



DELTA DENTAL OF OKLAHOMA

2021 Dental Benefits Options

for State, Education & Local Government Employees

We Deliver a Superior Customer Experience



DDOK does not deny **coverage** due to pre-existing conditions



No waiting periods before you can begin receiving treatment



Our coverage includes **replacement of a missing tooth**, even if it was lost prior to your DDOK coverage



We allow benefits for **comprehensive orthodontic cases**, even if treatment was started prior to DDOK coverage

99%

Overall member satisfaction rating – and percentage of **inquiries (calls) resolved** during initial contact

We Deliver the Largest Network of Dentists



Oklahoma's
Largest Dental
Network

Our **unmatched network strength** means your dentist likely participates with Delta Dental – ask if your dentist is a **Delta Dental PPO** provider to enjoy **maximum savings!**



Nationwide
Access



Nearly **1,800 dentists** practice in the state, and **more than 1,100** of those dentists participate in Delta Dental's PPO network.



Option 1: Delta Dental PPO*

BENEFIT PLAN	Delta Dental PPO Network	Delta Dental Premier Network & Non-Participating Dentist (Out-of-Network)
CLASS I: DIAGNOSTIC & PREVENTIVE SERVICES 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 and cast restorations; prosthodontics (fixed partial dentures [bridges], removable 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)	\$25 Per Person Per Benefit Year (Classes II & III)	\$25 Per Person Per Benefit Year (Classes II & III)
Maximum Benefit Payment - Classes I, II, & III Maximum Benefit Payment - Class IV	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime

[†]If you receive treatment from a Delta Dental Premier provider, you will be responsible for the difference between the PPO allowable and Premier allowable amounts. If you are treated by a dentist who does not participate with Delta Dental (out-of-network), you will be responsible for the difference between the dentist charge and the PPO allowable amount.

Option 1: Delta Dental PPO

This plan option provides access to both the Delta Dental PPO and the Delta Dental Premier networks. Subscribers of this plan are welcome to receive treatment from the licensed dentist of their choice, but will have **lower out-of-pocket expenses when they visit a Delta Dental PPO participating dentist.**

Example

Payment of a covered Class II dental service**

Delta Dental PPO Network Dentist		Delta Dental Premier Network Dentist		Non-Participating Dentist (Out-Of-Network)	
Dentist Charge	\$1,200	Dentist Charge	\$1,200	Dentist Charge	\$1,200
PPO Maximum Allowable	\$825	Premier Maximum Allowable	\$1,050	PPO Maximum Allowable	\$825
Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25
You Pay*	\$123.75	You Pay*	\$348.75	You Pay*	\$498.75
*15% of Delta Dental PPO Allowable		*15% of Delta Dental PPO Allowable plus the difference between the PPO Allowable & the Premier Allowable		*Balance of the dentist charge	

**Assumes deductible is satisfied

Option 2: Delta Dental PPO – Choice**

Members who select this **low-cost program** have access to the Delta Dental PPO network and will be responsible for the amounts reflected in the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments table along with any deductible. Their out-of-pocket expenses will be lower if they use a Delta Dental PPO provider.

BENEFIT PLAN	
COVERED SERVICES & 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 Restorative (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. Available to the employee and his or her lawful spouse and eligible dependent children.

EXAMPLES OF COVERED SERVICES & ENROLLEE 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

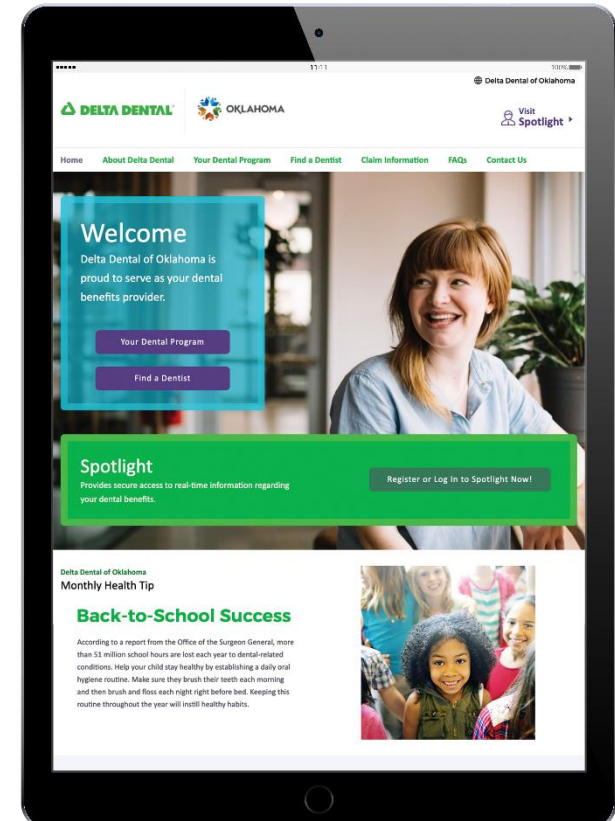
*Assumes deductible is satisfied

**DEPENDENTS ELIGIBLE TO AGE 26

Visit Our Custom Website for State Employees

To learn more about the plans and services available to you with Oklahoma's leading dental benefits provider, please visit DeltaDentalOK.org/client/OK

- Review Plan Information
- Search for Participating Dentists
- Access Monthly Health Tip
- Learn Answers to FAQs
- Register for Spotlight to access:
 - electronic ID card
 - plan information, including Explanation of Benefits (EOBs)
 - claim status and history, *and more!*



Visit DeltaDentalOK.org/client/OK today!



DELTA DENTAL OF OKLAHOMA

*We would welcome the opportunity to serve you and your family in 2021.
Please do not hesitate to contact us with any questions.*

Live Answer Customer Service

Monday – Thursday, 7:00 a.m. – 6:00 p.m.

Friday, 7:00 a.m. – 5:00 p.m.

405-607-2100 (OKC Metro) **800-522-0188** (Toll Free)

[DeltaDentalOK.org/client/OK](https://www.DeltaDentalOK.org/client/OK)