DELTA DENTAL®

2021

SELECT

DELTA DENTAL OF OKLAHOMA

DELTA DENTAL

Delta Dental of Oklahoma - Select

2021

NUMBER OF ELIGIBLE EMPLOYEES: **2-99**†
PROPOSED EFFECTIVE DATE: **JANUARY – DECEMBER 2021 (1ST DAY OF SELECTED MONTH)**

Delta Dental of Oklahoma – Select for employer groups is a unique approach to providing solutions to the ever-changing needs of employees. With Delta Dental – Select, employers can provide their employees the opportunity to select from the menu of plans listed below.

		NEW PLAN OPTION			
		Lowest Cost Plan	**Lowest Cost Comprehensive Plan**	**Expanded Network Access**	**Extra Benefits**
Plan Options*	**Delta Dental Patient Direct Discount Program✧**	**Delta Dental PPO – Preventive Plus**	**Delta Dental PPO**	**Delta Dental PPO – Plus Premier**	**Delta Dental PPO – Plus Premier "Elite"**
Preventive/Diagnostic Services	Discount	100%	100%	100%	100%
Basic Services	Discount	80% **	80% **	80% **	80% **
Major Services	Discount	N/A	50% **	50% **	50% **
Orthodontic Services	Discount	N/A	50% Child Only	50% Child Only	50% Family
Per Person Deductible	N/A	$50	$50	$50	$50
Annual Maximum	N/A	$750 Per Person	$1,500 Per Person	$1,500 Per Person	$3,000 Per Person
Lifetime Orthodontic Maximum	N/A	N/A	$1,500 Per Child	$1,500 Per Child	$2,000 Per Person
Additional Benefits Available	N/A	N/A	N/A	N/A	See Program of Benefits

† A minimum of two (2) Eligible Employees must be enrolled in either Delta Dental PPO Preventive – Plus, PPO, PPO – Plus Premier and/or PPO – Plus Premier "Elite" plans.

* At least one (1) Eligible Employee must be enrolled in a plan option in order for that option to be available to the group.

** Per Person Deductible Applies

✧ **This is not an insured program.**

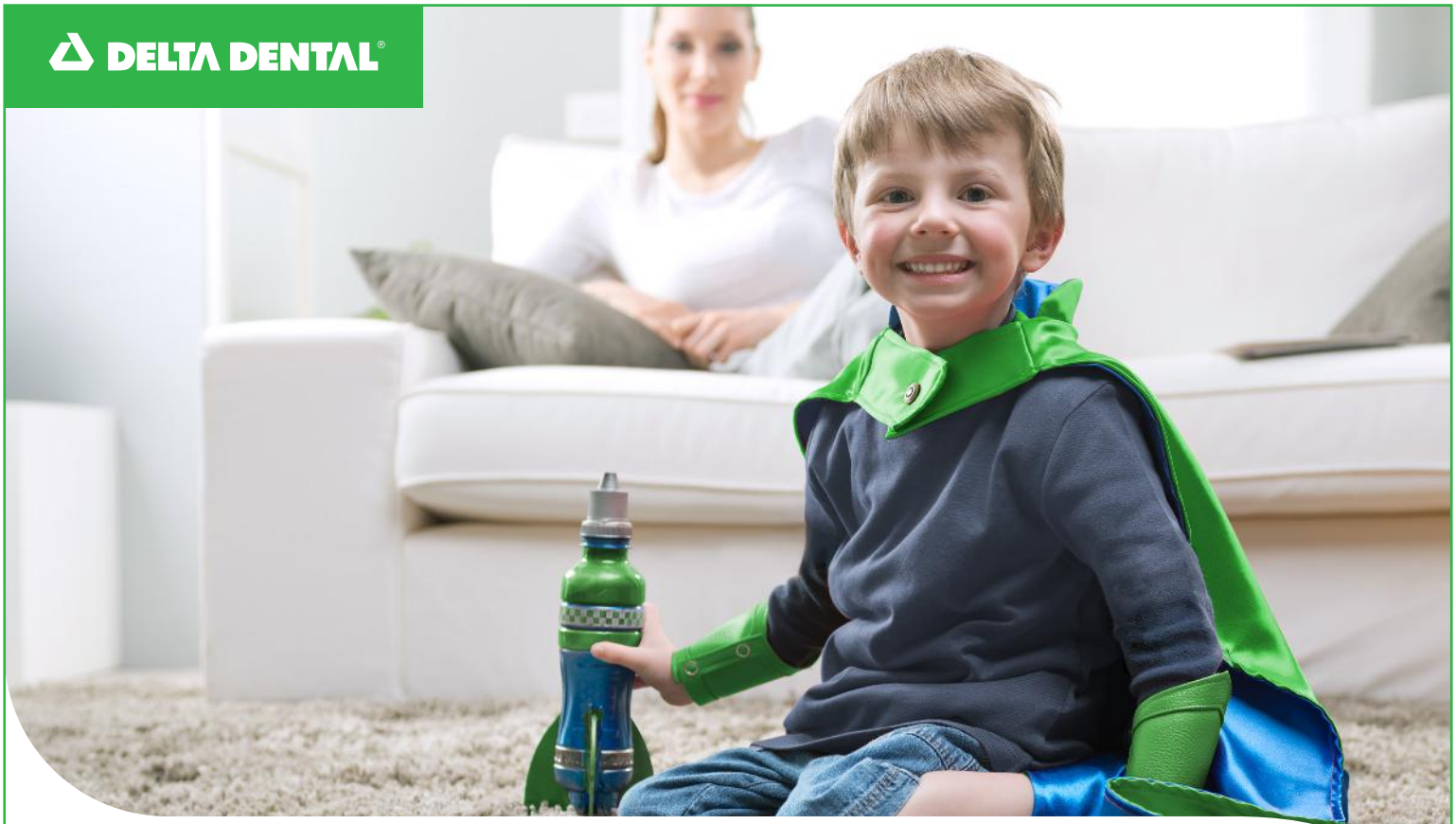
HOW HEALTH through ORAL WELLNESS

Members enrolled in the PPO – Preventive Plus, PPO, PPO – Plus Premier and PPO – Plus Premier "Elite" plans through Delta Dental – Select also may have additional preventive benefits available to them with Health *through* Oral Wellness® (HOW®). For more information, please visit DeltaDentalOK.org/HOW

			2020 Rates Holding for 2021		
Monthly Rates	**Patient Direct**	**PPO – Preventive Plus**	**PPO**	**PPO – Plus Premier**	**PPO – Plus Premier "Elite"**
Employee Only	$5.00	$23.00	$ 33.00	$ 46.00	$ 79.00
Employee + Spouse	N/A	$46.00	$ 67.00	$ 92.00	$159.00
Employee + Child(ren)	N/A	$57.00	$ 83.00	$122.00	$206.00
Family	$7.00	$77.00	$112.00	$181.00	$294.00

Federally Compliant Plans specifically designed to meet ACA Pediatric Dental Essential Health Benefit standards for persons to age 19 are also available to groups through Delta Dental of Oklahoma. For more information, please contact Sales@DeltaDentalOK.org.

DELTA DENTAL®



Boost Your Benefits

Check out HOW®

Available Now!

Delta Dental of Oklahoma is dedicated to advancing the oral wellness of our members. We recognize each member is unique, and some may need additional services in order to achieve optimal oral health.

Health *through* Oral Wellness® (HOW®) enhanced benefits are designed to boost members existing Delta Dental plan with additional preventive benefits, if they are at higher risk for developing caries and/or periodontal disease.*

*based on the results of the HOW® approved assessment performed in a dental office

For more information, visit
DeltaDentalOK.org/HOW

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2021

NEW PLAN OPTION

PROGRAM OF BENEFITS: DELTA DENTAL PPO – PREVENTIVE PLUS

Delta Dental of Oklahoma's benefits consist of Diagnostic and Preventive Services, Basic Services, Major Services and Orthodontic Services. The benefits listed below are not a complete list. Limitations to benefits can be found in the Summary Plan Description.

Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- Routine prophylaxis, including cleaning and polishing
- Bitewing and periapical x-rays
- Full-mouth x-rays
- Space maintainers for eligible dependent children only
- Minor emergency (palliative) treatment for relief of pain
- Topical application of fluoride for eligible dependent children only
- 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
- Periodontal maintenance

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 and Class II covered dental services.

Basic Services (Class II Benefits)

- Amalgam and composite fillings
- Stainless steel crowns for eligible dependent children only when the natural teeth cannot be restored with another filling material
- General Anesthesia/IV Sedation – when administered by a properly licensed dentist, in the dental office, in conjunction with covered oral surgery or when necessary due to concurrent medical conditions
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – extractions and other covered oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance procedures which is payable as a Diagnostic/Preventive Service (Class I)

Major Services (Class III Benefits)

Not applicable to this plan.

Orthodontics (Class IV Benefits)

Not applicable to this plan.

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PROGRAM OF BENEFITS: DELTA DENTAL PPO

Delta Dental of Oklahoma's benefits consist of Diagnostic and Preventive Services, Basic Services, Major Services and Orthodontic Services. The benefits listed below are not a complete list. Limitations to benefits can be found in the Summary Plan Description.

Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- Routine prophylaxis, including cleaning and polishing
- Bitewing and periapical x-rays
- Full-mouth x-rays
- Space maintainers for eligible dependent children only
- Minor emergency (palliative) treatment for relief of pain
- Topical application of fluoride for eligible dependent children only
- 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
- Periodontal maintenance

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.

Basic Services (Class II Benefits)

- Amalgam and composite fillings
- Stainless steel crowns for eligible dependent children only when the natural teeth cannot be restored with another filling material
- General Anesthesia/IV Sedation – when administered by a properly licensed dentist, in the dental office, in conjunction with covered oral surgery or when necessary due to concurrent medical conditions
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – extractions and other covered oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance procedures which is payable as a Diagnostic/Preventive Service (Class I)

Major Services (Class III Benefits)

- Provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material
- Prosthodontics – procedures for construction of fixed bridges, partial dentures and complete dentures
- Implants – procedures for implant placement, maintenance and repair of implants, and implant-supported prosthetics

Orthodontics (Class IV Benefits)

- The necessary treatment and procedures required for the correction of malposed teeth for dependent children only under age 26.

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PROGRAM OF BENEFITS: DELTA DENTAL PPO – PLUS PREMIER

Delta Dental of Oklahoma's benefits consist of Diagnostic and Preventive Services, Basic Services, Major Services and Orthodontic Services. The benefits listed below are not a complete list. Limitations to benefits can be found in the Summary Plan Description.

Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- Routine prophylaxis, including cleaning and polishing
- Bitewing and periapical x-rays
- Full-mouth x-rays
- Space maintainers for eligible dependent children only
- Minor emergency (palliative) treatment for relief of pain
- Topical application of fluoride for eligible dependent children only
- 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
- Periodontal maintenance

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.

Basic Services (Class II Benefits)

- Amalgam and composite fillings
- Stainless steel crowns for eligible dependent children only when the natural teeth cannot be restored with another filling material
- General Anesthesia/IV Sedation – when administered by a properly licensed dentist, in the dental office, in conjunction with covered oral surgery or when necessary due to concurrent medical conditions
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – extractions and other covered oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance procedures which is payable as a Diagnostic/Preventive Service (Class I)

Major Services (Class III Benefits)

- Provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material
- Prosthodontics – procedures for construction of fixed bridges, partial dentures and complete dentures
- Implants – procedures for implant placement, maintenance and repair of implants, and implant-supported prosthetics

Orthodontics (Class IV Benefits)

- The necessary treatment and procedures required for the correction of malposed teeth for dependent children only under age 26.

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PROGRAM OF BENEFITS: DELTA DENTAL PPO – PLUS PREMIER "ELITE"

Delta Dental of Oklahoma's benefits consist of Diagnostic and Preventive Services, Basic Services, Major Services and Orthodontic Services. The benefits listed below are not a complete list. Limitations to benefits can be found in the Summary Plan Description.

Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- **Routine prophylaxis, including cleaning and polishing and/or Periodontal maintenance (maximum combined total of four)**
- Bitewing and periapical x-rays
- Full-mouth x-rays
- Space Maintainers for eligible dependent children only
- Minor emergency (palliative) treatment for relief of pain
- Topical application of fluoride for eligible dependent children only
- 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

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.

Basic Services (Class II Benefits)

- Amalgam and composite fillings
- Stainless steel crowns for eligible dependent children only when the natural teeth cannot be restored with another filling material
- General Anesthesia/IV Sedation – when administered by a properly licensed dentist, in the dental office, in conjunction with covered oral surgery or when necessary due to concurrent medical conditions
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – extractions and other covered oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance procedures which is payable as a Diagnostic/Preventive Service (Class I)
- **Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth**
- **Non-intravenous conscious sedation**
- **Inhalation of nitrous oxide/analgesia, anxiolysis**

Major Services (Class III Benefits)

- Provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material
- Prosthodontics – procedures for construction of fixed bridges, partial dentures and complete dentures
- Implants – procedures for implant placement, maintenance and repair of implants, and implant-supported prosthetics
- **Other drugs and/or medicaments, by report**
- **Application of desensitizing medicament**
- **Occlusal guard**
- **Repair or reline of the occlusal guard**
- **External bleaching tray – per arch – performed in office**

Orthodontics (Class IV Benefits)

- The necessary treatment and procedures required for the correction of malposed teeth

Orthodontic coverage is a benefit provided for the entire family.

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Checklist for New Groups

2021

When enrolling in a new group, there are several key areas essential in providing a smooth implementation. To better serve our clients, we have developed a checklist to aid in the process of enrolling and setting up new groups.

☐ Application for Group Contract completed in its entirety and signed by the person authorized to contract for the group and producer (if applicable).

- ☐ **Step 1**: Employer Information
- ☐ **Step 2**: Contact Information and Online Resources Access
- ☐ **Step 3**: Plan Effective Date
- ☐ **Step 4**: Eligibility and Enrollment
- ☐ **Step 5**: Employer Contribution
- ☐ **Step 6**: Fully Insured Plan Options and Plan Selection
- ☐ **Step 7**: Payment Options
- ☐ **Step 8**: Producer/Agent Information
- ☐ **Step 9**: Acknowledgement and Signatures

Please note: *Incomplete or inaccurate applications may cause delays in processing time.*

☐ Individual enrollment form completed and signed by each employee enrolling in the dental plan; enrollment may also be submitted by electronic file. For more information on acceptable electronic file formats, please contact Sales@DeltaDentalOK.org.

Please mail new group submissions to:
Delta Dental of Oklahoma
Attention: Sales
P.O. Box 54709
Oklahoma City, Oklahoma 73154-1709

or send an email to:

Sales@DeltaDentalOK.org

APPLICATION FOR GROUP CONTRACT

Delta Dental of Oklahoma – *Select*

For Plan Year 2021

This Application for Group Contract is hereby made a part of the Plan Agreement and is subject to all terms and conditions of said Agreement. This Application for Group Contract will not be accepted unless **signed and completed in its entirety.**

Step 1 – EMPLOYER INFORMATION

Legal Business Name *(as it should appear on Summary Plan Description and Plan Agreement)*

DBA *(if applicable)*

Billing/Mailing Address

City | State | Zip

Physical Oklahoma Address *(if different from billing/mailing address)*

City | State | Zip

Telephone Number

Type of Business

Federal Tax ID Number | SIC Code

ERISA Exempt: ☐No ☐Yes *(exemption typically only applies to government employers/entities or religious institutions)*

Step 2 – CONTACT INFORMATION AND ONLINE RESOURCES ACCESS

Please provide a minimum of two (2) authorized group contacts. A valid email address is required for each contact. Enter the information for each contact that is to receive access through Online Resources.

Contact Type:

- **Billing –** Authorized contact for billing inquiries; should have access to view and pay invoices online
- **Eligibility –** Authorized contact for eligibility and enrollment inquiries; should have access to enrollment online as indicated (view only or modify)

Eligibility Access:

- **View only –** Contact should have read-only access to online eligibility
- **Modify** – Contact should have ability to make changes through online eligibility

Subgroup Access: Specify subgroup(s) contact is authorized to access; if contact should have access to all subgroups, please type 'ALL'

Group Executive | Title

Email | Telephone | Contact Type (select one): ☐ Billing ☐ Eligibility

Eligibility Access (select one): ☐ View only ☐ Modify | Subgroup Access

Step 2, continues on next page

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Step 2, continued from previous page – CONTACT INFORMATION AND ONLINE RESOURCES ACCESS

Primary Contact Title

Email Telephone

Contact Type (select one): ☐ Billing ☐ Eligibility

Eligibility Access (select one): ☐ View only ☐ Modify

Subgroup Access

Additional Contact Title

Email Telephone

Contact Type (select one): ☐ Billing ☐ Eligibility

Eligibility Access (select one): ☐ View only ☐ Modify

Subgroup Access

Additional Contact Title

Email Telephone

Contact Type (select one): ☐ Billing ☐ Eligibility

Eligibility Access (select one): ☐ View only ☐ Modify

Subgroup Access

An authorized representative for the Employer must approve access to information on this account for the person(s) named above, and for receipt of the monthly billing from Delta Dental via the above selected option. Further, the authorized representative for the Employer must submit written notification to Delta Dental of Oklahoma if a user's access to Online Resources needs to be terminated or access should be provided to additional persons. A Group Change Form is available on Online Resources and the authorized representative for the Employer may submit completed forms to ClientRelations@DeltaDentalOK.org.

Step 3 – PLAN EFFECTIVE DATE: (Month) _____ 01, 2021

Step 4 – ELIGIBILITY AND ENROLLMENT:

A minimum of two (2) enrolled Eligible Employees is required for participation in Select. At least one (1) Eligible Employee must be enrolled in a plan option in order for that option to be available to the group.

Total Number Employees: _____ Total Number Ineligible Employees: _____

Total Number Eligible Employees: _____

Employees are eligible for coverage on (select one):

☐ The date of hire ☐ The first of the month following the date of hire

☐ The _____ day of continuous full-time employment*

☐ The first of the month following _____ days of continuous full-time employment*

☐ The date determined by the Contractor or Plan Sponsor

Is the following included with this application? (select all that apply): ☐ Enrollment Forms ☐ Electronic Enrollment Data

***Cannot exceed 90 days between first day of full-time employment and coverage start date.**

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Step 5 – EMPLOYER CONTRIBUTION

Employer contributes (select one): ☐ None ☐ A portion ☐ All

Step 6 – FULLY INSURED PLAN OPTIONS AND PLAN SELECTION (select all that apply)

2021 MONTHLY RATES	☐ Delta Dental PPO – Preventive Plus	☐ Delta Dental PPO	☐ Delta Dental PPO – Plus Premier	☐ Delta Dental PPO – Plus Premier "Elite"
Employee Only:	$23.00	$33.00	$46.00	$79.00
Employee + Spouse:	$46.00	$67.00	$92.00	$159.00
Employee + Child(ren):	$57.00	$83.00	$122.00	$206.00
Employee + Family:	$77.00	$112.00	$181.00	$294.00

BENEFITS SUMMARY

Delta Dental PPO – Preventive Plus

Covered Services and Plan Co-payment Percentages	Class I – Diagnostic and Preventive Services	100%
	Class II – Basic Services	80%
	Class III – Major Services	n/a
	Class IV – Orthodontic Services	n/a
Maximum Benefit Payment Per Person Per Calendar Year	Class I and II Services Combined	$750
Maximum Lifetime Benefit Payment Per Eligible Dependent Child	Class IV Services	n/a
Deductible Per Calendar Year	Class II Services Only	$50 Per Person

Delta Dental PPO

Covered Services and Plan Co-payment Percentages	Class I – Diagnostic and Preventive Services	100%
	Class II – Basic Services	80%
	Class III – Major Services	50%
	Class IV – Orthodontic Services	50%
Maximum Benefit Payment Per Person Per Calendar Year	Class I, II and III Services Combined	$1,500
Maximum Lifetime Benefit Payment Per Eligible Dependent Child	Class IV Services	$1,500
Deductible Per Calendar Year	Class II and III Services Only	$50 Per Person

Delta Dental PPO – Plus Premier

Covered Services and Plan Co-payment Percentages	Class I – Diagnostic and Preventive Services	100%
	Class II – Basic Services	80%
	Class III – Major Services	50%
	Class IV – Orthodontic Services	50%
Maximum Benefit Payment Per Person Per Calendar Year	Class I, II and III Services Combined	$1,500
Maximum Lifetime Benefit Payment Per Eligible Dependent Child	Class IV Services	$1,500
Deductible Per Calendar Year	Class II and III Services Only	$50 Per Person

Delta Dental PPO – Plus Premier "Elite"

Covered Services and Plan Co-payment Percentages	Class I – Diagnostic and Preventive Services	100%
	Class II – Basic Services	80%
	Class III – Major Services	50%
	Class IV – Orthodontic Services	50%
Maximum Benefit Payment Per Person Per Calendar Year	Class I, II and III Services Combined	$3,000
Maximum Lifetime Benefit Payment Per Eligible Person	Class IV Services	$2,000
Deductible Per Calendar Year	Class II and III Services Only	$50 Per Person

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Step 7 – PAYMENT OPTIONS

Designated Billing Contact(s) will be setup with monthly E-Bill notification emails and online payment access through the Online Resources portal.

To set up automatic draft, please complete the information below. **A voided check must be attached to this authorization form.**

Financial Institution | Branch

Branch Address | City | State | Zip

Branch Telephone

Account Type (select one): ☐ Checking ☐ Savings

I (We) _____ hereby authorize Delta Dental of Oklahoma and the financial institution named above to begin deductions of company dental premium from the account I have indicated herein on the fifth (5th) day of each month. I understand that company eligibility can be placed on hold for a rejected draft.

Signature**: _____ Date: _____

*If the fifth (5th) day of the month is on a weekend or a holiday, Delta Dental of Oklahoma will debit the specified account on the next business day.

**Signature must be that of an authorized signer on the bank account.

Step 8 – PRODUCER/AGENT INFORMATION

Agency | **Five Digit Agency Number** | **Telephone**

City | State | Zip

Producer/Agent Name | Email Address

Producer/Agent Assistant Name | Email Address

Second Servicing Producer/Agent Name | Email Address

Producer/Agent Fee Payment Options, if applicable: ☐ **EFT to Producer** ☐ **EFT to Agency**

Step 9 – ACKNOWLEDGEMENT AND SIGNATURES

Delta Dental has not reviewed the employer's request for plan coverage nor designed the group plan to meet any federal requirements for Discriminatory Employee Benefit Plans. Said plan may not be in compliance with criteria established for Discriminatory Employee Benefit Plans and employer holds Delta Dental Plan of Oklahoma harmless if said plan fails to meet any such requirements.

All information above is true and correct to the best of my knowledge. I have reviewed and accept the benefits and eligibility requirements as stated in this Application for Group Contract.

Employer's Authorized Signature | Title | Date

Producer/Agent Signature | Date

New Group Kit

All Select employer plan documents, enrollee packets and group supplies will be provided electronically. The new group kit will be emailed to the designated Primary Contact and Producer upon completion of new group implementation and contains the welcome letter, Plan Agreement, Summary Plan Description and electronic identification cards.

Enrollment/Eligibility Update

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PLAN TYPE:
(AS ESTABLISHED BETWEEN EMPLOYER AND DELTA DENTAL)

- ☐ DELTA DENTAL PPO - PREVENTIVE PLUS
- ☐ DELTA DENTAL PPO
- ☐ DELTA DENTAL PPO - PLUS PREMIER
- ☐ DELTA DENTAL PPO - PLUS PREMIER "ELITE"
- ☐ DELTA DENTAL PREMIER
- ☐ DELTA DENTAL PREMIER - CHOICE
- ☐ DELTA DENTAL PPO - CHOICE
- ☐ DELTA DENTAL PPO - CHOICE ADVANTAGE
- ☐ DELTA DENTAL PPO - POINT OF SERVICE

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

Employer: ______________________________ GROUP#/SUBGROUP# ☐☐☐☐☐☐☐ ☐☐☐☐ LOCATION CODE ☐☐☐☐☐

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

SUBSCRIBER NAME (LAST) | (FIRST) | (M.I.) | SUFFIX | SEX ☐ M ☐ F | MARITAL STATUS ☐ M ☐ S

SUBSCRIBER SOCIAL SECURITY NUMBER | BIRTH DATE | FULL-TIME HIRE DATE | COVERAGE EFFECTIVE DATE

STATUS ☐ Active ☐ COBRA ☐ Retiree ☐ Surviving Dep. ☐ Other: __________

ADDRESS

CITY | STATE | ZIP | CHECK HERE IF THIS IS A NEW ADDRESS ☐

E-MAIL: ________________________________

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

TYPE OF ENROLLMENT/ELIGIBILITY UPDATE:

- ☐ NEW ENROLLMENT ☐ REINSTATEMENT ☐ OPEN ENROLLMENT
- ☐ COBRA ELECTION ☐ TERMINATION OF BENEFITS ☐ DECLINE
- ☐ TERMINATION OF EMPLOYMENT AS OF _____ - _______ - ___________

☐ CHANGE IN CURRENT ENROLLMENT STATUS FOR: ☐ SUBSCRIBER ☐ DEPENDENTS

REASON FOR CHANGE:

☐ DIVORCE ☐ MARRIAGE ☐ NAME CHANGE ☐ LEGAL GUARDIANSHIP
☐ ADOPTION ☐ OTHER ______________________________

GROUP TRANSFER-GROUP#/SUBGROUP# ☐☐☐☐☐☐☐ ☐☐☐☐ TO: GROUP#/SUBGROUP# ☐☐☐☐☐☐☐ ☐☐☐☐

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 ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER | BIRTH DATE

DEPENDENT CHILD NAME (LAST) | (FIRST) | (M.I.) | SUFFIX | SEX ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER | BIRTH DATE | ☐ DISABLED*

DEPENDENT CHILD NAME (LAST) | (FIRST) | (M.I.) | SUFFIX | SEX ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER | BIRTH DATE | ☐ DISABLED*

DEPENDENT CHILD NAME (LAST) | (FIRST) | (M.I.) | SUFFIX | SEX ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER | BIRTH DATE | ☐ DISABLED*

DEPENDENT CHILD NAME (LAST) | (FIRST) | (M.I.) | SUFFIX | SEX ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER | BIRTH DATE | ☐ 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: ______________

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 updating/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 your 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).

* 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. Financial companies are able to choose how they share your personal information, however Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

Information We Collect - We collect and maintain personal, nonpublic information we receive from Customers directly, through applications, enrollment forms, check, credit or debit card payments, insurance claims, and our website. We also collect your personal information from other companies. The types of personal information we collect and share depend on the product or service you have with us. This information can include your name, address, social security number, date of birth, transaction and claim history, medical information, and checking account information.

Utilization Of Information - Delta Dental has, and will continue to utilize non-affiliated third parties to conduct certain functions of our business in order to provide our Customers with services and products. These functions include processing your requests, claims and transactions, maintaining your account(s), providing information about new products, responding to court orders and legal investigations, reporting to credit bureaus, and to comply with Federal and State Laws. The information Delta Dental uses to provide a service cannot be restricted by our Customers. However, Delta Dental is able to limit this information on your behalf under HIPAA.

Federal law gives consumers the right to limit information sharing in relation to affiliates' everyday business purposes, information about your creditworthiness, affiliates using your information to market to you, and non-affiliates using your information to market to you. In addition, state laws and other individual companies may give you additional rights to limit sharing.

Delta Dental does not have any affiliates, nor do we share information with non-affiliates for marketing purposes. When you are no longer our Customer, we will continue to share your information as described in this notice.

Our Security - To protect your personal information from unauthorized access and use, we maintain physical, electronic, and procedural safeguards that comply with Federal Law, including computer safeguards and secured files and buildings. We consider 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 (Toll Free) or 405-607-2100 (OKC Metro).

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.

DELTA DENTAL®

Time to Focus on Your Smile

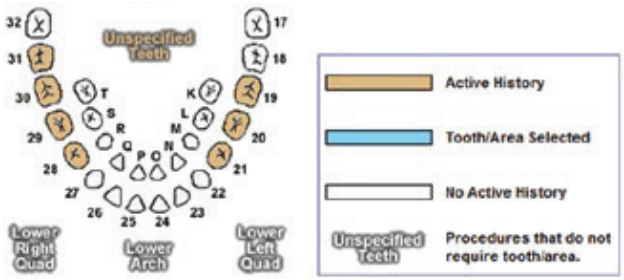
SPOTLIGHT

is **Delta Dental of Oklahoma's** online health services site where subscribers can securely access real-time information regarding their benefits plan.

Maximize your dental benefits:

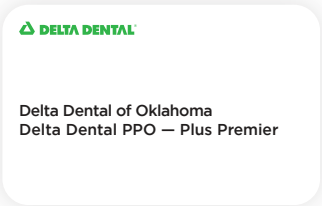
- Find a dentist
- View benefits
- Track claim status
- Access Explanation of Benefits

My Mouth Chart



An individual tooth-by-tooth illustration of recent dental treatment.

Electronic ID Card



When you bring your own ID Card, you will have the peace of mind that your claims will be paid appropriately.

Visit **DeltaDentalOK.org/Spotlight** to register and to opt out of receiving paper statements today!

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