Delta Dental PPO™ Point of Service
Summary of Dental Plan Benefits
For Group #2531-0002,9992
Gila Regional Medical Center - High

Benefit Period: January 1 through December 31

Deductible: $50 Deductible per person total per Benefit Period limited to a maximum Deductible of $150 per family per Benefit Period

Maximum Benefit Amount: $2,000 per person total per Benefit Period
Orthodontic Lifetime Maximum: $1,000 per person total per lifetime

Covered Services	Delta Dental PPO™ Provider	Delta Dental Premier® Provider[1]	Non-Participating Provider[2]
	You Pay	You Pay[1]	You Pay[2]
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	20%	20%
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	20%	20%
Sealants – to prevent decay of permanent teeth	No Charge	20%	20%
Brush Biopsy – to detect oral cancer	No Charge	20%	20%
Radiographs – images	No Charge	20%	20%
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	20%	20%
Basic Services			
Minor Restorative Services – fillings	20%	50%	50%
Endodontic Services – root canals	20%	50%	50%
Periodontic Services – to treat gum disease	20%	50%	50%
Oral Surgery Services – extractions and dental surgery	20%	50%	50%
Other Basic Services – misc. services	20%	50%	50%
Major Services			
Crown Repair – to individual crowns	50%	60%	60%
Major Restorative Services – crowns	50%	60%	60%
Relines and Repairs – to bridges, dentures, and implants	50%	60%	60%
Prosthodontic Services – bridges, dentures, and implants	50%	60%	60%
TMD Treatment – Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit – child and adult	No Age Limit	No Age Limit	No Age Limit

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

***2) Balance billing applies.** Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19. Topical fluoride treatments are payable once per calendar year for people age 19 and older, but only when medically necessary.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16. Sealants are payable once per tooth per five-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, for people ages 16 and older, but only when medically necessary.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Maximum Benefit Amount: This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount. The Maximum Benefit Amount applies to all services except Diagnostic and Preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

Eligible Employees may enroll on the first day of the month following their date of hire, subject to any additional requirements which may apply.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount

Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via **www.memberportal.com**, for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance
Phone: 1-855-4-ASK-OSI
www.osi.state.nm.us



Evidence Based Dentistry (EBD)

Delta Dental's **Evidence-based Dentistry (EBD)** plan benefit provides enhanced dental coverage for enrollees with certain high-risk medical conditions that have oral health implications. Research has shown that increased frequency of cleanings can greatly impact oral health and sometimes even play an important role in managing conditions, such as[1]:

- Diabetes & Periodontal Disease
- Heart disease & defects
- Cancer
- Renal failure or dialysis
- Pregnancy & Periodontal Disease
- Head & neck radiation
- Rheumatoid arthritis
- Suppressed immune systems
  (due to chemotherapy/radiation, HIV positive, organ transplant or stem cell/bone marrow transplant)

The improved benefits include coverage of up to four teeth cleanings (routine cleanings or periodontal maintenance cleanings) per calendar year, as opposed to the typical two. Additional cleanings are benefits at the coinsurance level specified on your Summary of Dental Plan Benefits. For people undergoing head & neck radiation, fluoride applications by your dentist are also covered twice per calendar year. **The cost of the additional cleanings & flouride treatments are not applied to your annual maximum.**

What should I do if I have one of the conditions listed?

Talk with your dentist and physician about if and when treatment is right for you. **The timing of treatment is important when serious medical conditions exist.**

[1]Not all high-risk medical conditions listed here. Please check your plan documentation for specific plan benefits, limitations, and additional information.

[2]Dental policies have exclusions and limitations. For costs and coverage details, contact your insurance provider or Delta Dental Plan of New Mexico toll free at [1-877-395-9420] or by email at [customerservice@deltadentalnm.com]

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Preventive Care Security (PCS)

What is Preventive Care Security (PCS)?

Your dental plan includes the Preventive Care Security option. PCS is an oral health benefit enhancement from Delta Dental of New Mexico. With PCS, the benefits paid for Diagnostic and Preventive (D&P) Services never reduce the Annual Maximum Benefit Amount. This feature encourages preventive care, which results in improved oral health, while making sure full-plan benefits are always available when other types of services are needed.

Did you know that every dollar you spend on preventive care, such as brushing and cleaning, may help save you money later in additional costly dental procedures?

It's true, keeping your teeth and gums healthy by seeing your dentist regularly can help you avoid more serious oral health problems and more extensive and expensive treatment. For every dollar spent on prevention an estimated four dollars is saved in future treatment. With better preventive dental care, early detection, and treatment, savings in the U.S. alone could be $4 billion annually.

