



Delta Dental Program Highlights

For Employees of

American Federation of Government Employees Ninth District

(Delta Dental PPO—“Point-of-Service” Option)

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 (80% of Delta Dental Premier Allowable)	\$68	Plan Pays (70% of Prevailing Fee)	\$52.50
You Pay*	\$14	You Pay*	\$17	You Pay*	\$47.50
<i>*20% of Delta Dental PPO Allowable</i>		<i>*20% of Delta Dental Premier Allowable</i>		<i>*Balance of the Dentist Charge</i>	

Using Your Dental Program

Delta Dental contracts with more than 113,000 dental offices nationwide. These participating offices meet Delta Dental standards for quality of care and agree to charge patients in Delta Dental programs the same fees they charge patients without dental coverage. 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 – 5138
- The *employee’s* social security number

Your Delta Dental 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

August 1 – July 31 Each Year

Dental Expense Benefits

Benefit Year Deductible Per Person/Per Family.....\$50/\$150
 Benefit Year Maximum Payment Per Person (I, II & III).....\$1,000
 Lifetime Maximum Benefit Payment Per Child (IV)\$1,000

***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%	90%
* 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 annual maximum benefit payment.

	80%	80%	70%
Class II Services:			
* Amalgam and composite fillings			
* Stainless steel crowns (for eligible dependent children only) when the natural teeth cannot be restored with another filling material			

	50%	50%	40%
Class III Services:			
* 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			
* 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			

	50%	50%	40%
Class IV Services:			
Orthodontic: The necessary treatment and procedures required for the correction of malposed teeth. Note: Benefits for orthodontic services are available only to eligible dependent children under the age of 19.			

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 23 if enrolled as full-time students in an accredited school, college, or university.

Note: Orthodontic benefits are available to eligible dependent children under the age of 19 that have been enrolled in the Plan for a period of 12 consecutive months. A patient's orthodontic treatment must begin on or after the patient's effective date of orthodontic coverage under this Plan, unless orthodontic treatment commenced under the Plan Sponsor's group dental plan in effect immediately prior to the effective date of this Plan, and treatment is active and has been continuous. 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.

Note: If an eligible person is not enrolled in this Plan when he or she is first eligible for coverage, benefits are limited to covered Class I services during the first 12 months such person is covered by this Plan unless enrollment of such person is a result of a qualifying change in family status.

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.



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(Delta's Choice—PPO Option)

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Description of Covered Services and Enrollee Co-payments

Procedure Codes	Description	Enrollee Co-payment
Level 1		
D0120	Periodic oral evaluation – established patient	\$5.00
D0140	Limited oral evaluation – problem focused	\$7.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$5.00
D0150	Comprehensive oral evaluation – new or established patient	\$10.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$5.00
D0170	Re-evaluation – limited, problem focused (Established patient; not post-operative visit)	\$10.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$16.00
D0210	Intraoral – complete series (including bitewings)	\$25.00
D0220	Intraoral – periapical first film	\$5.00
D0230	Intraoral – periapical each additional film	\$5.00
D0240	Intraoral – occlusal film	\$5.00
D0270	Bitewing – single film	\$5.00
D0272	Bitewings – two films	\$5.00
D0273	Bitewings – three films	\$5.00
D0274	Bitewings – four films	\$5.00
D0277	Vertical bitewings – 7 to 8 films	\$25.00
D0330	Panoramic film	\$10.00
D1110	Prophylaxis – adult	\$5.00
D1120	Prophylaxis – child	\$5.00
D1203	Topical application of fluoride – child	\$5.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$5.00
D1351	Sealant – per tooth	\$5.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00
Level 2		
D1510	Space maintainer – fixed – unilateral	\$42.00
D1515	Space maintainer – fixed – bilateral	\$61.00
D1520	Space maintainer – removable – unilateral	\$63.00
D1525	Space maintainer – removable – bilateral	\$63.00
D2140	Amalgam – one surface, primary or permanent	\$12.00
D2150	Amalgam – two surfaces, primary or permanent	\$16.00
D2160	Amalgam – three surfaces, primary or permanent	\$19.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$24.00
D2330	Resin-based composite – one surface, anterior	\$15.00
D2331	Resin-based composite – two surfaces, anterior	\$20.00
D2332	Resin-based composite – three surfaces, anterior	\$25.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$35.00
D2940	Sedative filling	\$13.00
D3410	Apicoectomy/periradicular surgery – anterior	\$65.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$94.00
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$100.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$32.00
D3430	Retrograde filling – per root	\$38.00
D3450	Root amputation – per root	\$44.00
D5510	Repair broken complete denture base	\$27.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$23.00
D5610	Repair resin denture base	\$25.00
D5620	Repair cast framework	\$32.00
D5630	Repair or replace broken clasp	\$38.00
D5640	Replace broken teeth – per tooth	\$20.00
D7111	Extraction – coronal remnants – deciduous tooth	\$11.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00
Level 3		
D2930	Prefabricated stainless steel crown – primary tooth	\$42.00
D3310	Endodontic Therapy, anterior tooth (excluding final restoration)	\$93.00
D3320	Endodontic Therapy, bicuspid tooth (excluding final restoration)	\$111.00
D3330	Endodontic Therapy, molar tooth (excluding final restoration)	\$149.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$98.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$35.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$116.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$63.00
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	\$35.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	\$20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30.00
D4910	Periodontal maintenance	\$15.00
D5410	Adjust complete denture – maxillary	\$14.00
D5411	Adjust complete denture – mandibular	\$14.00
D5421	Adjust partial denture – maxillary	\$15.00
D5422	Adjust partial denture – mandibular	\$15.00
D5650	Add tooth to existing partial denture	\$41.00
D5660	Add clasp to existing partial denture	\$53.00

