

# DELTA DENTAL OF OKLAHOMA INDIVIDUAL AND FAMILY PLANS COMPARISON

Delta Dental of Oklahoma offers comprehensive Individual and Family plans designed to meet the needs of Oklahomans outside the workplace.

## DELTA DENTAL PPO

### 2020-2021 MONTHLY RATES

Individual	<b>\$38.00</b>
Individual + Spouse	<b>\$76.00</b>
Individual + Child(ren)	<b>\$88.00</b>
Family	<b>\$130.00</b>

### UNIQUE FEATURES

- Delta Dental PPO Network typically results in the lowest out-of-pocket costs of all plans.
- Access to 64 percent of Oklahoma dentists through the Delta Dental PPO Network.
- No balance-billing within Delta Dental PPO Network.

### BENEFITS

### WHAT YOU PAY

#### CO-INSURANCE FOR:

<b>Preventive/Diagnostic Services</b>	0%
<b>Basic Services</b> <i>Initial 6-month specific benefit limitation period applies.</i>	30%*
<b>Major Services</b> <i>Initial 12-month specific benefit limitation period applies.</i>	60%*
<b>Orthodontic Services</b>	N/A
<b>*Annual Per Person Deductible Applies</b>	\$50
<b>Annual Per Person Maximum</b>	\$1,000
<b>Lifetime Orthodontic Maximum</b>	N/A

Monthly Rates for Delta Dental PPO plan valid through 12-31-21

## DELTA DENTAL PPO - POINT OF SERVICE

### 2020-2021 MONTHLY RATES

Individual	<b>\$56.00</b>
Individual + Spouse	<b>\$112.00</b>
Individual + Child(ren)	<b>\$150.00</b>
Family	<b>\$216.00</b>

### UNIQUE FEATURES

- Delta Dental PPO - Point of Service plan provides complete freedom to visit the provider of your choice.
- In-network access to 94 percent of Oklahoma dentists through the Delta Dental PPO and Premier Networks.
- Includes orthodontic benefit for dependents to age 19.

### BENEFITS

### WHAT YOU PAY

CO-INSURANCE FOR:	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
<b>Preventive/Diagnostic Services</b>	0%	0%	30%
<b>Basic Services</b> <i>Initial 6-month specific benefit limitation period applies.</i>	20%*	30%*	50%*
<b>Major Services</b> <i>Initial 12-month specific benefit limitation period applies.</i>	50%*	60%*	80%*
<b>Orthodontic Services</b> <i>Initial 18-month specific benefit limitation period applies.</i>	50%	50%	70%
<b>*Annual Per Person Deductible Applies</b>	\$100	\$100	\$100
<b>Annual Per Person Maximum</b>	\$1,500	\$1,500	\$1,500
<b>Lifetime Orthodontic Maximum</b>	\$1,500	\$1,500	\$1,500

*Per covered dependent to age 19.*

Monthly Rates for Delta Dental PPO - Point of Service plan valid through 12-31-21

Endodontics, periodontics and oral surgery are all covered benefits under Basic Services in each plan. Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your annual per person maximum for Preventive/Diagnostic Services, Basic Services and Major Services.