

**SKIP PAPER
AND PDF APPS**

Select Group
Application **now**
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Resources!**



DeltaDentalOK.org/OnlineResources

DELTA DENTAL OF OKLAHOMA

2025

SELECT

Delta Dental of Oklahoma - Select

2025

NUMBER OF ELIGIBLE EMPLOYEES: 2-99[†]

PROPOSED EFFECTIVE DATE: JANUARY – DECEMBER 2025 (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



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

| | 2024 Rates Holding for 2025 | | | |
|-----------------------|-----------------------------|----------|--------------------|----------------------------|
| Monthly Rates | PPO – Preventive Plus | PPO | PPO – Plus Premier | PPO – Plus Premier “Elite” |
| Employee Only | \$ 23.00 | \$ 35.00 | \$ 55.00 | \$ 85.00 |
| Employee + Spouse | \$ 46.00 | \$ 72.00 | \$107.00 | \$169.00 |
| Employee + Child(ren) | \$ 57.00 | \$ 88.00 | \$141.00 | \$220.00 |
| Family | \$ 77.00 | \$119.00 | \$209.00 | \$313.00 |

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.



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

PROGRAM OF BENEFITS: DELTA DENTAL PPO – PREVENTIVE PLUS

Delta Dental of Oklahoma members have access to the largest network of participating dentists, and our 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.

Largest Network of Dentists

- Access to Delta Dental PPO network, which delivers the greatest savings when you visit a PPO provider
- More than half (56 percent) of Oklahoma dentists participate in the Delta Dental PPO network
- No balance-billing when treatment is received from a provider in the Delta Dental PPO network

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.

PROGRAM OF BENEFITS: DELTA DENTAL PPO

Delta Dental of Oklahoma members have access to the largest network of participating dentists, and our 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.

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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.

PROGRAM OF BENEFITS: DELTA DENTAL PPO – PLUS PREMIER

Delta Dental of Oklahoma members have access to the largest network of participating dentists, and our 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.

Largest Network of Dentists

- Access to 95 percent of Oklahoma dentists who participate in the Delta Dental PPO and/or Premier networks
- Our Delta Dental PPO network delivers the greatest savings when you visit a PPO provider
- You will still enjoy lower out-of-pocket costs when you receive treatment from a dentist who only participates in our Premier network, but the savings are not as significant
- No balance-billing when treatment is received from a Delta Dental participating provider

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.

PROGRAM OF BENEFITS: DELTA DENTAL PPO – PLUS PREMIER “ELITE”

Delta Dental of Oklahoma members have access to the largest network of participating dentists, and our 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.

Largest Network of Dentists

- Access to 95 percent of Oklahoma dentists who participate in the Delta Dental PPO and/or Premier networks
- Our Delta Dental PPO network delivers the greatest savings when you visit a PPO provider
- You will still enjoy lower out-of-pocket costs when you receive treatment from a dentist who only participates in our Premier network, but savings are not as significant
- No balance-billing when treatment is received from a Delta Dental participating provider

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.

Checklist for New Groups

2025

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

- | | |
|---|---|
| <input type="checkbox"/> Step 1: Plan Effective Date | <input type="checkbox"/> Step 6: Plan Options and Plan Selection |
| <input type="checkbox"/> Step 2: Employer Information | <input type="checkbox"/> Step 7: Third Party Administrators |
| <input type="checkbox"/> Step 3: Eligibility and Enrollment | <input type="checkbox"/> Step 8: Payment Options |
| <input type="checkbox"/> Step 4: Employer Contribution | <input type="checkbox"/> Step 9: Producer/Agent Information |
| <input type="checkbox"/> Step 5: Contact Information and Online Resources Access | <input type="checkbox"/> 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 (minimum of 75 subscribers required to use this method)

