

DELTA DENTAL OF OKLAHOMA
**FEDERALLY COMPLIANT
DENTAL PLANS**

FOR PLAN YEAR 2017



Last Revised October 2016

Checklist for New Groups

Application Checklist for Federally Compliant Plan/Plans

- Federally Compliant Plan Application for Group Contract completed in its entirety and signed by the person authorized to contract for the group.

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

The placement of your group with Delta Dental of Oklahoma is important to us and very much appreciated. If you have any questions, please feel free to call us at 405-607-4709 (OKC Metro) or 866-685-2112 (Toll Free) or email us at 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

Federally Compliant Dental Plans

Federally Compliant Pediatric Plans for Groups. Individuals are eligible for coverage to age 19 only.

DELTA DENTAL OF OKLAHOMA

Delta Dental PPO-Plus Premier Federally Compliant Dental plans – For the 2017 plan year, Delta Dental has two Federally Compliant Plans designed to meet ACA Pediatric Dental Essential Health Benefit standards. Our plans include the Delta Dental PPO and Premier networks for maximum network access.

Plan Information:	Low Option	High Option
Annual Maximum Out-of-Pocket: for one covered person <u>to age 19</u>	\$350	\$350
Annual Maximum Out-of-Pocket: for two or more covered persons <u>to age 19</u>	\$700	\$700
Annual Deductible	\$75 per person	\$50 per person

Co-Insurance – The percentage Delta Dental will pay for covered services

Plan Information:	Co-Insurance – Low Option	Co-Insurance – High Option
Preventive & Diagnostic Services	100% \$75 Annual Deductible applies	100% <u>No</u> Deductible
Basic Services⁺	60% \$75 Annual Deductible applies	80% \$50 Annual Deductible applies
Major Services⁺	50% \$75 Annual Deductible applies	50% \$50 Annual Deductible applies
Medically Necessary Orthodontic Services[*]	50% <u>No</u> Deductible	50% <u>No</u> Deductible

- Processing policies, limitations and exclusions will apply for medically necessary procedures.
- Deductibles and Co-Insurance will apply to Maximum Out-of-Pocket.
- Maximum Out-of-Pocket does **not** apply to out-of-network services.
- + **Medically Necessary Extractions** – The surgical or non-surgical removal/extraction of third molars must be medically necessary.
- * **Medically Necessary** – Orthodontic treatment and/or services are only covered with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapped malocclusions caused by cranio-facial orthopedic deformities involving teeth.

Coverage Type	Monthly Rates – Low Option	Monthly Rates – High Option
One Covered Person to age 19	\$20.00	\$32.00
Two Covered Persons to age 19	\$40.00	\$64.00
Three or more Covered Persons to age 19	\$60.00	\$96.00

Federally Compliant Dental Plans

Federally Compliant Plans for Groups

DELTA DENTAL OF OKLAHOMA

Delta Dental PPO-Plus Premier Federally Compliant Dental plans – For the 2017 plan year, Delta Dental has two Federally Compliant Plans designed to meet ACA Pediatric Dental Essential Health Benefit standards. Our plans include the Delta Dental PPO and Premier networks for maximum network access.

Plan Information	Low Option	High Option
Annual Maximum Benefit: applies to covered persons age 19 or older	\$1,500	\$1,500
Annual Maximum Out-of-Pocket: for one covered person <u>to age 19</u>	\$350	\$350
Annual Maximum Out-of-Pocket: for two or more covered persons <u>to age 19</u>	\$700	\$700
Annual Deductible	\$75 per person	\$50 per person

Co-Insurance – The percentage Delta Dental will pay for covered services

Plan Information	Co-Insurance – Low Option	Co-Insurance – High Option
Preventive & Diagnostic Services	100% \$75 Annual Deductible applies	100% <u>No</u> Deductible
Basic Services⁺: Six (6) month specific benefit limitation period applies to covered persons age 19 or older	60% \$75 Annual Deductible applies	80% \$50 Annual Deductible applies
Major Services⁺: Twelve (12) month specific benefit limitation period applies to covered persons age 19 or older	50% \$75 Annual Deductible applies	50% \$50 Annual Deductible applies
Medically Necessary Orthodontic Services* applies to covered persons to age 19 only	50% <u>No</u> Deductible	50% <u>No</u> Deductible

- Processing policies, limitations and exclusions will apply for medically necessary procedures. Dependent children are eligible for coverage to age 26.
- Deductibles and Co-Insurance will apply to Maximum Out-of-Pocket.
- Maximum Out-of-Pocket does **not** apply to out-of-network services.

