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.

### 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 – **5800**
- 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](http://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](http://www.DeltaDentalOK.org). Completed claim forms should be submitted to the address below.

### 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.
PRINCIPAL BENEFITS AND COVERED SERVICES

Plan Benefit Year
September 1 – August 31 Each Year

Dental Expense Benefits
Benefit Year Deductible Per Person/Per Family $50/$150
Benefit Year Maximum Payment Per Person (I, II & III) $1,500

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

Covered Services and Plan Co-payments

<table>
<thead>
<tr>
<th>Class</th>
<th>PPO Network</th>
<th>Premier Network</th>
<th>Out-of Network</th>
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<tbody>
<tr>
<td>Class I Services:</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>* Oral evaluations</td>
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<tr>
<td>* Routine prophylaxis, including cleaning and polishing</td>
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<tr>
<td>* Periodontal maintenance procedures (D4910) following active therapy</td>
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<tr>
<td>* Bite-wing and periapical x-rays</td>
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<tr>
<td>* Full-mouth x-rays</td>
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<tr>
<td>* Space maintainers to replace prematurely lost teeth of eligible dependent children (not for orthodontic purposes)</td>
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<tr>
<td>* Topical application of fluoride for eligible dependent children</td>
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<tr>
<td>* Topical application of sealants (eligible dependent children only), limited to permanent first and second molars free of caries and restorations on the occlusal surface</td>
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<tr>
<td>* Minor emergency (palliative) treatment for relief of pain</td>
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</tbody>
</table>

*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.

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.
- 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.