

# Delta Dental Individual Plan

## Terms and Conditions

I hereby apply for membership with Delta Dental of Arizona, Inc. (Delta Dental) and I understand and agree that my coverage, and that of any dependents, will become effective on the date established by my dental coverage policy (referred to as "Plan"). I agree to be bound by the provisions of the Plan. Any dependents that are later added to my Plan will have different effective dates.

## Enrollment Period(s)

Enrollments are for consecutive 12-month period(s) and the monthly/annual premium payment is subject to change on the anniversary date. Non-compliance with these terms voids any benefits during that enrollment period. Should a member decide to cancel the plan, a 30-day written notice is required. Once notice is received, the policy will be cancelled at the end of the month and billing will not be prorated. All individuals previously covered under the plan will not be allowed to re-enroll within the subsequent 24 months.

I attest that I am not eligible for Delta Dental of Arizona group coverage through my current employer. I understand that if at any time I become eligible for Delta Dental of Arizona group coverage through my employer, DDAZ reserves the right to terminate this plan with thirty (30) days' notice.

I am responsible to notify Delta Dental upon any change that would make me or any dependent ineligible for coverage.

## Covered Services

If any services covered under this Contract are also provided under any other dental benefits contract, DDAZ will pay no more than the total cost of such dental services than is required by the Subscriber's DDAZ dental benefits summary. This practice is consistent with state and/or federal law and industry standards (including the National Association of Insurance Commissioners Employer Group Coordination of Benefits Model Regulation). Upon request, the Individual will assist DDAZ in obtaining information necessary to coordinate and avoid duplication of benefits.

## Authorizations

I hereby authorize any physician, dentist, hospital, or insurer having records of information concerning health history or other insurance for me and those persons specified as dependents to furnish such records, data, or information as may be requested by Delta Dental or their duly authorized representative to review eligibility, determine benefits (if any), contract administration, detecting or preventing fraud or misrepresentation, audits, and for claims administration purposes. I hereby authorize Delta Dental to release information related to my benefits and those persons specified as dependents benefits under this plan to any dental office. I understand that this authorization is valid for a minimum of 12 consecutive months from the date signed and/or the latest renewal during the open enrollment period. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that I or any authorized representative may receive, upon request, a copy of this authorization. This information may also be given by Delta Dental to its legal representatives.

To the extent allowed by law, Delta Dental is authorized to furnish all information and copies of records requested by other insurers, dental plans or other parties for the purposes of determining eligibility for coverage or benefits, coordinating benefits, utilization review or audit.

Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company or other person files an

application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. If accepted, this application, the identification card and the dental coverage policy will constitute the contract.

### Uses and Disclosures of Health Information

At Delta Dental, we use health information about you to confirm eligibility and benefits, to pay claims from your dentist, to coordinate benefits with other carriers, to administer the dental coverage policy and to perform assurance. We **NEVER** sell any information we collect while processing transactions on your request. You can be assured that when processing or servicing a transaction at your request, only the minimum necessary information regarding your account or personal history information will be used or disclosed, as permitted by law. Delta Dental does not routinely record the identity of the recipient of the information that we have disclosed to confirm eligibility and benefits, to pay claims from your dentist, to coordinate benefits with other carriers, to administer the dental coverage policy and to perform quality assurance.

For more information about our privacy practices, please visit [www.deltadentalaz.com](http://www.deltadentalaz.com) under privacy policy or contact Customer Service, Phone: (602) 588-3624 or 888.335.8214, Email: [customerservice@deltadentalaz.com](mailto:customerservice@deltadentalaz.com).