



## 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.

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### **REMOVE Section: How Waiting Periods Affect Benefit Payments**

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#### **Section: Gum and Bone Disease (Periodontal Service) for Adult and Child Benefits**

Replace paragraph on Complex Periodontal Procedures with the following:

##### **Complex Periodontal Procedures**

Various surgical interventions designed to repair and regenerate gum and bone tissues that support the teeth.

Limitation: Complex periodontal procedures are a benefit only once every 36 consecutive months for each quadrant of the mouth for natural teeth only.

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#### **Section: Straighter Teeth – Corrective Orthodontics**

Replace paragraph five with the following:

When an orthodontic treatment plan is established, Delta Dental of Iowa will calculate an initial payment at the time the banding takes place. The balance of the allowed fee will then be divided into payments over the course of treatment, providing coverage still exists.

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#### **Section: Eligibility Enrollment Requirements**

This benefit plan includes the following eligibility requirements:

- You must apply for coverage when initially eligible or due to a Qualifying Event
- If you do not apply for coverage when initially eligible you will not be eligible to enroll in this Plan until your employer or group sponsor's next Anniversary Date; unless the election is due to a Qualifying Event
- If you drop coverage you will not be eligible to re-enroll in this Plan, until your employer or group sponsor's next Anniversary Date; unless the election is due to a Qualifying Event

#### **NEW Section: Eligibility Changes Qualifying Events**

Certain events may require you to change who is covered by this Certificate. These events include:

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**Active Duty in the Military** of an eligible Child or Spouse

- **Appointment as a Legal Guardian** of a Child
- **Birth or Adoption** of a Child
- **Care of a Foster Child** (when placed in your home by an approved agency)
- **Completion of Full-time Schooling** of an eligible Child age 26 or older
- **Death**
- **Divorce, Annulment, or Legal Separation**
- **Eligible Child** (who is *not* a full-time student or permanently disabled) reaches age 26
- **Exhaustion of COBRA Coverage**
- **Marriage**
- **Spouse or Child Loses Eligibility for Qualifying Dental Coverage** or employer or group sponsor ceases contribution to qualifying dental coverage. In this case, your eligible Spouse and any eligible Children previously covered under the prior qualifying dental coverage are eligible for coverage under this Certificate.
- **Spouse's Medicaid, or Child's Medicaid or Children's Health Insurance Program (CHIP) or Healthy And Well Kids in Iowa (*hawk-i*)** coverage is terminated as a result of losing eligibility **or** the Eligible Covered Person becomes eligible for a premium assistance subsidy under Medicaid or CHIP. This special enrollment opportunity is provided by the Children's Health Insurance Program Reauthorization Act (CHIPRA). You must request this special enrollment opportunity within 60 days of losing Medicaid, CHIP, or *hawk-i* coverage or within 60 days of when eligibility for the premium assistance is determined.

**REMOVE Section: Eligibility Requirements**

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**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 your 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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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 Office  
Delta Dental of Iowa