



Delta Dental Program Highlights

For Employees of

The University of Oklahoma

Basic Plan (PPO “Point-of-Service”)

This brochure provides a brief description of the most important features of your new Delta Dental dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s customer service department at the toll-free number indicated on the back of your identification card.

Under your Delta Dental program, you may go to any properly licensed dentist. However, it is to your advantage to go to a Delta Dental participating dentist because typically, your out-of-pocket expenses will be lower. For example, payment of a covered Class II dental service is illustrated below. The illustration assumes the annual deductible has been satisfied.

Delta Dental PPO Participating Dentist		Delta Dental Premier Participating Dentist		Non-Participating Dentist (Out-Of-Networks)	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan Pays (80% of Delta Dental PPO Allowable)	\$56	Plan Pays (75% of Delta Dental Premier allowable)	\$63.75	Plan Pays (75% of Prevailing Fee)	\$56.25
You Pay*	\$14	You Pay*	\$21.25	You Pay*	\$43.75
*20% of Delta Dental PPO Allowable		*25% of Delta Dental Premier Allowable		*Balance of the Dentist Charge	

Using Your Dental Program

To use your program, just 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 number – **5900**
- The *employee’s* social security number

Your Dental Program Allows You To:

- Change dentists at any time without pre-approval.
- Go to a specialist of your choice without pre-approval.
- Select a different dentist for each member of your family.
- Receive dental care anywhere in the world.

Finding A Delta Dental Participating Dentist

Two-thirds of the nation’s practicing dentists are Delta Dental participating dentists. To find a participating dentist, ask your dentist if he or she is a Delta Dental participating dentist; refer to Delta Dental’s National Dentist Directory on the Internet at www.DeltaDentalOK.org; or call Delta Dental’s customer service department at **405-607-2100**, or toll-free at **1-800-522-0188**.

The Advantage Of Predetermination

If you are having dental work done that will cost more than \$150, your dentist can request a predetermination of benefits by Delta Dental before starting treatment. The predetermination procedure is provided by Delta Dental to ensure that you know exactly whether the proposed treatment is covered under your program, how much the dental service will cost, and your share of the cost.

Filing Your Claim

A Delta Dental participating dentist will have Delta Dental claim forms in his or her office and is required to complete and submit the claim form to Delta Dental at no charge. If your dentist does not have Delta Dental claim forms, any standard dental claim form approved by the American Dental Association may be used. You will also find a printable claim form on Delta Dental of Oklahoma’s Internet website at 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

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible only for any co-payment percentages, deductible amounts, charges for non-covered dental services, and amounts in excess of your annual maximum benefit payment. 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 reimburse you directly, or other participant or beneficiary if required by law, up to the maximum allowable under your program.

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, late enrollee, frequency of procedure, etc., or excluded in some instances. If you have specific questions, consult your Summary Plan Description, or call 607-2100 (within Oklahoma City metropolitan area) or 1-800-522-0188 (toll-free) if outside the Oklahoma City metropolitan area. You may write Delta Dental of Oklahoma at P.O. Box 54709, Oklahoma City, Oklahoma 73154-1709.

PRINCIPAL BENEFITS AND COVERED SERVICES

Plan Benefit Year

January 1 – December 31 Each Year

Dental Expense Benefits

Benefit Year Deductible Per Person/Per Family.....\$50/\$100
 Benefit Year Maximum Payment Per Person (I, II & III)\$1,000
 Lifetime Maximum Benefit Payment Per Person (IV)\$1,500