Preventive Care Security:

- ☑ Allows you to take advantage of D&P services even in benefit years when other types of services are anticipated
- ☑ Does not penalize you for using D&P benefits by leaving you with less of a Maximum Benefit Amount
- ☑ Makes it easier to visit the dentist at least once a year, which can help you identify problems early and reduce the extent of restorative care needed
- ☑ Eliminates the confusion that sometimes occurs when benefits paid at 100% are applied to your Annual Maximum Benefit Amount
- ☑ Promotes wellness and encourages better oral health behaviors

Questions on PCS?

Call us today at (505) 855-7111
or toll-free (877) 395-9420

Dental policies have exclusions and limitations. For costs and coverage details, contact your insurance provider or Delta Dental Plan of New Mexico toll free at [1-877-395-9420] or by email at [customerservice@deltadentalnm.com]

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Delta Dental Virtual Visits

delivered by TeleDentistry.com



Covering You 24/7

Dental emergencies don't always happen between the hours of eight to five. That's why Delta Dental of New Mexico members have access to 24/7 dental care whenever and wherever they are.[1,2,3]

Use Delta Dental Virtual Visits delivered by TeleDentistry.com when your dentist is not available and you're:

- having an after-hour dental issue.
- traveling and need dental assistance.
- facing a dental emergency but don't have a regular dentist to call.

Delta Dental Virtual Visits are considered covered in-network services.[1,2] In addition to your consult, a TeleDentistry.com dentist can write a prescription,[3] and refer an in-network dentist if you don't have one.

Learn more at DeltaDentalNM.com/Virtual-Visits

[1] Delta Dental Virtual Visits are only available to Delta Dental of New Mexico members whose plans include coverage for oral exams.
[2] This service supplements your current plan coverage and should be used after business hours, holidays and weekends, or when your regular dentist is unavailable. A virtual visit delivered by TeleDentistry.com is counted as a problem-focused examination (D0140) under your plan and does not count as one of your regular preventive oral exams.
[3] The TeleDentistry.com dentist cannot prescribe controlled substances or write international prescriptions. E-prescriptions are not available internationally.

How Do Delta Dental Virtual Visits Work?

Sign into the Delta Dental Virtual Visits patient portal or call 866.302.0905.

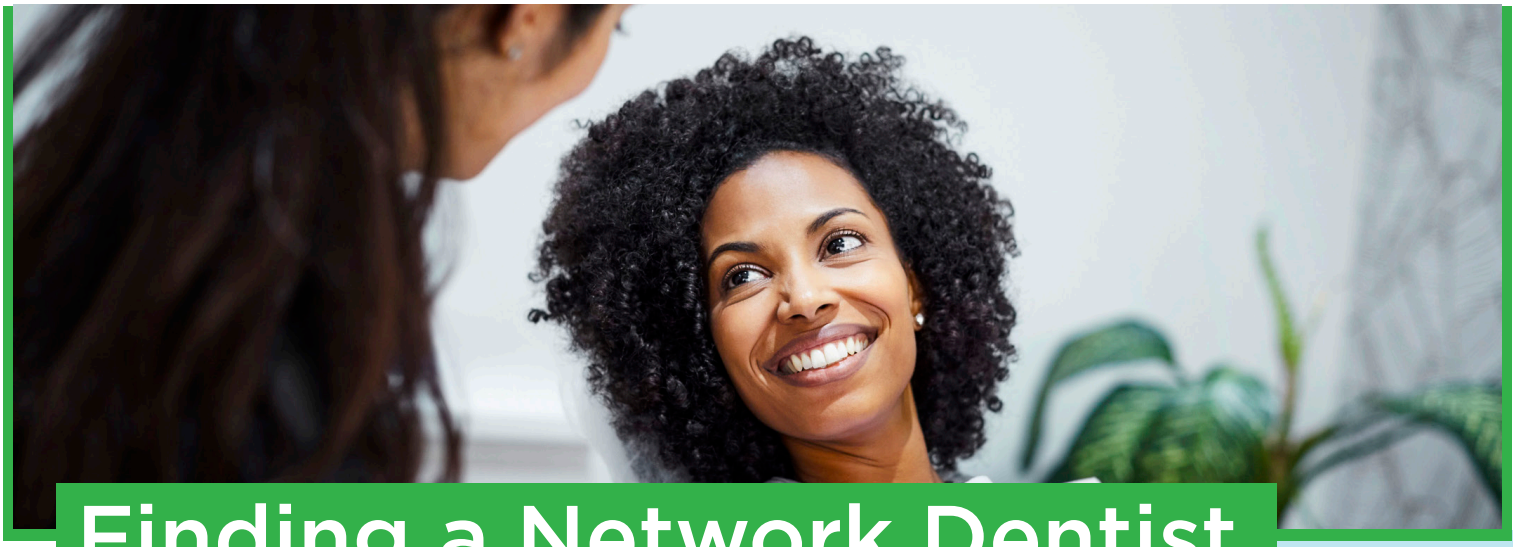
Fill out your e-documents.