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 **2025**

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, 2025**

Step 2 – EMPLOYER INFORMATION

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

Doing Business As (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: _____

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

Contact Type (select one): ☐ Billing ☐ Eligibility ☐ Executive

Telephone

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

Secondary Contact

Title

Email

Contact Type (select one): ☐ Billing ☐ Eligibility ☐ Executive

Telephone

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

Additional Contact

Title

Email

Contact Type (select one): ☐ Billing ☐ Eligibility ☐ Executive

Telephone

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

Additional Contact

Title

Email

Contact Type (select one): ☐ Billing ☐ Eligibility ☐ Executive

Telephone

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.**

| 2025 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 | \$ 35.00 | \$ 55.00 | \$ 85.00 |
| Employee + Spouse: | \$ 46.00 | \$ 72.00 | \$107.00 | \$169.00 |
| Employee + Child(ren): | \$ 57.00 | \$ 88.00 | \$141.00 | \$220.00 |
| Employee + Family: | \$ 77.00 | \$119.00 | \$209.00 | \$313.00 |

**Please verify a provider’s participation in the Delta Dental PPO network prior to enrollment at DeltaDentalOK.org/DentistSearch*

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 Deductible Per Calendar Year | Class IV Services | N/A |
| | 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 Deductible Per Calendar Year | Class IV Services | \$1,500 |
| | 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 Deductible Per Calendar Year | Class IV Services | \$1,500 |
| | 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 Deductible Per Calendar Year | Class IV Services | \$2,000 |
| | 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

All designated Billing Contacts will receive an electronic monthly invoice via email, as well as automatic draft reminders, if applicable. Billing Contacts may remit payment via Automatic Draft or online, by logging into Online Resources to submit payment by credit card, checking or savings account each month.

Payment type (select one): ☐ Online Resources – move to step 9

☐ Automatic Draft – 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

The Producer/Agency named in this form is authorized to request and approve designated business decisions/changes on behalf of the Group. The Group understands and agrees Delta Dental of Oklahoma (DDOK) shall communicate and transact with the named Producer/Agency, as needed, to complete applicable transactions.

☐ Not Applicable – all decisions and/or changes must be communicated by an authorized group contact.

☐ Limited Authority – authorized to make the following decisions and/or changes on behalf of the employer group:

- Group Name Change
- Group Demographic Change
- Federal Tax Identification Number (TIN) Change
- Minimum Hours Worked
- New Hire Probationary Period
- Member/Dependent Term Rule
- Domestic Partnership Coverage
- Group Contact Change and/or Online Resources Access Updates

☐ Broad Authority – authorized to make Limited Authority decisions/changes, in addition to the following on behalf of the employer group:

- Benefit Year Change
- Contract/Anniversary Year Change
- Employer Contribution Change
- Division/Location Additions/Removals
- Change of Third-Party Administrator(s) (TPA)

☐ Full Authority – authorized to make Broad Authority decisions/changes, in addition to the following on behalf of the employer group:

- Rate Tier Change
- Plan Type Addition/Removal
- Product Conversion
- Alternate Identification (Alt ID) Conversion
- Plan Design Change(s)
- Group Termination Requests
- Group Reinstatement Requests



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



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

- | | |
|--|--|
| <input type="checkbox"/> DELTA DENTAL PPO | <input type="checkbox"/> DELTA DENTAL PREMIER |
| <input type="checkbox"/> DELTA DENTAL PPO – PREVENTIVE PLUS | <input type="checkbox"/> DELTA DENTAL PREMIER – CHOICE |
| <input type="checkbox"/> DELTA DENTAL PPO – PLUS PREMIER | <input type="checkbox"/> DELTA DENTAL PPO – CHOICE |
| <input type="checkbox"/> DELTA DENTAL PPO – PLUS PREMIER “ELITE” | <input type="checkbox"/> DELTA DENTAL PPO – CHOICE ADVANTAGE |
| | <input type="checkbox"/> DELTA DENTAL PPO – POINT OF SERVICE |

Employer: _____

GROUP#/SUBGROUP#

| | | | | | |
|--|--|--|--|--|--|
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LOCATION CODE

