



FIND YOUR SMILE

 **DELTA DENTAL®**



DELTA DENTAL OF OKLAHOMA

2016 – 2017 Dental Benefits Options

For State, Education & Local Government Employees

Option 1: Delta Dental PPO*

| Benefit Plan | Delta Dental PPO Network | Delta Dental Premier Network OR Non-Participating Dentist (Out-of-Network) |
|---|--|--|
| Class I – Diagnostic & Preventive: Oral evaluations, routine cleanings, X-rays, fluoride and sealants for eligible dependent children, etc. | 100% | 100% |
| Class II – Basic Services: Amalgam and composite fillings, stainless steel crowns (for eligible dependent children only), endodontics (pulpal therapy and root canal treatment), oral surgery, periodontics (excluding periodontal maintenance following active therapy, which is payable as a Class I service), etc. | 85% | 85% |
| Class III – Major Services: Porcelain or cast restorations, prosthodontics (fixed partial dentures [bridges], partial dentures and complete dentures), implants, etc. | 60% | 60% |
| Class IV – Orthodontics: Available to the employee and his or her lawful spouse and eligible dependent children. | 60% | 60% |
| Deductible applies to Classes II and III | \$25 Per Person Per Benefit Year | \$25 Per Person Per Benefit Year |
| Maximum Benefit Payment – Classes I, II & III | \$2,500 Per Person Per Benefit Year | \$2,500 Per Person Per Benefit Year |
| Maximum Benefit Payment – Class IV | \$2,000 Per Eligible Person Per Lifetime | \$2,000 Per Eligible Person Per Lifetime |

*Dependents eligible to age 26

Option 2: Delta Dental PPO-Plus Premier*

| Benefit Plan | Delta Dental PPO & Premier Networks | Non-Participating Dentist (Out-of-Network) |
|---|--|--|
| Class I – Diagnostic & Preventive: Oral evaluations, routine cleanings, X-rays, fluoride and sealants for eligible dependent children, etc. | 100% | 100% |
| Class II – Basic Services: Amalgam and composite fillings, stainless steel crowns (for eligible dependent children only), endodontics (pulpal therapy and root canal treatment), oral surgery, periodontics (excluding periodontal maintenance following active therapy, which is payable as a Class I service), etc. | 70% | 70% |
| Class III – Major Services: Porcelain or cast restorations, prosthodontics (fixed partial dentures [bridges], partial dentures and complete dentures), implants, etc. | 50% | 50% |
| Class IV – Orthodontics: Available to the employee and his or her lawful spouse and eligible dependent children. | 60% | 60% |
| Deductible applies to Classes I, II and III | \$50 Per Person Per Benefit Year | \$50 Per Person Per Benefit Year |
| Maximum Benefit Payment – Classes I, II & III | \$3,000 Per Person Per Benefit Year | \$3,000 Per Person Per Benefit Year |
| Maximum Benefit Payment – Class IV | \$2,000 Per Eligible Person Per Lifetime | \$2,000 Per Eligible Person Per Lifetime |

*Dependents eligible to age 26

Option 3: Delta Dental PPO-Choice*

Members selecting the **Delta Dental PPO – Choice** option have full access to the Delta Dental PPO network and are responsible for the amounts shown in **the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments** table (*along with any deductibles*). With **Delta Dental PPO – Choice**, it's simple to see exactly what is covered and the amount for which you are responsible.

| Delta Dental PPO - Choice | |
|----------------------------------|---|
| Covered Services and Co-payments | See the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments table or contact your benefits enrollment representative |
| Deductible | \$100 Per Person Per Benefit Year Deductible applies only to Major (Level 4) Services |
| Maximum Benefit Payment | \$2,000 Per Person Per Benefit Year for Level 1, Level 2, Level 3 and Level 4 Services |
| Orthodontic Services | \$1,800 Per Eligible Person Per Lifetime for Level 5 Services |