Take photos of the problem area if necessary.

Begin your dental consultation.

Delta Dental Plan of New Mexico, Inc. dba Delta Dental of New Mexico.

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Finding a Network Dentist

In New Mexico, over 90% of all practicing Dental Providers are in our network, so it's very likely your dentist is in the Delta Dental network.[1]

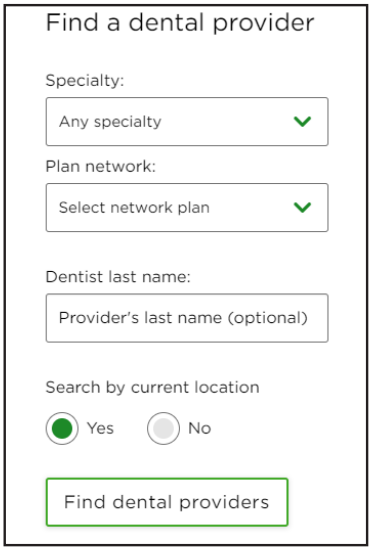
On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:

1.) Go to: DeltaDentalNM.com/tools/find-a-dental-provider

2.) Choose a specialty and your plan network from the drop-down menus

3.) In the Search By Current Location question, choose **Yes** or **No**



- **Yes** - The tool will use the location data from your web browser to give you a list of nearby dentsits
- **No** - You'll need to enter the zip code to search within to get a list of nearby dental providers

4.) Click **Find Dental Providers** to see a list of nearby dental providers meeting your search criteria

Automated Phone System

You can also find a dentist through our automated phone system by calling **(877) 395-9420** following the prompts to find a dentist. Delta Dental dentists can be searched by zip code, specialty, and plan type.

Understanding the Delta Dental Networks

Delta Dental PPO™ provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

Delta Dental Premier® provides a wider selection of dentists while keeping out-of-pocket costs affordable.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.



Out-of-network dentist | Premier dentist | PPO dentist

Don't know which network your dental plan uses?

For dentist search purposes, your plan type is your network. You can usually find your plan name on your Delta Dental ID card or by digning in to the member portal. If you need help, feel free to contact Delta Dental of New Mexico's customer service team at **(505) 855-7111** or via email at **CustomerService@DeltaDentalNM.com**.

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1. Based on 2024 Delta Dental of New Mexico internal data.