Dental benefits under this plan are limited to only those services specifically listed in the table above.

Maximum Benefit Year Payment Per Person – Levels 1, 2 & 3 Combined	\$1000
Maximum Benefit Year Payment Per Person – Level 4	\$500
Maximum Lifetime Payment Per Eligible Dependent Child – Level 5	\$1000
Benefit Year Deductible Per Person (applies to Level 4 services only)	\$100

When covered dental treatment is provided by a Delta Dental PPO participating dentist, payment will be based on the lesser of the dentist's submitted fee or the PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth herein. The enrollee is responsible for paying any applicable plan benefit year deductible and the "Enrollee Co-payment" amounts in the table above. When covered dental treatment is provided by a Delta Dental Premier participating dentist, payment will be based on the lesser of the dentist's submitted fee or the PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth herein. The enrollee is responsible for paying any applicable plan benefit year deductible, the "Enrollee Co-payment" amounts in the table above, and any amounts in excess of the PPO maximum allowable amount, but only up to the Delta Dental Premier maximum allowable amount.

Procedure Codes	Description	Enrollee Co-payment
Level 3 - Continued		
D5710	Rebase complete maxillary denture	\$90.00
D5711	Rebase complete mandibular denture	\$105.00
D5720	Rebase maxillary partial denture	\$88.00
D5721	Rebase mandibular partial denture	\$97.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$62.00
D5740	Reline maxillary partial denture (chairside)	\$54.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$70.00
D5751	Reline complete mandibular denture (laboratory)	\$74.00
D5760	Reline maxillary partial denture (laboratory)	\$70.00
D5761	Reline mandibular partial denture (laboratory)	\$70.00
D5850	Tissue conditioning, maxillary	\$28.00
D5851	Tissue conditioning, mandibular	\$28.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$41.00
D7220	Removal of impacted tooth – soft tissue	\$44.00
D7230	Removal of impacted tooth – partially bony	\$59.00
D7240	Removal of impacted tooth – completely bony	\$70.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$44.00
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$26.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$70.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$56.00
Level 4		
D2740	Crown – porcelain/ceramic substrate	\$241.00
D2750	Crown – porcelain fused to high noble metal	\$243.00
D2751	Crown – porcelain fused to predominantly base metal	\$225.00
D2752	Crown – porcelain fused to noble metal	\$230.00
D2780	Crown – ¾ cast high noble metal	\$300.00
D2781	Crown – ¾ cast predominantly base metal	\$226.00
D2782	Crown – ¾ cast noble metal	\$250.00
D2783	Crown – ¾ cast porcelain/ceramic	\$275.00
D2790	Crown – full cast high noble metal	\$240.00
D2791	Crown – full cast predominantly base metal	\$213.00
D2792	Crown – full cast noble metal	\$225.00
D2910	Recent inlay, onlay, or partial coverage restorations	\$20.00
D2920	Recent crown	\$20.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$75.00
D2950	Core buildup, including any pins	\$58.00
D2952	Post and core in addition to crown, indirectly fabricated	\$91.00
D2954	Prefabricated post and core in addition to crown	\$80.00
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$295.00
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$177.00
D5110	Complete denture – maxillary	\$320.00
D5120	Complete denture – mandibular	\$320.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D6210	Pontic – cast high noble metal	\$240.00
D6211	Pontic – cast predominantly base metal	\$219.00
D6212	Pontic – cast noble metal	\$225.00
D6240	Pontic – porcelain fused to high noble metal	\$243.00
D6241	Pontic – porcelain fused to predominantly base metal	\$225.00
D6242	Pontic – porcelain fused to noble metal	\$228.00
D6720	Crown – resin with high noble metal	\$215.00
D6721	Crown – resin with predominantly base metal	\$225.00
D6722	Crown – resin with noble metal	\$205.00
D6750	Crown – porcelain fused to high noble metal	\$243.00
D6751	Crown – porcelain fused to predominantly base metal	\$225.00
D6752	Crown – porcelain fused to noble metal	\$231.00
D6780	Crown – ¾ cast high noble metal	\$250.00
D6781	Crown – ¾ cast predominantly base metal	\$235.00
D6782	Crown – ¾ cast noble metal	\$225.00
D6783	Crown – ¾ cast porcelain/ceramic	\$240.00
D6790	Crown – full cast high noble metal	\$240.00
D6791	Crown – full cast predominantly base metal	\$223.00
D6792	Crown – full cast noble metal	\$225.00
D6930	Recent fixed partial denture	\$34.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$91.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$80.00
Level 5 *Available only to Eligible Dependent Children under age 19		
	Orthodontic treatment	Monthly amounts over \$50

When covered dental treatment is provided by a non-participating dentist, payment will be based on the lesser of the dentist's submitted fee or the PPO maximum allowable amount, subject to the maximum plan benefit year payment set forth herein. The enrollee is responsible for paying any applicable plan benefit year deductible, the "Enrollee Co-payment" amounts in the table above, and the remaining balance of covered charges, if any, not paid by the Plan. Refer to the "Co-Payment Percentage/Amount Table" below for the percentage or amount of remaining balance of covered charges, if any, paid by the Plan.

CO-PAYMENT PERCENTAGE/AMOUNT TABLE (Services Provided by Non-participating Dentists)	
Level 1 and Level 2 Dental Services	Delta Dental Pays 60%*
Level 3 and Level 4 Dental Services	Delta Dental Pays 30%*
Level 5 Dental Services	Delta Dental Pays \$35 Per Mo.
*Percentage of remaining balance of covered charges payable by the Plan after Enrollee has paid his or her plan benefit year deductible, if applicable, and appropriate "Enrollee Co-Pay" amounts indicated in the "Description of Covered Services and Enrollee Co-payments" table.	



Enrollment/Eligibility Update

Delta Dental of Oklahoma

www.DeltaDentalOK.org

PLAN TYPE:

DELTA DENTAL PPO - "POS" DELTA'S CHOICE - PPO

(AS ESTABLISHED
BETWEEN EMPLOYER
AND DELTA DENTAL)

SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS, EXPLANATION OF CODES, AND PRIVACY POLICY STATEMENT.

Employer: A.F.G.E. Ninth District

GROUP#/SUBGROUP#
-

LOCAL NUMBER

Subscriber Information: (please complete in ink for enrollment/eligibility updates)

SUBSCRIBER NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARTIAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S
SUBSCRIBER SOCIAL SECURITY NUMBER		BIRTH DATE	A.F.G.E. MEMBERSHIP DATE	COVERAGE EFFECTIVE DATE	STATUS <input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Dep. <input type="checkbox"/> Other: _____	
ADDRESS						
CITY				STATE	ZIP	CHECK HERE IF THIS IS A NEW ADDRESS <input type="checkbox"/>

E-MAIL: _____

Enrollment/Eligibility Update Information: EFFECTIVE DATE OF UPDATE/CHANGE/TERMINATION: ____/____/____

TYPE OF ENROLLMENT/ELIGIBILITY UPDATE: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> COBRA ELECTION <input type="checkbox"/> TERMINATION OF BENEFITS <input type="checkbox"/> TERMINATION OF EMPLOYMENT AS OF ____/____/____	REASON FOR CHANGE: <input type="checkbox"/> CHANGE IN CURRENT ENROLLMENT STATUS FOR: <input type="checkbox"/> SUBSCRIBER <input type="checkbox"/> DEPENDENTS <input type="checkbox"/> DIVORCE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADOPTION/LEGAL GUARDIANSHIP* <input type="checkbox"/> OTHER _____
GROUP TRANSFER-GROUP#/SUBGROUP# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TO: GROUP#/SUBGROUP# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*** LEGAL DOCUMENTATION MUST BE SUBMITTED FOR UPDATE/CHANGE.**

Dependent Enrollment/Eligibility Update Information: (please complete for spouse and/or dependent children for enrollment/eligibility update)

SPOUSE NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE				
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE	<input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> DISABLED*			
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE	<input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> DISABLED*			
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE	<input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> DISABLED*			
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE	<input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> DISABLED*			

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, provides false information herein and makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

By signing this form, I agree to continue enrollment as provided by the contract between my Employer and Delta Dental of Oklahoma and acknowledge I have read the privacy policy detailed on the back of this form.

Subscriber's
Signature: _____ Date: _____

COORDINATION OF BENEFITS INFORMATION:

DOES SPOUSE HAVE A DENTAL PLAN? YES NO

ARE DEPENDENTS ENROLLED? YES NO

NAME OF OTHER CARRIER: _____

Please read the following information carefully before completing the other side of this form. You should fill out this form if you are enrolling for coverage or update/changing any information from an earlier enrollment. If you have any questions about filling out this form, your human resources or personnel department can help you.

Subscriber Information - This section must be completed in order to process your enrollment or update your records. All information in this section should apply to you, the primary subscriber. Please print clearly in ink.

Full-Time Hire Date: The date you were hired with your employer.

Coverage Effective Date: The date Delta Dental coverage takes effect for you (and/or your dependents, if enrolled).

Status Definitions (*Please select only one status*)

Active You are an eligible subscriber.

Retiree You are retired and your employer continues to provide you with dental benefits.

COBRA You are no longer an active subscriber but you have continued coverage under COBRA.
Please check with your human resources or personnel department for information regarding COBRA.

Surviving Dep. The surviving spouse or child of a deceased subscriber to whom the employer continues to provide benefits other than under provisions of COBRA.

Enrollment/Eligibility Update Information - This section should only be completed if you are: (1) enrolling yourself or a family member for the first time, or (2) if your benefits were terminated and are not being reinstated or (3) if you are making changes to your current enrollment information.

New Enrollment: Check for first time enrollment for yourself or your eligible dependents.

Reinstatement: Check for reinstatement coverage for yourself or your eligible dependents.

Termination of Benefits: Check only if you are terminating Delta Dental coverage for yourself or a family member.

Group Transfers: Must be completed when you are transferring from one subgroup to another. (All dependents will transfer)

Dependent Enrollment/Eligibility Update Information - This section should be completed when: (1) enrolling dependents, or (2) if you are submitting updates/changes to Delta Dental enrollment. (Please include both first and last names of any individuals for whom you are enrolling or submitting an update or change).

Full-Time Student: A dependent attending full-time at an accredited school/college/university.

Disabled: Your permanently disabled dependent child. (*Requires submission of medical statement*)

Delta Dental of Oklahoma Privacy Policy

All companies part of the Delta Dental of Oklahoma family of companies (referred to in this Privacy Policy as "Delta Dental") believe that personal information collected about our customers, subscribers, potential customers, and proposed subscribers (referred to collectively in this Privacy Policy as "Customers") must be treated with the highest degree of confidentiality. For this reason and in compliance with the Gramm-Leach-Bliley Act of 1999, Delta Dental has developed a Privacy Policy that applies to all employees, officers, directors, agents, brokers, and to any other transaction Delta Dental has which may contain your confidential information..

Information We Collect - We collect and maintain personal, nonpublic information we receive from Customers directly, through applications, enrollment forms, our website and claims filed with Delta Dental. This information includes, for example, your name, address, social security number, date of birth and claim information. We use this information to process our Customers requests and claims, provide Customers with additional information about new products, and to comply with Federal and State Laws.

Utilization Of Information - Delta Dental has, and will continue to utilize non-affiliated third parties to conduct certain functions of our business to provide our Customers with services and products. We do this by allowing access to certain nonpublic personal information about our Customers and their transactions. Access to this information is restricted to individuals who require it in order to service Customer accounts or provide services to our Customers, and as permitted by law. Delta Dental reserves the right to disclose this information in these and other circumstances as allowed or required by law. HOWEVER, under no circumstances will we sell information about our Customers or their account to any unaffiliated company, group, or individual without our Customer's permission.

Our Security - We maintain physical, electronic, and procedural safeguards to protect the information we collect about our Customers. We consider this nonpublic personal information to be confidential, and treat it as such. The personnel who have access to this information are trained in proper handling of such information. Employees who violate this strict level of confidentiality are subject to our disciplinary process.

While we do make available certain nonpublic personal information to non-affiliated third parties in order to service Customer accounts, all information is strictly governed by confidentiality and security agreements to protect our Customers; therefore, our Customer's confidential information is protected.

If the group plan is terminated or you terminate your coverage, Delta Dental will adhere to the information practices as described in this notice.

If you have any questions about our Privacy Policy, please do not hesitate to contact your Delta Dental representative at (800) 522-0188 or 405-607-2100 (in the Oklahoma City metropolitan area).



Delta Dental Members Now Receive Vision Care Discounts.

Most of us know how important it is to have regular dental checkups. But how many of us have our eyes examined each year? Delta Dental is pleased to announce it has teamed up with EyeMed Vision Care, a leading vision care company, to offer all Delta Dental members significant savings on eye care and eyewear for no additional cost.

An eye exam is a vital part of evaluating and maintaining overall good health and well-being. As we age, some vision changes are normal; other might be indicative of more serious problems, such as deterioration or damage to our eyes. A thorough exam can detect many eye disease and conditions, as well as some general health conditions, including diabetes and high blood pressure.

With Delta Dental and EyeMed – Your Choice is Clear.

The EyeMed Vision Care provider panel offers access to over 30,000 vision care professionals nationwide, including both private practitioners and leading optical retailers such as LensCrafters, Target Optical, Sears Optical, and most Pearle Vision locations. With so many choices, Delta Dental members are certain to find a provider that is convenient for them. Plus, Delta Dental members can choose from a wide variety of high-quality fashionable frames such as Anne Klein®, Versace®, Prada®, Ray-Ban®, and more at many EyeMed provider locations.



The EyeMed discount plan, specially designed for Delta Dental members, is outlined on the reverse side of this sheet, and includes the following key features:

- Discounts on eye exams
- Scheduled pricing for lenses and lens options
- Discounts on frames and conventional contact lenses
- Choice of any available frame
- Unlimited frequency
- Discounts on LASIK and PRK
- Replacement Contact Lens by Mail program

Delta Dental members simply visit www.eyemedvisioncare.com/deltadental to view plan details, locate a provider and print out a vision care ID card. The member then simply makes an appointment with an EyeMed professional provider and shows their ID card at the point of service. The EyeMed Vision Care provider will do the rest!

Delta Dental and EyeMed are working together to ensure vision wellness is top priority for everyone. **Please see reverse side for detailed plan information or call 1-866-246-9041.**



By Delta Dental

EyeMed Vision Care Discount Plan for Delta Dental Members

Vision Care Services	Member Benefit
Exam and Dilation as Necessary:	\$5 off Comprehensive Exam \$10 off Contact Lens exam
Complete Pair of Glasses Purchase: <ul style="list-style-type: none"> The following frame, lenses, and lens options discounts & fees apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price. 	
Standard Plastic Lenses including Standard Scratch: Single Vision Bifocal Trifocal	\$75 \$95 \$125
Frames: Any Frame available at provider location	30% off retail price
Lens Options: Standard UV Standard Tint Standard Polycarbonate Standard Anti-reflective Coating Standard Progressive (add-on bifocal)	\$15 \$15 \$40 \$45 \$70
Contact Lenses¹: <i>(Discount applied to materials only)</i> Conventional	15% off retail price
Laser Vision Correction: Lasik or PRK	15% off retail price or 5% off promotional price
Frequency: Examination Frame Lenses Contact Lenses	Unlimited Unlimited Unlimited Unlimited

¹ After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. Member will receive a 20% discount on items purchased at participating providers not included under plan coverage. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location. Not valid for groups domiciled in the state of Washington.

**LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-552-7376 for the nearest laser facility and to receive authorization for the discount.

Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Visit eyemedvisioncare.com/deltadental for provider information, detailed benefits and a printable ID card.



 **DELTA DENTAL**[®]

Introducing...

Spotlight[™]

The next generation of online dental services for your employees.

Welcome to...

Spotlight™



The next generation of dental services for your employees.

With access to a world of secure data, your employees can now get the information they need 24 hours a day/ 7 days a week.

Whether it's ...

- viewing available benefits
- inquiring about an explanation of benefits (E.O.B)
- searching the nation's largest dentist networks
- checking their available benefits
- learning more about an upcoming dental procedure
- printing ID cards and so much more...

...Spotlight is secure, real-time data access designed to expedite the flow of information to your employees. Spotlight saves you time and money by tracking down your employees' dental inquiries for you. Better benefits and service without increased cost — just another part of the Delta Dental experience.

Have your employees register today at www.DeltaDentalSPOTLIGHT.org.



***Have your
employees
register for
Spotlight
today!***



Evolving to meet the changing needs of your employees and create a more productive workplace.

Spotlight™ saves you and your company time and money.

Spotlight is designed to help benefits/HR managers and their staff save time. By registering for Spotlight today, your employees will be empowered with the tools they need to get dental information fast - when they want it.

Your employees will be able to receive their dental benefits information at home, away from the office and on their terms. That's when Spotlight really shines. It helps them find information and answers to their questions — 24 hours a day/7 days a week. Spotlight fulfills your employees' needs, adds value to their dental benefits and makes your job a lot easier.

Your employees should register to take advantage of everything Spotlight has to offer. Some of the online tools your employees will access after registering are:

- Claim Status Inquiry
- Explanation of Benefits Access
- Checking Available Benefits
- Printing ID Cards
- Learning About an Upcoming Dental Procedure
- Searching the Nation's Largest Dental Networks
- Accessing Common FAQs
- Oral Health & Wellness Education

Register your employees for *Spotlight*™ today – it's easy.

Simply type: www.DeltaDentalSPOTLIGHT.org into your company's e-mail and invite your employees with Delta Dental insurance to go online and register. It's quick, simple, and Spotlight offers a world of information and services at no additional cost.

Delta Dental of Oklahoma also has a number of cutting-edge services and innovative on-line features launching later this year on Spotlight, including access to EOB and Delta 101 videos, and so much more. To be eligible to access these additional industry-leading tools, encourage your employees to register today.

Spotlight™ from Delta Dental of Oklahoma.
Just another part of the Delta Dental difference!

Have your employees register today!

Direct your employees to the registration page at www.DeltaDentalSPOTLIGHT.org.



Once registered, Spotlight will open up a world of valuable information and services.
Encourage your employees to register today!



Thank You for Choosing Delta Dental

The following instructions will assist you in achieving a successful enrollment

Complete the Delta Dental enrollment form

Identify your Local number in the upper right hand corner

Complete the Pre authorized Payment Agreement form and be sure to include a copy of your voided check

Mail or fax your completed forms to

**Benefit Administrators Group
Attn: Diane
700 Pilgrim Parkway Ste 102
Elm Grove, WI 53122**

262.786.7200 fax

benefitadvisors@ken-mackenzie.com

www.benefitadvisorsgroup.com

Your effective date of coverage will be assigned the first of the monthly following receipt of payment. Your payment will be deducted monthly, on the 5th of every month.

If you need assistance or have a question please contact Diane 262.786.8700.