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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 <input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Dep. <input type="checkbox"/> Other: _____ | |
| ADDRESS | | | | | |
| CITY | | STATE | ZIP | <input type="checkbox"/> CHECK IF THIS IS A NEW ADDRESS | |

EMAIL: _____

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

| | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| TYPE OF ENROLLMENT/ELIGIBILITY UPDATE: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> COBRA ELECTION <input type="checkbox"/> TERMINATION OF BENEFITS <input type="checkbox"/> TERMINATION OF EMPLOYMENT AS OF _____ | <input type="checkbox"/> CHANGE IN CURRENT ENROLLMENT STATUS FOR <input type="checkbox"/> SUBSCRIBER <input type="checkbox"/> DEPENDENTS REASON FOR CHANGE: <input type="checkbox"/> DIVORCE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> LEGAL GUARDIANSHIP <input type="checkbox"/> ADOPTION <input type="checkbox"/> OTHER _____ | | | | | | | | | | | | |
| GROUP TRANSFER FROM GROUP#/SUBGROUP# <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | TO GROUP#/SUBGROUP# <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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](https://www.DeltaDentalOK.org/PrivacyPolicyGroup), or by mail upon request, and Delta Dental of Oklahoma's Notice of Privacy Practices available at [DeltaDentalOK.org/HIPAANotice](https://www.DeltaDentalOK.org/HIPAANotice), or by mail upon request.

Subscriber Signature: _____ Date: _____

SPOTLIGHT

Time to Focus on Your Smile

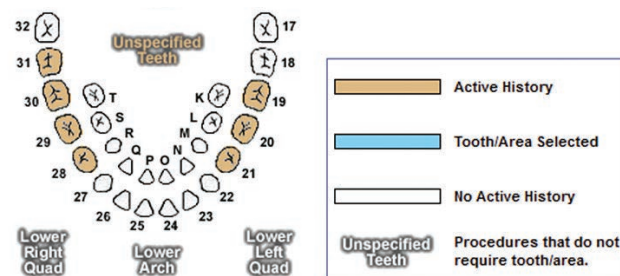
SPOTLIGHT

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

 DELTA DENTAL

Delta Dental of Oklahoma
Delta Dental PPO

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!

DELTA DENTAL OF OKLAHOMA FEATURES & SERVICES



SPOTLIGHT

Delta Dental of Oklahoma provides answers through an online portal known as **Spotlight**. Spotlight provides secure access to real-time information about your benefit plan — when you want it. Our online services feature:

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



ELECTRONIC 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.



DELTA DENTAL OF OKLAHOMA
Delta Dental PPO

DeltaDentalOK.org/Spotlight

VIEW MY BENEFITS

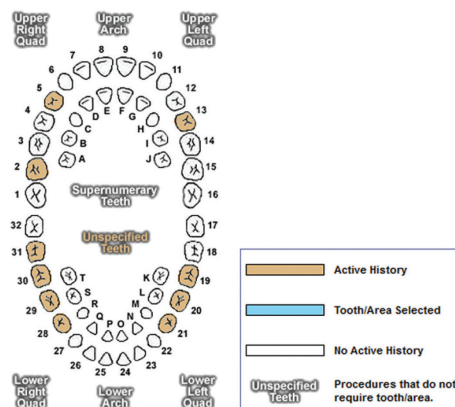
The View My Benefits tool makes it easy to understand your dental benefits. You can see a list of what your dental plan covers and if limitations apply. You can also view your benefits as a PDF to easily print, save, and email.

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 (7) years.

MY MOUTH

The My Mouth chart in Spotlight is a graphic illustration of your teeth, with color codes showing dental work and an explanation of the procedures performed on each tooth. Its aim is to help you better understand the dental care you receive.



FLEXIBLE SPENDING ACCOUNT SUMMARY

Your flexible spending account (FSA) summary includes documents needed to file for healthcare expense reimbursement. An itemized statement for each date of service is also available on the 'View My Claims' page.

