

Delta Dental - Large Group Voluntary PPO - Preventive

Dental Benefits Policy Amendment

This amendment applies to your **Delta Dental Benefits Policy that is effective January 1, 2017**. It should be reviewed and kept with your Policy. All other terms and provisions of the Policy, including any amendments previously issued, remain unaltered and in effect.

Section: When Coverage Ends

Replace copy of second bullet to the following:

• You become unemployed. Termination of your coverage for this reason applies only if you receive your coverage through your employer or group sponsor.

Replace copy on second paragraph, first bullet to the following:

You use this coverage fraudulently or you fraudulently misrepresent or conceal material
facts in your application. If this happens, we will recover any claim payments we made,
minus any premiums paid.

REMOVE Section: Coverage Changes Events Changing Coverage

Update Section: Notification of Change

Replace the copy with the following:

You must notify us within 31 days of the date of the event that changes the status of your eligibility. Delta Dental of Iowa must be notified within 60 days of the date of the event that changes the status of your eligibility for births, adoptions, or due to a change in eligibility status in Medicaid, CHIP or *hawk-i*. You can ask your employer or group sponsor to help you make this request. If a change to your eligibility is not made within 31 days of an event, the person(s) affected may lose important coverage.

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AMEND-LGVOLPREVENT Updated: 9/2016

Delta Dental of Iowa | 9000 Northpark Drive | Johnston, IA 50131 | Telephone 515-261-5500

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All other terms and provisions of your Delta Dental Insurance Policy and Benefits Certificate remain unaltered and in effect.

Jeff Russell
President and Chief Executive Officer
Delta Dental of Iowa

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