



# Delta Dental Program Highlights

For Employees of

## Tulsa FOP 93 Health and Welfare Trust

Delta Dental PPO – Point of Service

Plan 2

This brochure provides a brief description of the most important features of your group dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's customer service department at **405-607-2100** or toll free at **800-522-0188**.

### DENTAL BENEFITS

**Group Number – 5410**

Dental Benefits payable under the Plan for a Plan Participant, or for Covered Dependents, for Eligible Expenses not otherwise limited or excluded, shall be paid in accordance with the benefit provisions of the Plan and under the Schedule of Benefits as follows:

| <b>SCHEDULE OF BENEFITS</b>                                              |                                                                                    |             |                 |                            |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------|-----------------|----------------------------|
| <b>Percentage Payable of Covered/Allowable Dental Services</b>           |                                                                                    |             |                 |                            |
|                                                                          |                                                                                    | PPO Network | Premier Network | Out-of-Network             |
| Class I                                                                  | Diagnostic and Preventive Services                                                 | 100%        | 80%             | 80%                        |
| Class II                                                                 | Basic Restorative Services, Endodontics, Periodontics & Oral Surgery               | 80%         | 60%             | 60%                        |
| Class III                                                                | Major Restorative Services (Crowns, dentures, implants, etc.)                      | 50%         | 40%             | 40%                        |
| Class IV                                                                 | Orthodontic Services* - available to the eligible employee and eligible dependents | 50%         | 50%             | 50%                        |
| <b>Maximum and Deductible Amounts</b>                                    |                                                                                    |             |                 |                            |
| Annual Maximum Benefit Per Person – Classes I, II, & III - PPO           |                                                                                    |             |                 | \$5,000                    |
| Annual Maximum Benefit Per Person – Classes I, II, & III – Premier & OON |                                                                                    |             |                 | \$2,000                    |
| Lifetime Maximum Benefit Payment Per Person (Class IV) - PPO             |                                                                                    |             |                 | Unlimited                  |
| Lifetime Maximum Benefit Payment Per Person (Class IV) – Premier & OON   |                                                                                    |             |                 | \$1,500                    |
| Annual Dental Deductible Per Person/Family – Classes II & III            |                                                                                    |             |                 | \$75/\$225                 |
| Annual Maximum Benefit and Deductible Accumulation Period                |                                                                                    |             |                 | Jan. 1 – Dec. 31 each year |

**Note:** Benefits paid by the Plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Benefit Year Maximum Benefit for combined Class I, Class II, and Class III covered dental services.

**Note:** Eligible dependent children can be covered to age 26.

*\* 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 or other dental plan in effect immediately prior to the effective date of this Plan, and treatment is active and has been continuous.*

*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, frequency of procedure, etc., or exclusions.*

*If you have specific questions, please call 405-607-2100 (within Oklahoma City metropolitan area) or 1-800-522-0188 (toll-free) if outside the Oklahoma City metropolitan area. You may also write to Delta Dental of Oklahoma at P.O. Box 54709, Oklahoma City, Oklahoma 73154-1709.*

Under your dental benefits 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        |
| <b>Plan Pays (80% of Delta Dental PPO Allowable)</b> | <b>\$56</b> | <b>Plan Pays (60% of Delta Dental Premier Allowable)</b> | <b>\$51</b> | <b>Plan Pays (60% of Prevailing Fee)</b>    | <b>\$45</b> |
| <b>You Pay*</b>                                      | <b>\$14</b> | <b>You Pay*</b>                                          | <b>\$34</b> | <b>You Pay*</b>                             | <b>\$55</b> |
| <b>*20% of Delta Dental PPO Allowable</b>            |             | <b>*40% of Delta Dental Premier Allowable</b>            |             | <b>*Balance of the Dentist Charge</b>       |             |

### Using Your Dental Program

To use your program, 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 – **5410**
- 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**.

### 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. 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 Advantage of Predetermination

If you are scheduled to have dental work done that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to provide you with an idea of whether the proposed treatment is covered under your program, approximately how much the dental service will cost, and your estimated share of the cost.

### Filing Your Claim

A Delta Dental participating dentist will file your claim at no charge. If needed, a printable claim form may be obtained 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.

Delta Dental of Oklahoma  
 Claims Processing Center  
 P.O. Box 548809  
 Oklahoma City, OK 73154-8809