Enrollment Kit

You never outgrow your smile.
Start protecting it today.

Prepared especially for AARP Member

AARP Dental Insurance Plan
insured by Dentegra Insurance Company and administered by Delta Dental Insurance Company
Dear AARP member,

Here is the personalized enrollment kit you requested.

You’re on your way to protecting your smile for all the years to come. The AARP® Dental Insurance Plan, insured by Dentegra Insurance Company and administered by Delta Dental Insurance Company (Delta Dental), offers the best possible combination of benefits to

The plan is insured by Dentegra Insurance Company (Contract 1230) and administered by Delta Dental Insurance Company.

AARP endorses the AARP Dental Insurance Plan, administered by Delta Dental Insurance Company. Delta Dental Insurance Company pays royalty fees to AARP for use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.
fit the needs of you and your family. Delta Dental has created an affordable dental plan, endorsed by AARP and designed for members like you, making it easy for you to maintain your oral health. This enrollment kit is customized for you and provides all the information you need to keep your smile and your budget healthy.

It’s not just your oral health that will benefit from a dental plan. Regular dental checkups may provide clues to your overall well-being. Many medical conditions, including heart disease, diabetes, and certain types of cancers, can be detected early on by a dentist.¹

With the right dental plan, you’ll also enjoy:

- A wide range of dental coverage
- Cost savings when visiting a Delta Dental PPO℠ dentist
- Peace of mind knowing you’re covered

You wear your smile every day—start protecting it today.

Keep smiling,

Belinda Martinez
Senior Vice President
Dentegra Insurance Company

P.S. Your satisfaction is priority number one! If you aren’t completely satisfied and no benefits have been used, simply cancel within 30 days after your effective date and you will receive a full refund.

## STEP 1: Understanding your Plan options

### Delta Dental PPO Plan Coverage Chart

<table>
<thead>
<tr>
<th>Benefits in Year 1</th>
<th>PPO Plan A</th>
<th>PPO Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delta Dental Pays*</td>
<td>Member Pays</td>
</tr>
<tr>
<td>Diagnostic and preventive (includes exams, x-rays, and cleanings)</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Periodontal maintenance cleanings (gum cleanings)</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Denture repairs</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Restorations (including tooth-colored fillings)</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Additional Benefits after 1 Year of Continuous Enrollment

<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO Plan A</th>
<th>PPO Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontics (gum disease treatment)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crown and cast restorations</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dental implant services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontics (dentures)</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Additional Benefits with Annual Payment

<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO Plan A</th>
<th>PPO Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental accident ($1,000 lifetime maximum)</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Deductibles and Maximums per Enrollee

<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO Plan A</th>
<th>PPO Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year deductible</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Calendar Year maximum benefit</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

*Bold* items indicate the differences between Plan A and Plan B.
The Delta Dental PPO Plan offers two options: Plan A and Plan B. Both plans provide access to large dentist networks, with the freedom to visit any licensed dentist. Most benefits are identical under the two options, including:

- Three cleanings and exams per Calendar Year, including periodontal maintenance cleanings\(^1\)
- Dental implants after one year of continuous coverage\(^2\)
- Immediate coverage for preventive and basic services, with expanded coverage after a 12-month waiting period
- Fixed rate for two years

The primary differences between the two options are listed below:

- **PPO Plan A** provides benefits for most dental procedures at a moderate premium.
- **PPO Plan B** offers lower premiums than Plan A, with slightly lower coverage levels for some preventive and basic services.

The deductible and Calendar Year maximum vary by plan. For more details, please see the chart on the previous page. Specific differences are noted in **bold**.

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\(^1\) Annual deductibles, copayments, and maximums may apply.

\(^2\) See enclosed Limitations and Exclusions.

* Delta Dental's payment under this plan is limited to the applicable percentage of the lesser of either a) your dentist’s actual charges; or b) the Delta Dental PPO Maximum Plan Allowance (the highest amount that Delta Dental will pay to a Delta Dental PPO dentist where you received the services). You will be required to pay the copayment, deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services. When receiving treatment from a Delta Dental Premier® (Premier) dentist, you may be required to pay any cost above the Delta Dental PPO Maximum Plan Allowance, up to your dentist’s Premier Maximum Plan Allowance. **When receiving treatment from a non-Delta Dental dentist, there is no limit regarding their fees.**
STEP 2: Understanding your dentist options

The network in which your dentist participates may impact your out-of-pocket expenses, so it’s important for you to understand the different types of dentist networks. There are three types of networks, each with a different level of cost savings.

To maximize your savings when selecting a dentist, be sure to ask whether he or she is a Delta Dental PPO (PPO) Network dentist or a Delta Dental Premier® (Premier) dentist. While there are more Premier dentists from which to choose, savings tend to be greater when you visit a PPO Network dentist. For a list of dentists in your area, visit deltadentalins.com/find-a-dentist

<table>
<thead>
<tr>
<th>Dentist Type</th>
<th>PPO Network Dentists</th>
<th>Premier Dentists</th>
<th>Out-of-Network Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much You Save</td>
<td>🐷</td>
<td>🐷</td>
<td>?</td>
</tr>
<tr>
<td>Fees</td>
<td>They provide covered procedures at reduced, pre-negotiated rates</td>
<td>They provide lower fees than out-of-network dentists, but not necessarily as low as PPO Network dentists</td>
<td>They do not accept pre-negotiated fees and may charge their full price</td>
</tr>
<tr>
<td>Claims</td>
<td>They handle all claims and bill Delta Dental directly</td>
<td>They handle all claims and bill Delta Dental directly</td>
<td>You may have to pay up front and submit a claim to get reimbursed</td>
</tr>
</tbody>
</table>

STEP 3: Enroll today!

Once you’ve chosen the best plan for you, there are three easy ways to enroll:

- Visit aarpdental.com/enroll to enroll online.
- Complete and send an enrollment form.
- Call toll-free at 1-866-290-2939 (TTY: 1-800-735-2929).
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 of injuries or illness covered by workers’ compensation or employers’ liability laws; services received without cost from any federal, state, or local agency, unless the exclusion is prohibited by law.

2. Treatment or materials that are benefits to an Enrollee under Medicare unless this exclusion is prohibited by law.

3. 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 include individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.

4. 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.

5. 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.

6. Treatment or materials for which the Enrollee would have no legal obligation to pay.

7. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.

8. Periodontal splinting, equilibration, gnathological recordings and associated treatment, and extra-oral grafts.

9. Preventive plaque control programs, including oral hygiene instruction programs.

10. Myofunctional therapy, unless covered by the exception in Item 3, above.

11. Temporomandibular joint dysfunction, which is medical in nature, unless covered by the exception in Item 3, above.
12. 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.

13. Experimental procedures that have not been accepted under generally accepted dental practice standards.

14. 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.

15. Charges for hospitalization or any other surgical treatment facility, including hospital visits.

16. 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.

17. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.

18. Materials and procedures for construction of bridges, partial and complete dentures, unless a covered benefit.

19. Orthodontic services, including tooth guidance appliances.

**Limitations**

Benefits to Enrollees under the Plan are limited based on various factors including the frequency of services whether paid for under the provisions of this plan, under any prior dental contract and/or policy or by the Enrollee. We recommend you obtain a pre-treatment estimate prior to receiving more complicated or expensive procedures. Also, you should have your Provider verify benefit eligibility prior to receiving any treatment. Limitations are 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.

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 Primary Enrollee.

4. **Limitation on Diagnostic Aids.** Full mouth X-rays (including panoramic X-rays
accompanied by supplemental films, which are considered equivalent to a full-mouth X-ray)
are limited to once in any five-year period. Bitewing X-rays are limited to twice in any Calendar
Year period for Enrollees to age 19 and once in a Calendar Year for all other Enrollees.
Periodic examinations of the full mouth are limited to three in any Calendar Year period.

5. **Limitation on Prophylaxis, Periodontal Maintenance Cleanings, and Fluoride.**
Prophylaxes, periodontal maintenance cleanings, and fluoride application may be performed
either together or separately. You may have any combination of prophylaxes and/or
periodontal maintenance cleanings (if Enrollee has a previous history of periodontal therapy)
for a total of three in any Calendar Year. Fluoride applications as a benefit are limited to
twice in any Calendar Year period up to age 19. **Note:** Periodontal maintenance cleanings
are covered at a different percentage.

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.

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.

Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures, and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation, or implants.

9. **Limitation on Temporomandibular Joint Dysfunction (TMJD).** 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 TMJD 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.

Start protecting your smile in three easy steps:

1. Review your enrollment kit to find the best option for you and your family.
2. Review your dentist options.
3. Complete and return an enrollment form.