2024-122-DDNM-MKT

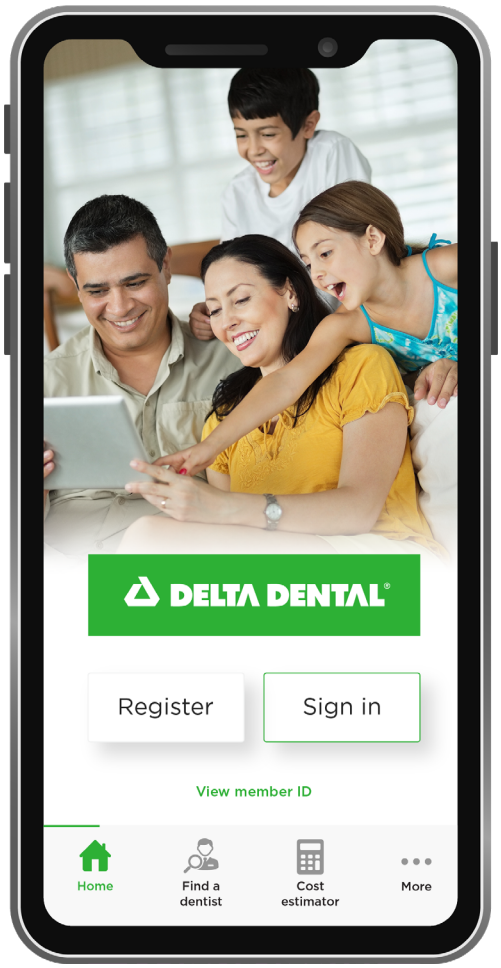
DELTA DENTAL

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

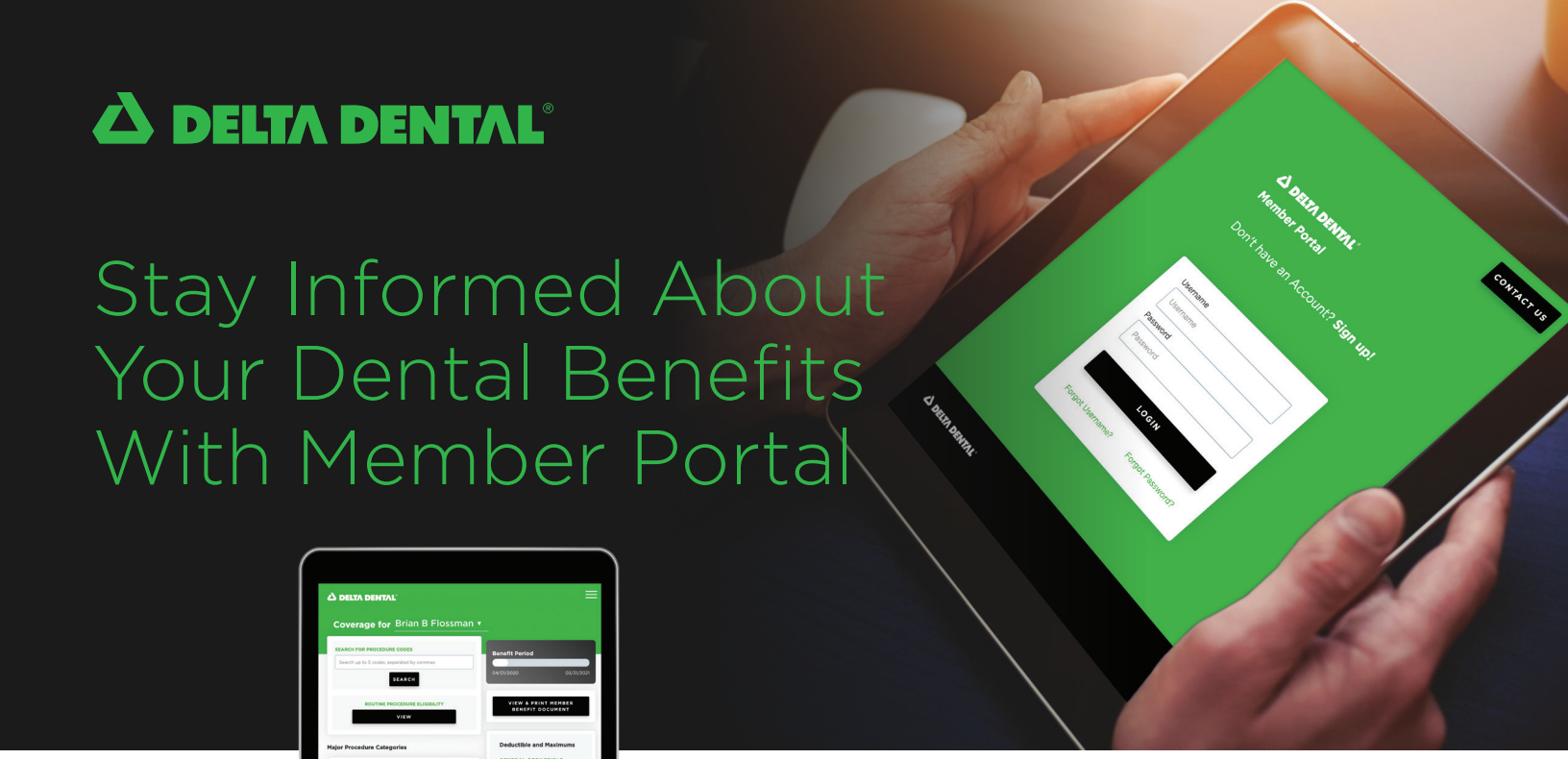
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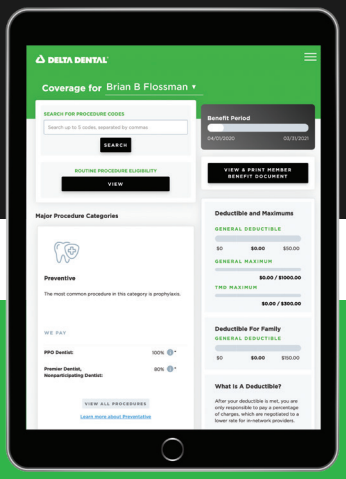
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Stay Informed About Your Dental Benefits With Member Portal



Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)

NOTE: Member Portal has replaced Consumer Toolkit.