***Note:** Deductibles do not apply to Class I or Class IV Services.

Covered Services and Plan Co-payments

	<u>PPO</u> <u>Network</u>	<u>Premier</u> <u>Network</u>	<u>Out-of</u> <u>Network</u>
Class I Services:	90%	75%	75%
<ul style="list-style-type: none"> * Oral evaluations * Routine prophylaxis, including cleaning and polishing * Periodontal maintenance procedures (D4910) following active therapy * Bite-wing and periapical x-rays * Full-mouth x-rays * Space maintainers to replace prematurely lost teeth of eligible dependent children (not for orthodontic purposes) * Topical application of fluoride for eligible dependent children * Topical application of sealants (for eligible dependent children only), limited to permanent first and second molars free of caries and restorations on the occlusal surface * Minor emergency (palliative) treatment for relief of pain <p>Note: Benefits paid by the Plan for covered oral evaluations and routine prophylaxis will not reduce your Benefit Year Maximum Payment for combined Class I, Class II, and Class III covered dental services.</p>			
Class II Services:	80%	75%	75%
<ul style="list-style-type: none"> * Amalgam and composite fillings * Stainless steel crowns (for eligible dependent children only) when the natural teeth cannot be restored with another filling material * Endodontics: includes pulpal therapy and root canal treatment * Oral Surgery: procedures for extractions and other oral surgery, including pre and post-operative care * Periodontics: procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance following active therapy (D4910) which is payable as a Class I service 			
Class III Services:	50%	50%	50%
<ul style="list-style-type: none"> * Major Restorative: provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material * Prosthodontic: procedures for construction of fixed bridges, partial dentures, and complete dentures * Implants: procedures for implant placement, implant-supported prosthetics, and maintenance and repair of implants and implant-supported prosthetics provided under this Plan 			
Class IV Services:	50%	50%	50%
<p>Orthodontic: The necessary treatment and procedures required for the correction of malposed teeth.</p>			

Note: Some covered services indicated above are subject to limitations such as age of patient, frequency of procedure, etc., or excluded in certain instances. If you have specific questions regarding your plan benefits, please contact Delta Dental Plan of Oklahoma at the toll-free number included in this brochure.

Note: The Plan's percentage payment indicated next to each class of dental service will be based on the lesser of the dentist's submitted fee or the maximum allowable amount, as calculated by Delta Dental.

Note: Eligible dependent children can be covered to age 19, or to age 25 if enrolled as full-time students in an accredited school, college, or university.

Note: Orthodontic benefits are available to the eligible employee and his or her eligible dependents. A patient's orthodontic treatment must begin on or after the patient's effective date of orthodontic coverage under this Plan. Benefits are limited to payment of monthly or other periodic charges through completion of treatment, to the date treatment is terminated, to the date the maximum orthodontic benefit has been paid, or to the date eligibility terminates, whichever occurs first.

DENTAL SERVICES NOT COVERED

- Benefits or services for injuries or conditions compensable under Workers' Compensation or Employers' Liability laws
- Benefits or services available from any federal or state government agency, or from any municipality, county, or other political subdivision or community agency, or from any foundation or similar entity.
- Charges for services or supplies for which no charge is made that the patient is legally obligated to pay or for which no charge would be made in the absence of dental coverage.
- Benefits for services if claim is received for payment more than 12 months after the date of service.
- Charges for treatment by other than a properly licensed dentist, except cleaning and scaling of teeth and topical application of fluoride may be performed by a properly licensed dental hygienist if treatment is rendered under the supervision and guidance of the dentist, in accordance with generally accepted dental standards.
- Charges for: (1) completion of forms or submission of supportive documentation required by DDOK for a benefit determination; (2) office visits, hospital calls, or house calls; (3) broken appointments; (4) hospitalization or additional fees charged for hospital treatment; (5) preventive control programs; (6) management fees; (7) bleaching of teeth.
- Benefits for services or appliances started prior to the date the patient became eligible under this Plan may be excluded.
- Prescription drugs, pre-medications, and relative analgesia.
- Experimental procedures.
- Charges for orthodontic treatment, except as specified in the Plan.
- Charges for replacement of lost or missing crowns or appliances, for replacement of stolen appliances, or for repair of an orthodontic appliance.
- Services with respect to diagnosis and treatment of disturbances of the temporomandibular joint (TMJ).
- Benefits or services to correct congenital or developmental malformations.
- Services for the purpose of improving appearance when form and function are satisfactory and there is insufficient pathological condition evident to warrant the treatment (cosmetic dentistry).
- Restorations for altering occlusion (bite), involving vertical dimensions, replacing tooth structure lost by attrition (grinding of teeth), erosion, abrasion (wear), or for periodontal, orthodontic, or other splinting.
- Charges for any dental service or supplies that are included as covered medical expenses under the plan of Major Medical or Comprehensive Medical Expense Benefits Plan must first be submitted to the medical carrier. This plan may benefit as a secondary carrier.
- Services and benefits excluded by the rules and regulations of Delta Dental, including the processing policies.
- All other benefits and services not specified in the Plan.



