

NOTICE OF CHANGE TO COORDINATION OF BENEFITS

The following provision replaces the Coordination of Benefits provision in the Subscriber's Certificate:

Coordination of Benefits (COB) applies if you or any of your dependents have another plan that provides coverage for services that are benefits under your *contract*. *Delta Dental* will administer the COB according to the applicable state Coordination of Benefits law and this Subscriber's Certificate.

The plan that provides benefits first under the COB rules is known as the primary plan. The primary plan is responsible for providing benefits in accordance with its terms and conditions of coverage without regard to coverage under any other plan. The plan that provides benefits next is the secondary plan. It provides benefits toward any remaining balance for covered services in accordance with its terms and conditions of coverage, including its COB provision.

Delta Dental, as the secondary plan, will provide benefits toward any remaining patient balance for covered services in accordance with your *contract*, provided that the amount paid by *Delta Dental* as the secondary plan, when added to the amount paid by the primary plan, will not exceed the lesser of the provider's submitted charge or the amount allowed under your *Delta Dental contract*.

IMPORTANT: No statement in this section should be interpreted to mean that we will provide any more benefits than those described in the Benefits Section of your *contract*. If you have any questions about COB or your *contract*, please contact our Customer Service Department. The telephone numbers are listed at the end of the Subscriber's Certificate.