES

The Primary Enrollee is responsible for making premium payments, paying deductibles and copayments 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 Fund 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, 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.

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 Delta Dental 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 Delta Dental Dentist near you and provide you with information regarding a dentist's membership status in the Delta Dental PPO or Delta Dental Premier networks. You can also visit our website [at www.deltadentalins.com/aarp](http://www.deltadentalins.com/aarp) to locate a Delta Dental 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 online 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 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.

If we at Delta Dental fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640
or 1-800-852-5494**

GENERAL PROGRAM INFORMATION

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 form (available online at 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 claim 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 claim, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Affirmative proof of claim 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 claim 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 claim within such time and that such proof of claim was furnished as soon as was reasonably possible. In any event, proof of claim must be given no later than one year from such time (unless you were legally incapacitated).

All written proof of claim 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." 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, and any balance remaining unpaid upon the termination of Delta Dental's liability for benefits under the Contract will be paid immediately upon Delta Dental's receipt of proof of claim.

To Whom Benefits ~~Are~~ Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a Delta Dental 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.

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 claim 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 claim 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.

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 Delta Dental 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 are 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 Delta Dental PPO Maximum 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 PPO Maximum Allowance or charges for non-covered services.

Benefit Summary Chart Plan A		
	Paid by Delta	Paid by Patient
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%
Additional Benefits Available After 12 Months Continuous Enrollment		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
Deductibles and Maximums Per Enrollee		
Deductible* (Calendar Year)	\$50	
Maximum Benefit (Calendar Year)	\$1,500	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	
Additional Benefits Available With Payment at the Annual Rate Level		
Dental Accident	100%	0%
Lifetime Maximum—Dental Accident	\$1,000	

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

The percentages are based on the Delta Dental PPO Maximum Allowance that Delta Dental PPO Dentists accept as full payment for covered services.

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.

Copayments

The AARP Dental Insurance Plan will pay a percentage of the Allowed Amount for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment 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 PPO Maximum Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the copayment.

The amount of your copayment 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 copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO Maximum Allowance as payment, which typically results in lower copayments charged to 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 eCalendar yYear** 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.

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~~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 PPO Maximum 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 PPO Maximum Allowance or charges for non-covered services.

Benefit Summary Chart		
Plan B		
	Paid by Delta	Paid by Patient
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%
Additional Benefits Available After 12 Months Continuous Enrollment		
Major Restorative	50%	50%
Periodontics	50%	50%
Prosthodontics	50%	50%
Temporomandibular Joint Dysfunction (TMJ)	50%	50%
Deductibles and Maximums Per Enrollee		
Deductible (Calendar Year)	\$100	
Maximum Benefit (Calendar Year)	\$1,000	
Temporomandibular Joint Dysfunction treatment—Lifetime Maximum	\$300	

The percentages are based on Delta Dental PPO Maximum Allowance that Delta Dental PPO Dentists accept as full payment for covered services.

Copayments

The AARP Dental Insurance Plan will pay a percentage of the Allowed Amount for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment 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 PPO Maximum Allowance for a specific procedure. You are required to pay the balance of any such fee or allowance, known as the copayment.

The amount of your copayment 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 copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO Maximum Allowance as payment, which typically results in lower copayments charged to 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 eCalendar yYear** 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 ~~ealendar year~~**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 placed for adoption and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision congenital defects or anomalies specifically includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the Enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.

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

Limitations

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 this 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 this plan. Replacement of crowns, jackets, inlays and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Enrollee.
- 4. Limitation on Diagnostic Aids.** Full mouth x-rays (including panoramic x-rays accompanied by supplemental films, which are considered equivalent to a full mouth x-ray) are limited to once in any five-year period. Bitewing x-rays are limited to twice in any ~~calendar year~~Calendar Year period for Enrollees to age 19, and once in a ~~calendar year~~Calendar Year for all other Enrollees. Periodic examinations of the full mouth are limited to ~~twice~~three in any ~~calendar year~~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~~Calendar Year. Fluoride applications as a benefit are limited to twice in any ~~calendar year~~Calendar Year period up to age 19.

- 6. Limitation on Sealants.** Application of sealants as a benefit is limited to Enrollees up to age 14 through the completion of the procedure or the date eligibility terminates, whichever occurs first. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three years have elapsed following any prior provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from twelve to 36 months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.
- 7. Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure.

Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

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

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

- 9. Limitation on Temporomandibular Joint (TMJ) Dysfunction.** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments 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 copayments 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.

Allowed Amount: For covered services, the Allowed Amount under the AARP Dental Insurance Plan is the lesser of the dentist's submitted fee or the PPO Maximum Allowance if the dentist is a PPO Delta Dental Dentist or a Non-Delta Dental Dentist. For Delta Dental Premier Dentists, the Allowed Amount is the lesser of the dentist's submitted fee, the PPO Maximum Allowance, or the Delta Dental Premier Maximum Allowance. For non-covered services, the Allowed Amount is zero.

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.

Benefits: Dental services available under the AARP Dental Insurance Plan, which are described in this booklet and are provided to an Enrollee by a licensed dentist.

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 (cuspids) 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 1st and ending on December 31st.

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: A written or electronically submitted document to request payment for completed dental treatment or to request a pre-treatment estimate for proposed dental treatment. The claim form is also sometimes called an Attending Dentist's Statement.

Contract: The written agreement between Delta Dental Insurance Company and AARP to provide dental benefits. The Contract, together with this booklet, forms the terms and conditions of benefits available to you under the AARP Dental Insurance Trust Plan.

Copayment: Your share of the cost of a given service, usually expressed as a percentage of the dentist's Allowed Amount.

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~~Calendar Year.

Delta Dental Dentist: A dentist who contracts with Delta Dental and agrees to abide by certain administrative guidelines. Delta Dental Dentists include dentists who are members of the Delta Dental PPO and Delta Dental Premier networks.

Delta Dental PPO (PPO) Dentist: Dentist is a contracting dentist and is a member of the Delta Dental PPO national preferred provider organization plan that allows Enrollees to visit any licensed dentist, but offers incentives to choose a PPO network dentist.

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

Delta Dental Premier Maximum Allowance: The maximum fee for a covered dental service payable by Delta Dental to a member of the Delta Dental Premier Dentist network.

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.

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: A person covered under the AARP Dental Insurance Plan. 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~~Calendar Year.

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.

Network: A collective expression for all Delta Dental 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 networks: Delta Dental Premier and Delta Dental PPO. Under the AARP Dental Insurance Plan, visiting a PPO network dentist generally results in the lowest out-of-pocket cost.

Non-Delta Dental Dentist: A dentist who does not contract with Delta Dental in either the Delta Dental Premier or Delta Dental PPO network 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, copayment, any amount exceeding the ~~calendar~~ 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.

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.

PPO Maximum Allowance: The maximum fee for a covered dental service payable by Delta Dental to a member of the Delta Dental Premier Option 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: A pre-treatment estimate gives a non-binding estimate of how much of a proposed treatment plan will be covered under an Enrollee's dental program and what the Enrollee's out-of-pocket cost will be.

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.

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.

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

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.

Submitted Amount: The amount the dental office actually submits on the claim form. This is the fee normally charged by the dentist for services provided to all patients, regardless of insurance coverage.

Thanks for joining us.

To locate a Delta Dental dentist, visit us online at ~~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
Dentegra Insurance Company**
and Administered by
Delta Dental Insurance Company

P.O. Box 2059
Mechanicsburg, PA 17055-0759
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Revise to 2012



AMENDMENT NO: 2

IT IS AGREED that the Certificate of Coverage (Form# CC-DN-AR(DELTUSA1-2004)D) for the AARP Dental Insurance Plan, underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company is hereby **AMENDED** effective January 1, 2012 as follows:

Note: Items in red with strike through are deleted text.
Items in red are added text.

A) The following CHANGES are made to the language in the **Introduction** section:

Language under **Identification Card** is DELETED/ADDED on Page 3 as follows:

Please provide the Primary Enrollee's AARP membership number and ~~theyour~~Enrollee ID number to your dentist whenever you or one of your eligible dependents receives dental services. **ID cards are provided with the Primary Enrollee's ID number and name only and are not issued with each Enrollee's name.** The Enrollee ID number should be included on all claims submitted for reimbursement.

B) The following CHANGES are made to the language in the **Disenrollment** section:

Language is DELETED on Page 6 as follows:

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.

C) The following CHANGES are made to the language in the **Overview of Dental Benefits** section:

Language is ADDED on Page 7 as follows:

The AARP Dental Insurance Plan covers most dental services that are necessary and appropriate for establishing and maintaining your dental health. **Benefits are based on a Calendar Year, which is the time period beginning on January 1st and ending on December 31st.**

Language under **Benefit Waiting Period** is ADDED and BOLDED on Page 7 as follows:

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" as 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 provided under any plan.** 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.

D) The following CHANGES are made to the language in the **Covered Benefits** section:

Language is ADDED to create new display of information so that benefits covered under the first year and second year are grouped together.

New subsection title added on Page 8 reads: **Benefits Covered During the First 12 Months.** The benefit categories grouped under this new title have been re-grouped and are in the following order: Diagnostic; Preventive; Sealants; Basic Restorative; Denture Repair, Rebase and Relining; Endodontics; General Anesthesia; Oral Surgery.

Language under **Diagnostic** is DELETED/ADDED on Page 8 as follows:

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 submitted alone 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~~ **three** in any Calendar Year.

Language under **Basic Restorative** is DELETED on Page 9 as follows:

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.

New subsection title added on Page 9 reads **Benefits Covered After 12 Months of Continuous Coverage**. The benefit categories grouped under this new title have been re-grouped and are in the following order Major Restorative; Periodontics; Prosthodontics; Temporomandibular Joint (TMJ) Dysfunction.

E) The following CHANGES are made to the language in the **Selecting Your Dentist** section.

Language under **Non-Delta Dental Dentists** is ADDED on Page 14 as follows:

Out-of-country dentists are Non-Delta Dental Dentists. When you see a dentist located outside the United States you must pay for your treatment at the time of service and get a detailed receipt from the dentist. In addition to providing the dentist's name and address (including country), this receipt should describe the services performed by the dentist and indicate the tooth or teeth that were treated. It should also indicate whether the dentist's charges were billed in U.S. dollars or another currency. Once we receive your claim, we will reimburse you subject to the terms and conditions of your Delta Dental coverage. Since out-of-country dentists are Non-Delta Dental Dentists, your out-of-pocket costs may be significantly higher.

F) The following CHANGES are made to the language in the **Plan A Information** section:

Language under **Deductible for Plan A** is REFORMATTED to add underlining and bolding on Page 32 as follows:

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.

G) The following CHANGES are made to the language in the **Plan B Information** section:

Language under **Deductible for Plan B** is REFORMATTED to add underlining and bolding on Page 36 as follows:

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.

H) The following CHANGES are made to the language in the **Appendix A, Limitations and Exclusions** section:

Language under **Limitations** is DELETED on Page 39 as follows:

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

Language under **Limitations** is DELETED/ADDED on Page 39 as follows:

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~~three in any Calendar Year period.

I) The following CHANGE is made to the language in the Appendix C, Definitions section:

Language for the definition of **Resin/Composite** is DELETED on Page 49 as follows:

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

Except as **AMENDED** all terms and provisions of the Certificate shall remain unchanged.

DENTEGRA INSURANCE COMPANY

A handwritten signature in black ink that reads "Belinda Martinez". The signature is written in a cursive, flowing style.

Belinda Martinez, Senior Vice President