

# Delta Dental Program Highlights

For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP (OKHEEI) • 0006441**  
Delta Dental PPO – Point of Service – High Plan • January 2019

Your Program Highlights provides a brief description of the most important features of your group’s dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

## Percent Payable for Covered and Allowable Dental Services

	PPO Network	Premier Network	Out-of-Network
Class I: Diagnostic and Preventive Services	100%	100%	100%
Class II: Basic Services such as amalgam and composite fillings	85%	70%	70%
Class III: Major Services such as crowns, dentures and implants	60%	50%	50%
Class IV: Orthodontic Services are available to dependent children under age twenty-six (26)	50%	50%	50%

## Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$25*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$2,000**
Lifetime Maximum Benefit Payment Per Child – applies to Class IV only	Unlimited

\*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

\*\*Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
<b>You pay 20% of PPO Allowable</b>	<b>\$14</b>	<b>You pay 20% of Premier Allowable</b>	<b>\$17</b>	<b>You pay Balance of the dentist charge</b>	<b>\$40</b>

**How to use your dental program:**

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee’s social security or member ID number

**Your dental program allows you to:**

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

**Find a Delta Dental participating dentist:**

Two-thirds of the nation’s practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at [www.DeltaDentalOK.org](http://www.DeltaDentalOK.org) or call Delta Dental’s Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

**Benefit Payment Procedure**

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan’s maximum allowable amount.

**The advantage of predetermination**

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

**Filing your claim**

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at [www.DeltaDentalOK.org](http://www.DeltaDentalOK.org). Completed claim forms should be submitted to the address below:

Delta Dental of Oklahoma - Claims Processing Center  
P.O. Box 548809  
Oklahoma City, OK 73154-8809

# Delta Dental Program Highlights

For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP (OKHEEI) • 0006441**  
Delta Dental PPO – Point of Service – Low Plan • January 2019

Your Program Highlights provides a brief description of the most important features of your group’s dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

## Percent Payable for Covered and Allowable Dental Services

	PPO Network	Premier Network	Out-of-Network
Class I: Diagnostic and Preventive Services	100%	100%	100%
Class II: Basic Services such as amalgam and composite fillings	75%	70%	70%
Class III: Major Services such as crowns, dentures and implants	60%	50%	50%
Class IV: Orthodontic Services	N/A	N/A	N/A

## Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$50*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$1,000**

\*Family Deductible not to exceed 2 times the Annual Deductible Per Person.

\*\*Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
<b>You pay</b> <b>20% of PPO Allowable</b>	<b>\$14</b>	<b>You pay</b> <b>20% of Premier Allowable</b>	<b>\$17</b>	<b>You pay</b> <b>Balance of the dentist charge</b>	<b>\$40</b>

### How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee's social security or member ID number

### Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
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### Find a Delta Dental participating dentist:

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at [www.DeltaDentalOK.org](http://www.DeltaDentalOK.org) or call Delta Dental's Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

### Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan's maximum allowable amount.

### The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

### Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at [www.DeltaDentalOK.org](http://www.DeltaDentalOK.org). Completed claim forms should be submitted to the address below:

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P.O. Box 548809  
Oklahoma City, OK 73154-8809

# Delta Dental Program Highlights

For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP (OKHEEI) • 0006441**  
 Delta Dental PPO – Preventive Plan • January 2019

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services	
Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	N/A
Class IV: Orthodontic Services	N/A

Deductible and Maximum Amounts	
Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Class II	\$50*
Annual Maximum Benefit Per Person – applies to Classes I and II combined	\$750**

\*Family Deductible not to exceed 2 times the Annual Deductible Per Person.

\*\*Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I and II combined services.

Eligible dependent children can be covered to age twenty-six (26).

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Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56
<b>You pay 20% of PPO Allowable</b>	<b>\$14</b>	<b>You pay Difference between PPO Payment and Premier Allowable</b>	<b>\$29</b>	<b>You pay Balance of the dentist charge</b>	<b>\$44</b>

### How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

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