Get started today

Visit www.memberportal.com

Log in using your existing Consumer Toolkit® credentials

OR

If you do not have existing credentials, click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

Questions? Call Toolkit Support at 866-356-0301

Privacy of your online benefit information is assured through highly secure encryption technology.

DeltaDentalNM.com

MEMBERS

PLAN FOR A HEALTHY SMILE

Get a pre-treatment estimate from your dentist!

Don't get left wondering how much your dental treatment is going to cost!
NOT ALL SERVICES are covered based on plan design!

STEP-BY-STEP

The pre-treatment estimate process

1. You request a pre-treatment estimate from your dentist prior to getting any work done.
2. Your dentist sends Delta Dental of New Mexico a proposed treatment plan and x-rays, if necessary.
3. We review the treatment plan against your benefits to determine covered services and estimated costs.
4. We send you and your dentist a copy of the pre-treatment estimate.[1] You can view your pre-treatment estimate on our Member Portal or on our Delta Dental Mobile App.
5. You and your dentist discuss any questions you may have about the treatment and determine whether to proceed with the treatment plan.

Q: What is a pre-treatment estimate?
A: A pre-treatment estimate is an estimate of dental benefits from Delta Dental of New Mexico that can help a member budget for dental procedures & decide how to proceed with treatment prior to dental services being performed.

SEE BACK FOR ADDITIONAL FAQ'S

Remember – there is NO GUARANTEE that the balance of your charges will be covered by the Delta Dental Plan. ALWAYS WAIT until your pre-treatment estimate is approved before receiving treatment. If you have any questions regarding your benefits you may contact **Customer Service at (877) 395-9420**

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[1] A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary of Benefits or Group Dental Insurance Contract for specific details about your plan.

DELTA DENTAL®

www.DeltaDentalNM.com

Delta Dental of New Mexico
100 Sun Avenue, Ste. 400
Albuquerque, NM 87109

Customer Service (877) 395-9420

2025-156-DDNM-MKT

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DELTA DENTAL

Group Plan Enrollment/Change Form – Delta Dental Plan of New Mexico

Please email an electronic copy of your completed form to groupadmin@deltadentalnm.com.

Part A1 – Employee/Employer Information

First: Last: Middle:	Select applicable: ☐ Enroll ☐ Terminate ☐ New Hire ☐ Initial / Open Enrollment ☐ Change of Status - Date: _____ ☐ Enroll COBRA ☐ Retiree ☐ Waive (Complete Part D)	Mailing Address: Change in Address? ☐ Y ☐ N City:
Date of Birth:	Date of Hire:	State:
Social Security Number:	Eligibility Effective Date:	Zip:
Group Name: Sub-Group Name:		Email: Phone:

Part B1 – Dependent Information (For additional dependents, please complete backside.)

First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Spouse / ☐ Domestic Partner ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Overage Child? (Attach supporting documents) ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Overage Child? (Attach supporting documents) ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Overage Child? (Attach supporting documents) ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____

Part C1 – Signature for Enrollment, Change of Status, and Communication Preferences

If enrolled, I agree to make the required contribution as stated in the Group Dental Insurance Contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. I acknowledge that Delta Dental may use my phone number and email for communications and quality surveys. I can edit my communication preferences in the Member Portal at any time.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Signature:	Date:

Part D – Waiver of Coverage (Sign here only if you are waiving Delta Dental coverage)

I hereby decline coverage because:

☐ I have other dental coverage. Current carrier(s): _____

☐ Other reason for waiver: _____

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental Plan. Please check with your Group Plan Administrator to see if the Plan allows for a future Open Enrollment period.

Signature:	Date:

DELTA DENTAL

Group Plan Enrollment/Change Form – Delta Dental Plan of New Mexico

Please email an electronic copy of your completed form to groupadmin@deltadentalnm.com.

Part A2 – Employee Information (For additional dependents, please complete below.)

First: Last: Middle:

Part B2 – Additional Dependents - Dependent Information

First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____
First: Last: Middle: Date of Birth: Social Security Number:	Relationship: ☐ Child ☐ Enroll in Dental Plan ☐ Terminate from Dental Plan ☐ Enroll COBRA Eligibility Effective Date: _____

Part C2 – Signature for Enrollment, Change of Status, and Contact Information

If enrolled, I agree to make the required contribution as stated in the [Group Dental Insurance Contract] and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. I acknowledge that Delta Dental may use my phone number and email for communications and quality surveys. I can edit my communication preferences in the Member Portal at any time.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Signature:	Date: