DELTA DENTAL®

SKIP PAPER AND PDF APPS

Select Group Application **now available on Online Resources!**

DeltaDentalOK.org/OnlineResources

DELTA DENTAL OF OKLAHOMA

2024

SELECT

DELTA DENTAL

Delta Dental of Oklahoma - Select

2024

NUMBER OF ELIGIBLE EMPLOYEES: **2-99**†
PROPOSED EFFECTIVE DATE: **JANUARY – DECEMBER 2024 (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.

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

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

	2023 Rates Holding for 2024	2023 Rates Holding for 2024		2023 Rates Holding for 2024
Monthly Rates	**PPO – Preventive Plus**	**PPO**	**PPO – Plus Premier**	**PPO – Plus Premier "Elite"**
Employee Only	$ 23.00	$ 34.00	$ 52.00	$ 82.00
Employee + Spouse	$ 46.00	$ 70.00	$101.00	$164.00
Employee + Child(ren)	$ 57.00	$ 86.00	$134.00	$213.00
Family	$ 77.00	$116.00	$199.00	$303.00

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 of Oklahoma's Patient Direct program is also available if you need discounted fees on dental services. Patient Direct is not insurance; it is a discount program only. For more information visit DeltaDentalOK.org/PatientDirect.

DELTA DENTAL®

Boost Your Benefits

Check out HOW®

Available to Select plan enrollees!

For questions about HOW®, please contact our Customer Service team at **405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free)** or visit **DeltaDentalOK.org/HOW**

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

DELTA DENTAL

Delta Dental of Oklahoma - Select

2024

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.

DELTA DENTAL

Delta Dental of Oklahoma - Select

2024

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.

DELTA DENTAL

Delta Dental of Oklahoma - Select

2024

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.

DELTA DENTAL

Delta Dental of Oklahoma - Select

2024

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.

DELTA DENTAL

Checklist for New Groups

2024

When establishing a new group, there are several essential documents necessary for an efficient implementation. To better serve our clients, DDOK has developed a checklist for Select group setup and initial enrollment process.

Application for Group Contract

Step 1: Plan Effective Date

Step 2: Employer Information

Step 3: Eligibility and Enrollment

Step 4: Employer Contribution

Step 5: Contact Information and Online Resources Access

Step 6: Plan Options and Plan Selection

Step 7: Third Party Administrators

Step 8: Payment Options

Step 9: Producer/Agent Information

Step 10: Acknowledgement and Signatures

Please note: *Incomplete and/or inaccurate applications will result in processing delays. Please ensure the application is completed in its entirety and signed by the person authorized to contract for the group and, if applicable, producer.*

Initial Enrollment (select one):

Enrollment Forms completed and signed by each employee
Completed One-time Load spreadsheet
Not required for EDI and/or Online Resources enrollment options

Send completed application, enrollment documents and other supporting materials to Sales@DeltaDentalOK.org or mail to:

Delta Dental of Oklahoma
Attention: Sales
P.O. Box 54709
Oklahoma City, Oklahoma 73154-1709

APPLICATION FOR GROUP CONTRACT

Delta Dental of Oklahoma – *Select*

For Plan Year **2024**

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 – PLAN EFFECTIVE DATE: (Month) _____ **01, 2024**

Step 2 – 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 | Nature of Business

Federal Tax ID Number | SIC Code

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

Step 3 – 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 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*

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.

Step 4 – EMPLOYER CONTRIBUTION

Employer contribution to the employee cost of the plan (select one): None A portion All

Step 5 – CONTACT INFORMATION AND ONLINE RESOURCES ACCESS

Please provide a minimum of two (2) authorized group contacts with a valid email address for each. A valid email address is required for each contact as our Select product is administered electronically. Enter the information for each contact that is to receive access through Online Resources, Delta Dental of Oklahoma's (DDOK) secure benefits administration portal for eligibility maintenance and invoice reporting and payment. Each user will receive their Online Resources credentials via two (2) emails upon completion of implementation, one (1) containing the User ID and the other containing the temporary password.

CONTACT TYPE:

- **Primary Contact** – Authorized contact for all aspects of plan administration and recipient of essential plan correspondence, including plan documents, renewals, CDT changes, billing/delinquency notices, etc.
- **Secondary Contact** – Authorized contact for plan administration and recipient of plan correspondence in the event the Primary Contact cannot be contacted.
- **Executive** – Authorized contact for all aspects of plan administration; should have access to billing and eligibility online.
- **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.

Primary Contact Title

Email Telephone

Contact Type (select one): Billing Eligibility Executive Eligibility Access (select one): View only Modify

Secondary Contact Title

Email Telephone

Contact Type (select one): Billing Eligibility Executive Eligibility Access (select one): View only Modify

Additional Contact Title

Email Telephone

Contact Type (select one): Billing Eligibility Executive Eligibility Access (select one): View only Modify

Additional Contact Title

Email Telephone

Contact Type (select one): Billing Eligibility Executive Eligibility Access (select one): View only Modify

Additional contacts can be added, if necessary. Please include the name, title, email, telephone and contact type designation for each on a separate page and submit with the application. An authorized representative for the Employer approves the individuals/entities listed above and attached to access the indicated Protected Health Information and/or Personally Identifiable Information at Delta Dental of Oklahoma. As an authorized representative, I will notify Delta Dental of Oklahoma immediately in the event of termination of access of any of the individuals/entities listed above or attached. A Select Off-Renewal Plan Change Form is available via Online Resources on the Documents - Forms and Links page. An authorized representative for the Employer may submit completed forms to ClientRelations@DeltaDentalOK.org.

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

A minimum of two (2) enrolled Eligible Employees is required for participation in Select 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. **For each plan offered, please enter the number of Eligible Employees expected to enroll.**

2024 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	$ 34.00	$ 52.00	$ 82.00
Employee + Spouse:	$ 46.00	$ 70.00	$101.00	$164.00
Employee + Child(ren):	$ 57.00	$ 86.00	$134.00	$213.00
Employee + Family:	$ 77.00	$116.00	$199.00	$303.00

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

Step 7 – THIRD PARTY ADMINISTRATORS

Third party administrators (TPA) listed in this section are authorized to conduct the specified business service(s) below on behalf of the employer group. The Employer authorizes DDOK to communicate and transact with the TPA, as needed, to fulfill applicable transactions and/or reporting.

EDI/Eligibility◊ _____

COBRA Administrator◊ _____

Flexible Spending Arrangement (FSA) Administrator _____

Other◊ _____

I authorize Delta Dental of Oklahoma (DDOK) to disclose Protected Health Information (PHI) and Personally Identifiable Information (PII) (as defined in the Health Information Portability and Accountability Act of 1996) to the TPA listed above. I will maintain a signed Business Associate Agreement (BAA), where applicable *(marked with ◊)*, with the above identified TPA(s) that acknowledges PHI/PII will be shared between the TPA and DDOK. At any time, DDOK reserves the right to request a copy of the signed agreement between the TPA and the Group listed on this application.

Authorized Group Contact Name (please print) Title

Authorized Group Contact Signature Date

Step 8 – PAYMENT OPTIONS (select one): Online Resources Automatic Draft

All designated Billing Contacts will be setup with monthly E-Bill notification emails. Billing Contacts may log into Online Resources to view invoices and remit payment, as needed. Each user will receive their Online Resources credentials via two (2) emails upon completion of implementation, one containing the User ID and the other the temporary password. To set up automatic draft for the fifth (5th) day of each month*, please complete the information below. **A voided check must be attached to this authorization form**.

Financial Institution Branch Branch Telephone

Branch Address City State Zip 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 9 – PRODUCER/AGENT INFORMATION

Agency	**Five Digit Agency Number**	**Telephone**
City	State	Zip
Producer/Agent Name	Email Address	Online Resources ID†
Producer/Agent Assistant Name	Email Address	Online Resources ID†
Second Servicing Producer/Agent Name	Email Address	Online Resources ID†

†If already assigned by Delta Dental of Oklahoma

Step 10 – 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. **Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Electronic Delivery/Administration: By executing this Application For Group Contract, I hereby acknowledge that: All Select employer plan documents, enrollee packets, group supplies, billing statements, and notices (renewal, delinquency, and/or termination) shall be provided electronically, and hereby consent to such delivery/administration. I understand that such consent to electronic delivery/administration may be declined initially, or rescinded in the future by providing Delta Dental of Oklahoma with written notice of intent to rescind such consent at least 30 days prior to the rescission effective date. Further, I acknowledge that failure to consent initially to electronic delivery/administration of the Select group dental plan or future rescission of consent shall result in a $15.00 monthly paper delivery/administration fee, which shall be included in the monthly billing statements and payable under the same terms and conditions as the monthly premiums.

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

DELTA DENTAL

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

- ☐ DELTA DENTAL PPO
- ☐ DELTA DENTAL PPO – PREVENTIVE PLUS
- ☐ 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

Employer: _____ GROUP#/SUBGROUP# _____ LOCATION CODE _____

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

SUBSCRIBER NAME (LAST)		(FIRST)		
SUBSCRIBER SOCIAL SECURITY NUMBER	BIRTH DATE	FULL-TIME HIRE DATE	COVERAGE EFFECTIVE DATE	STATUS Active COBRA Retiree Surviving Dep. Other: _____
ADDRESS				
CITY		STATE	ZIP qw	CHECK IF THIS IS A NEW ADDRESS

EMAIL: _____

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
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 FROM 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)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE
DEPENDENT CHILD NAME (LAST)	(FIRST)	BIRTH DATE

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 missing 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 via the links below.

By checking this box as the enrollee, you confirm explicit consent regarding Delta Dental of Oklahoma's collection, use, disclosure, maintenance, storage, and disposal of Customer Protected Health Information and Personally Identifiable Information as described in the enrollment form's Privacy Policy online at DeltaDentalOK.org/PrivacyPolicyGroup, or by mail upon request, and Delta Dental of Oklahoma's Notice of Privacy Practices available at DeltaDentalOK.org/HIPAANotice, or by mail upon request.

Subscriber Signature: _____ Date: _____

DELTA DENTAL®

Time to Focus on Your Smile

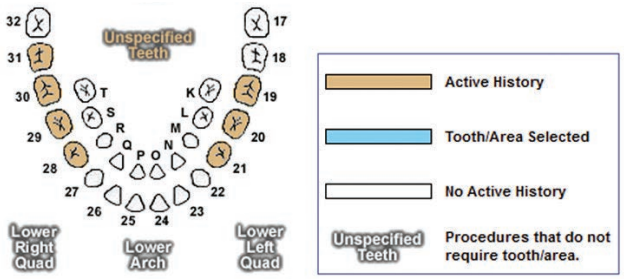
SPOTLIGHT

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:

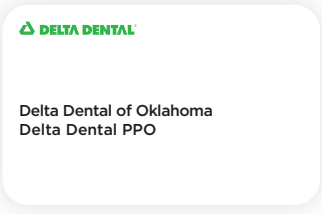
- Find a dentist
- View benefits
- Track claim status
- Access Explanation of Benefits
- Secure messaging with our Customer Service team

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 today!

DELTADENTALOK.ORG/SELECT