Delta Dental Program Highlights

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Alternate Plan (PPO “Point-of-Service”)

This brochure provides a brief description of the most important features of your new Delta Dental dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s customer service department at the toll-free number indicated on the back of your identification card.

Under your Delta Dental program, you may go to any properly licensed dentist. However, it is to your advantage to go to a Delta Dental participating dentist because typically, your out-of-pocket expenses will be lower. For example, payment of a covered Class II dental service is illustrated below. The illustration assumes the annual deductible has been satisfied.

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Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan Pays (90% of Delta Dental PPO Allowable)	\$63	Plan Pays (80% of Delta Dental Premier allowable)	\$68	Plan Pays (80% of Prevailing Fee)	\$60
You Pay*	\$7	You Pay*	\$17	You Pay*	\$40
*10% of Delta Dental PPO Allowable		*20% of Delta Dental Premier Allowable		*Balance of the Dentist Charge	

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PRINCIPAL BENEFITS AND COVERED SERVICES

Plan Benefit Year

January 1 – December 31 Each Year

Dental Expense Benefits

Benefit Year Deductible Per Person/Per Family.....\$25/\$75
 Benefit Year Maximum Payment Per Person (I, II & III)\$2,000
 Lifetime Maximum Benefit Payment Per Person (IV)\$1,500

***Note:** Deductibles do not apply to Class I or Class IV Services.

Covered Services and Plan Co-payments

	<u>PPO</u> <u>Network</u>	<u>Premier</u> <u>Network</u>	<u>Out-of</u> <u>Network</u>
Class I Services:	100%	100%	100%
<ul style="list-style-type: none"> * Oral evaluations * Routine prophylaxis, including cleaning and polishing * Periodontal maintenance procedures (D4910) following active therapy * Bite-wing and periapical x-rays * Full-mouth x-rays * Space maintainers to replace prematurely lost teeth of eligible dependent children (not for orthodontic purposes) * Topical application of fluoride for eligible dependent children * Topical application of sealants (for eligible dependent children only), limited to permanent first and second molars free of caries and restorations on the occlusal surface * Minor emergency (palliative) treatment for relief of pain 			
Note: Benefits paid by the Plan for covered oral evaluations and routine prophylaxis will not reduce your Benefit Year Maximum Payment for combined Class I, Class II, and Class III covered dental services.			
Class II Services:	90%	80%	80%
<ul style="list-style-type: none"> * Amalgam and composite fillings * Stainless steel crowns (for eligible dependent children only) when the natural teeth cannot be restored with another filling material * Endodontics: includes pulpal therapy and root canal treatment * Oral Surgery: procedures for extractions and other oral surgery, including pre and post-operative care * Periodontics: procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance following active therapy (D4910) which is payable as a Class I service 			
Class III Services:	60%	50%	50%
<ul style="list-style-type: none"> * Major Restorative: provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material * Prosthodontic: procedures for construction of fixed bridges, partial dentures, and complete dentures * Implants: procedures for implant placement, implant-supported prosthetics, and maintenance and repair of implants and implant-supported prosthetics provided under this Plan 			
Class IV Services:	50%	50%	50%
Orthodontic: The necessary treatment and procedures required for the correction of malposed teeth.			

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DENTAL SERVICES NOT COVERED

- Benefits or services for injuries or conditions compensable under Workers' Compensation or Employers' Liability laws
- Benefits or services available from any federal or state government agency, or from any municipality, county, or other political subdivision or community agency, or from any foundation or similar entity.
- Charges for services or supplies for which no charge is made that the patient is legally obligated to pay or for which no charge would be made in the absence of dental coverage.
- Benefits for services if claim is received for payment more than 12 months after the date of service.
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