Examples of Covered Services & Co-payments

| Level of Service | Procedure Code | Description | Enrollee Co-Payment |
|------------------|----------------|--|---------------------|
| Level 1 | D0120 | Periodic oral evaluation-established patient | \$5 |
| Level 1 | D1110 | Prophylaxis – adult | \$5 |
| Level 1 | D1120 | Prophylaxis – child | \$5 |
| Level 2 | D2140 | Amalgam-one surface, primary or permanent | \$12 |
| Level 2 | D7111 | Extraction-coronal remnants-deciduous tooth | \$11 |
| Level 4** | D2740 | Crown-porcelain/ceramic substrate | \$241 |

**Assumes deductible is satisfied

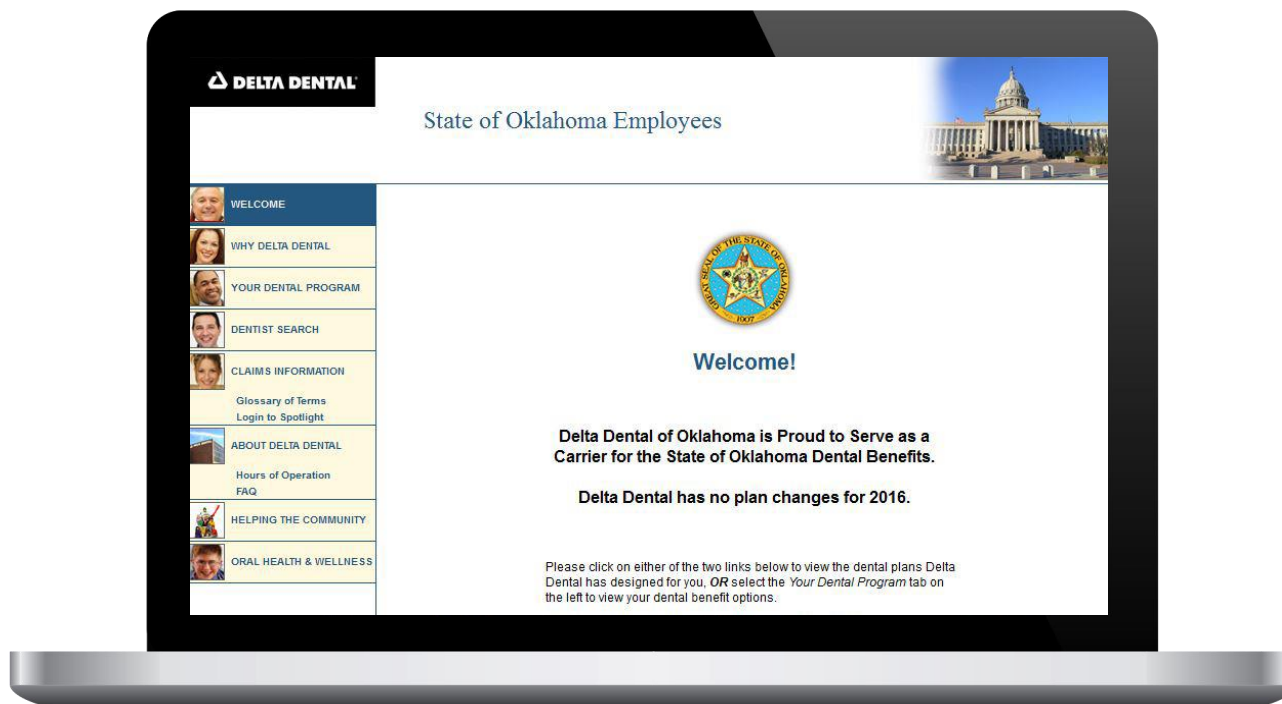
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For State, Education & Local Government Employees

For more information, be sure to visit our website developed exclusively for State of Oklahoma Employees:

DeltaDentalOK.org/Client/OK



*If you have any questions,
please feel free to call*

**Delta Dental of Oklahoma
Customer Service**

at

405-607-2100 (OKC Metro)

800-522-0188 (Toll Free)

Monday – Friday, 7 a.m. – 6 p.m.

Thank you!