+ **Medically Necessary Extractions** – The surgical or non-surgical removal/extraction of third molars must be medically necessary.

* **Medically Necessary** – Orthodontic treatment and/or services are only covered with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapped malocclusions caused by cranio-facial orthopedic deformities involving teeth.

Coverage Type	Monthly Rates – Low Option	Monthly Rates – High Option
Individual Only	\$20.00	\$32.00
Individual + Spouse (Couple)	\$40.00	\$64.00
Individual + 1 Dependent	\$40.00	\$64.00
Individual + 2 Dependents	\$60.00	\$96.00
Individual + 3 or more Dependents	\$80.00	\$128.00
Individual + Spouse + 1 Dependent (Family/Couple +1)	\$60.00	\$96.00
Individual + Spouse + 2 Dependents (Family/Couple +2)	\$80.00	\$128.00
Individual + Spouse + 3 or more Dependents (Family/Couple +3)	\$100.00	\$160.00

Federally Compliant Dental Plans

Delta Dental Program of Benefits for PPO – Plus Premier Federally Compliant Plans

Delta Dental of Oklahoma's benefits consist of Preventative & Diagnostic, Basic Services, Major Services and Medically Necessary Orthodontic services. The benefits listed below are not a complete list and do not contain any limitations. Limitations to benefits can be found in the Summary Plan Description:

Preventive & Diagnostic Services (Class I Benefits):

- Oral evaluation
- Routine prophylaxis, including cleaning and polishing
- Bite-wing and periapical x-rays
- Full-mouth x-rays
- Topical application of fluoride for eligible children
- Topical application of sealants, for eligible children only, limited to permanent first and second molars free of caries and restorations on the occlusal surface

Basic Services (Class II Benefits):

- Amalgam and composite fillings
- Stainless steel crowns, for eligible children only, when the natural teeth cannot be restored with another filling material
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – non-surgical extractions; medically necessary, non-prophylactic (diseased) third molar non-surgical extractions; incision and drainage of abscess; and other coverall oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, limited to root planning and scaling
- Anesthesia – Nitrous oxide/analgesia benefits are limited to invasive procedures (procedures that penetrate the hard or soft tissue). Nitrous oxide/analgesia is not payable with evaluations and cleanings

Major Services (Class III Benefits):

- Major Services – provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material
- Prosthodontics – procedures for constructions of fixed bridges, partial dentures and complete dentures
- Oral Surgery Services – Surgical extractions; medically necessary, non-prophylactic (diseased) third molar surgical extractions; and other oral surgical procedures
- Occlusal guards are a benefit by report, for eligible children only, when used to prevent the destructive force of bruxism for periodontal purposes. This is a benefit if the eligible child has periodontal coverage and has had periodontal therapy or is undergoing therapy

Medically Necessary Orthodontics (Class IV Benefits):

- Orthodontic Benefits are available only with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapping malocclusions caused by cranio-facial orthopedic deformities involving the teeth.



For Delta Dental of Oklahoma Use Only:
Group No. _____

APPLICATION FOR GROUP CONTRACT
Delta Dental of Oklahoma – Federally Compliant Plans (FCPs)
For Plan Year 2017

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)

Physical Address

City State Zip

Billing/Mailing Address (if different from the physical address)

City State Zip

Telephone Number Fax Number

Website Address

Type of Business

Federal Tax ID Number SIC Code

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

Group Executive Title

Email Telephone Fax

Group Contact Title

Email Telephone Fax

Billing Contact Title

Email Telephone Fax

Eligibility Contact Title

Email Telephone Fax



For Delta Dental of Oklahoma Use Only:
Group No. _____

Step 2 – PLAN EFFECTIVE DATE: (Month): _____ (Day): _____, 2017

Step 3 – ELIGIBILITY AND ENROLLMENT: A minimum of two (2) enrolled Eligible Employees required for participation in Combined FCP(s).

Total Number Employees: _____	Total Number Ineligible Employees*: _____
Total Number Eligible Employees: _____	
*Indicate Reason(s) for Ineligibility _____	

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*

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

Step 4 – FULLY INSURED PLAN OPTIONS AND PLAN SELECTION (select all that apply)

Plan Year: Calendar

MONTHLY RATES FOR COMBINED PLANS	<input type="checkbox"/> Low Option	<input type="checkbox"/> High Option
Ages 0 – 20 (Per Covered Person)	\$20.00	\$32.00
Ages 21 and older (Per Covered Person)	\$20.00	\$32.00

MONTHLY RATES FOR PEDIATRIC PLANS (must be under age 19)	<input type="checkbox"/> Low Option	<input type="checkbox"/> High Option
One Covered Person	\$20.00	\$32.00
Two Covered Persons	\$40.00	\$64.00
Three or more Covered Persons	\$60.00	\$96.00

BENEFITS SUMMARY

		Low Options	High Options
Covered Services and Plan Co-payment Percentages	Class I – Diagnostic and Preventive Services	100%	100%
	Class II – Basic Services	60%	80%
	Class III – Major Services	50%	50%
	Class IV – Orthodontic Services*	50%	50%
Deductible per Plan Year – Combined Low and Pediatric Low	Class I, II and III Services Only	\$75 per Person	n/a
Deductible per Plan Year – Combined High and Pediatric High	Class II and II Services Only	n/a	\$50 per Person
Plan Maximum Year Benefit Payment – for covered persons age 19 and older only	Class I, II and III Services Combined	\$1,500	\$1,500
Plan Benefit Limitation Period(s) – for covered persons age 19 and older only	Class II Services	6 Months	6 Months
	Class III Services	12 Months	12 Months
Maximum Out of Pocket Cost Per Benefit Plan Year – for covered persons to age 19	One Covered Person	\$350	\$350
	Two or more Covered Persons	\$700	\$700

*Medically Necessary Only for Covered Person(s) to age 19

Step 5 – EMPLOYER CONTRIBUTION

Employer Contributes _____% OR \$ _____ to employee cost of plan.

Employer Contributes _____% OR \$ _____ to dependent cost of plan.

Step 6 – OPTIONS FOR ACCESS TO ONLINE RESOURCES

Enter the information for each contact that is to receive online access through Online Resources. If a contact should have access to all subgroups then enter "ALL" in the Subgroup(s) Access box. Select each type of access. You may choose one method of invoice receipt, E-Bill or Bill by Fax.

An email address is required for each contact requesting access to Online Resources.

Subgroup Access: Name the contact(s) who will receive access to the specified subgroup(s).

Online Eligibility: Name the contact(s) who will receive access to *view and/or modify* eligibility in Online Resources.

View Only: Read-only access to online eligibility.

Modify: Ability to make changes through online eligibility.

Billing: Name the contact(s) who will receive access to billing.

E-Bill: Access to receive the invoice through email.

Bill by Fax: Access to receive the invoice by Fax.

Contact Name	Online Resources User Name if previously assigned	Subgroup(s) Access	Online Eligibility Select One		Billing Select One		Email Address required. Please add Fax Number if selecting Bill by Fax.
			View Only	Modify	E-Bill	Bill by Fax	

I _____, an authorized representative for _____, approve access to our account for the person(s) named above. Through the selection of the above options, I agree my company will receive our monthly bill from Delta Dental via the above selected option only.

Signature: _____ Date: _____

Step 7 – BILLING AND PAYMENT OPTIONS

- Billing Notification (select one): Online Resources – E-Bill (email notification) Fax Paper Bill
 Payment Options (select one): Automatic Draft[†] FastPay™ online Pay-by-Phone Paper Check

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

Contact Name _____ Telephone _____ Fax _____ Email _____

Financial Institution _____ Branch _____

Branch Address _____ City _____ State _____ Zip _____

Branch Telephone
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.



For Delta Dental of Oklahoma Use Only:
Group No. _____

Step 8 – PRODUCER/AGENT/CONSULTANT INFORMATION

Producer/Agent/Consultant Name **Five Digit Broker Number**

Agency

City State Zip

Email Address Telephone Fax

Support Staff Name

Support Staff Telephone Number Support Staff Fax Number

Support Staff Email Address

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

Step 9 – HOLD HARMLESS

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 and accept them.

Employer’s Authorized Signature

Title Date

Producer/Agent/Consultant Signature Date

Is the following included with this signed application? Enrollment Forms Electronic Enrollment data

Please ship my new group kit[†] to: Producer/Consultant Group Contact

[†]New group kit contains welcome letter, Plan Agreement, Summary Plan Description and identification cards.



Delta Dental PPO – Plus Premier Federally Compliant Plans Pediatric Enrollment Form

Employee Name _____ Date of Birth _____ Gender: Male Female

Physical Address _____

City _____ State _____ Zip _____

Social Security Number _____

Email _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Employer _____

Group/Subgroup Number _____

Location Code _____

Each covered Person's Social Security Number (SSN) MUST be provided.

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

PROGRAM SELECTION (choose High OR Low plan)	
<input type="checkbox"/> Pediatric Only - High	
Program Types (choose one)	Your Cost
<input type="checkbox"/> One Covered Person	\$32.00 per month
<input type="checkbox"/> Two Covered Persons	\$64.00 per month
<input type="checkbox"/> Three or more Covered Persons	\$96.00 per month
<input type="checkbox"/> Pediatric Only - Low	
Program Types (choose one)	Your Cost
<input type="checkbox"/> One Covered Person	\$20.00 per month
<input type="checkbox"/> Two Covered Persons	\$40.00 per month
<input type="checkbox"/> Three or more Covered Persons	\$60.00 per month

ENROLLMENT/ELIGIBILITY UPDATE INFORMATION	
Eligibility Date _____	
Effective Date of Update/Change/Termination _____	
Dependents eligible for coverage after group's waiting period has been met.	
Change in status for: <input type="checkbox"/> Subscriber <input type="checkbox"/> Dependent(s)	
Reason for change: <input type="checkbox"/> Name Change <input type="checkbox"/> New Address	
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption/Guardianship*	
<input type="checkbox"/> Other: _____ <small>*Legal documents must be submitted for update/change</small>	
Termination of Coverage Date _____	
Group/Subgroup Transfer	
From Group/Subgroup Number _____	To Group/Subgroup Number _____

DELTA DENTAL SUBMISSION INFORMATION
Mail to: Delta Dental of Oklahoma
 Attn: Client Relations
 PO Box 54709
 Oklahoma City, OK 73154
Fax to: 405-607-2136
Email to: ClientRelations@DeltaDentalOK.org

Warning: Any person who knowingly and with intent to injure, defraud or deceive an insurer, provides false information herein and makes any claim for the proceeds of and 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 on the back of this form.

Applicant Signature: _____ **Date:** _____



Privacy Policy

Delta Dental of Oklahoma

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.



PPO – Plus Premier Federally Compliant Plans Combined Enrollment Form

Employee Name _____ Date of Birth _____ Gender: Male Female

Physical Address _____

City _____ State _____ Zip _____

Social Security Number _____ Email _____

Employer _____ Group/Subgroup Number _____ Location Code _____

Each covered Person's Social Security Number (SSN) MUST be provided. Please include yourself if applying for coverage under this plan.

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

Covered Person Name _____ Gender _____ SSN _____ Date of Birth _____

PROGRAM SELECTION <i>(choose High OR Low plan)</i>	
<input type="checkbox"/> Federally Compliant Plan - High	
Program Types <i>(choose one)</i>	Your Cost
<input type="checkbox"/> Ages 0 - 20	\$32.00 per month
<input type="checkbox"/> Ages 21 and older	\$32.00 per month
<input type="checkbox"/> Federally Compliant Plan - Low	
Program Types <i>(choose one)</i>	Your Cost
<input type="checkbox"/> Ages 0 - 20	\$20.00 per month
<input type="checkbox"/> Ages 21 and older	\$20.00 per month

ENROLLMENT/ELIGIBILITY UPDATE INFORMATION

Eligibility Date _____

Effective Date of Update/Change/Termination _____

Dependents eligible for coverage after group's waiting period has been met.

Change in status for: Subscriber
 Spouse Dependent(s)

Reason for change: Name Change New Address
 Marriage Divorce Adoption/Guardianship*
 Other: _____ *Legal documents must be submitted for update/change

Termination of Coverage Date _____

Group/Subgroup Transfer
From Group/Subgroup Number _____ To Group/Subgroup Number _____

DELTA DENTAL SUBMISSION INFORMATION

Mail to: Delta Dental of Oklahoma
Attn: Client Relations
PO Box 54709
Oklahoma City, OK 73154

Fax to: 405-607-2136

Email to: ClientRelations@DeltaDentalOK.org

Warning: Any person who knowingly and with intent to injure, defraud or deceive an insurer, provides false information herein and makes any claim for the proceeds of and 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 on the back of this form.

Applicant Signature: _____ Date: _____



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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.

SPOTLIGHT

Delta Dental of Oklahoma provides answers through an online portal known as **SPOTLIGHT**. SPOTLIGHT is online, real-time, 24/7 secure access to benefit information you want—when you want it. Our online services provide:

- Claims Status
- Find a Dentist
- Oral Health Education and more!

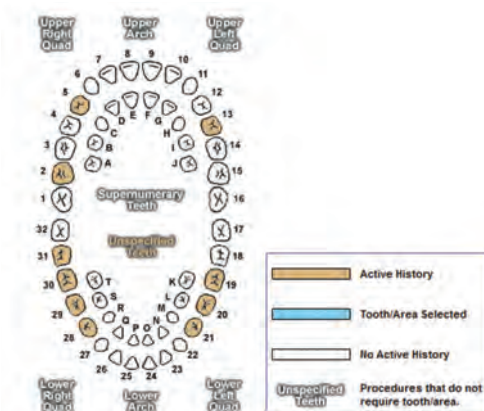
PREVENT-O-METER

A graphical illustration that keeps you up to date on your preventive visits.



MY MOUTH

The My Mouth chart in SPOTLIGHT is a graphic illustration of your teeth, with color codes that show dental work, and an explanation of the procedures performed on each tooth. It is aimed at helping you better understand the dental care you receive.



VIEW MY BENEFITS

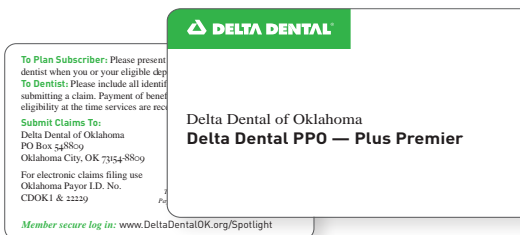
The View My Benefits tool makes it easy to understand your dental benefits. You can see a list of what your dental plan covers and if limitations apply. You can also view your benefits as a PDF to easily print, save, and email.

ACCESS YOUR EXPLANATION OF BENEFITS (EOB)

Your EOB is the key to understanding how Delta Dental of Oklahoma pays your claims. SPOTLIGHT gives you the freedom to access your EOB before you receive it in the mail. You can also view your history for up to seven years.

PRINT YOUR ID CARD

While you don't have to bring your ID card with you when you visit your dentist, sometimes having it brings peace of mind that your claims will be paid appropriately. With SPOTLIGHT, you have 24/7 access to view, print, save or email your ID card directly from your computer. To register for SPOTLIGHT, visit: DeltaDentalOK.org/Spotlight.



DELTA DENTAL OF OKLAHOMA FEATURES & SERVICES



MULTIPLE PROVIDER NETWORKS



Delta Dental offers two of the nation's largest dental provider networks. Delta

Dental Premier consists of more than two-thirds of the nation's dentists. Delta Dental PPO consists of nearly 50% of the nation's dentists and typically provides lower out-of-pocket costs.

NO BALANCE BILLING



If you visit a Delta Dental PPO participating dentist, you are not responsible

for any amounts in excess of Delta Dental's PPO maximum allowable amount. Members enrolled in a Delta Dental PPO-Plus Premier plan enjoy no balance-billing with any participating network provider.

CUSTOMER SERVICE



Our Oklahoma-based Customer Service Department is just a phone call away. Customer Service

Representatives are available to answer calls live at **405-607-2100** or toll-free at **800-522-0188** and are available Monday - Friday from 7 a.m. - 6 p.m. Oral health tips, our Find a Dentist tool and many other services are available to you 24/7 at **DeltaDentalOK.org**.



MOBILE APP

SECURELY ACCESS BENEFITS



With Delta Dental's free mobile app you can stay up-to-date on coverage information, plan type, benefit levels, contact information, deductibles and maximums. You can check the status of your most recent dental claims, view details and even email claim information for both you and your dependents under age 18. In order to securely access this information, be sure to register on the **DeltaDental.com** website and login using your mobile device.

ADDITIONAL TOOLS

- Find a Dentist
- View and email your mobile ID card
- Musical toothbrush timer to help you stay up-to-date with your oral wellness routine

DELTA DENTAL OF OKLAHOMA EYEMED VISION CARE



Delta Dental has teamed up with EyeMed Vision Care to offer members significant savings on eye care and eyewear for no additional cost. Visit eyemedvisioncare.com/deltad for provider information, detailed benefits and a printable ID card.

VISION CARE SERVICES

Exam and Dilation as Necessary

DISCOUNTS & CO-PAYS

\$5 off Comprehensive Exam
\$5 off Contact Lens Exam

COMPLETE PAIR OF GLASSES PURCHASE:

The following Frame, Lenses, and Lens Options discounts & fees apply only if a complete pair is purchased in same transaction. Items purchased separately will be discounted 20% off of the retail price.

STANDARD PLASTIC LENSES INCLUDING STANDARD SCRATCH:

Single Vision \$50
Bifocal \$70
Trifocal \$105

MEMBER PAYS:

FRAMES:

Any frame available at provider location 35% off retail price

LENS OPTIONS:

UV Treatment \$15
Tint (Solid and Gradient) \$15
Standard Tint \$15
Standard plastic scratch coating \$15
Standard Polycarbonate \$40
Standard Anti-reflective Coating \$45
Standard Progressive (add-on to bifocal) \$65
Other add-ons and services 20% off retail price

MEMBER PAYS:

CONTACT LENSES*:

Conventional (Discount applied to materials only) 15% off retail price

LASER VISION CORRECTION:

Lasik or PRK 15% off retail price or 5% off promotional price

FREQUENCY:

Examination Unlimited
Frame Unlimited
Lenses Unlimited
Contact Lenses Unlimited

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).
 - Discount is not available on those frames where the manufacturer prohibits a discount.
- Visit eyemedvisioncare.com/deltad to learn more or locate a provider near you.

* 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 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 **877-552-7376 for nearest laser facility and to receive authorization for the discount.

SPOTLIGHT

ANSWERS ARE ALWAYS AT YOUR FINGERTIPS

New subscribers to Delta Dental plans tend to have a lot of questions. Delta Dental of Oklahoma provides answers through an online portal known as **SPOTLIGHT**. The online tools in **SPOTLIGHT** are always available and allow you to manage your dental benefits at the time of your choosing.

SPOTLIGHT TOOL	TASK
Print ID Card	Print your dental benefits ID card
View My Benefits	Review claims status or history
Understanding My Benefits	Review benefit plan information
Locate a Dentist	Find a network dentist
Forms and Links	Access a dental claim form for out-of-network treatment

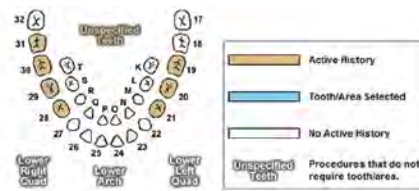
THE BIG PICTURE

SPOTLIGHT also provides graphic illustrations based upon your specific claim information to help you keep track of your specific preventive visits and restorative care.



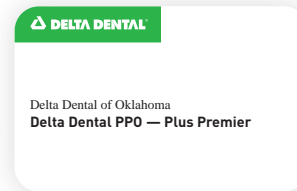
PREVENT-O-METER

A graphical illustration that keeps you up to date on your preventive visits.



MY MOUTH

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



ID CARD

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

REGISTER TODAY!

Visit DeltaDentalOK.org/spotlight to register for your exclusive login information to access SPOTLIGHT any time, any day.



DELTA DENTAL.ORG