To register for Spotlight, visit
DeltaDentalOK.org/Spotlight.

DELTA DENTAL OF OKLAHOMA FEATURES & SERVICES



MULTIPLE PROVIDER NETWORKS



Delta Dental offers two (2) 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.

Find a Delta Dental participating provider to enjoy savings and enhanced services at **DeltaDentalOK.org/DentistSearch** or select 'Dentist Search' from your Spotlight account at **DeltaDentalOK.org/Spotlight**.

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 Monday – Thursday from 7:00 a.m. – 6:00 p.m. and Friday from 7:00 a.m. – 5:00 p.m. at **405-607-2100** (OKC Metro) or **800-522-0188** (Toll Free). Oral health tips, our Find a Dentist tool and many other services are available to you 24/7 at **DeltaDentalOK.org**.

MOBILE APP

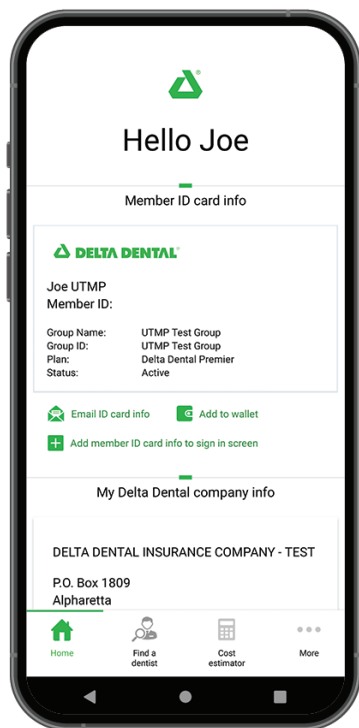
SECURELY ACCESS BENEFITS



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. Download the Delta Dental mobile app on the App Store (Apple) or Google Play (Android).

ADDITIONAL TOOLS

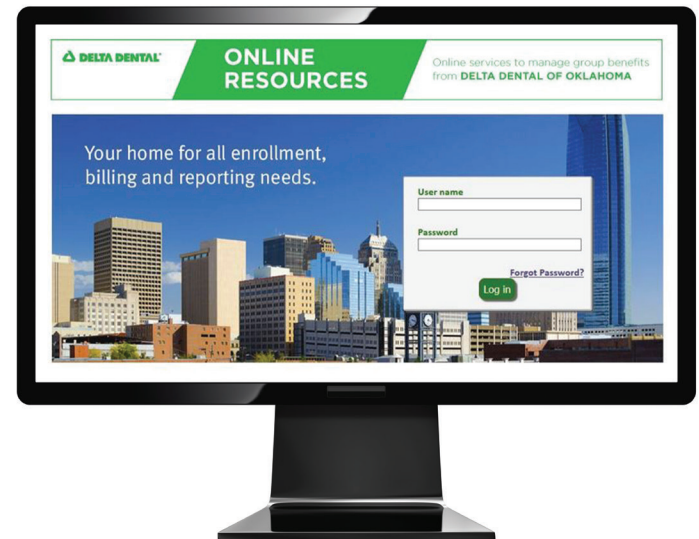
- Find a Dentist
- View and email your mobile ID card



DELTA DENTAL OF OKLAHOMA ONLINE RESOURCES

At **Delta Dental of Oklahoma (DDOK)**, we pride ourselves on providing our clients with the tools they need to efficiently administer dental benefits to their company and employees.

Online Resources, our portal for group administrators, allows designated persons within your organization, or your broker, to securely access information for your group.



Features include:



Secure Messaging

Group administrators can contact DDOK securely using the Secure Messaging portal.



Eligibility Maintenance

Provides group administrators with direct access to review and maintain eligibility for their employees.



Online Payments

Fully-insured clients can pay monthly online using a bank account, credit card or by automatic bank draft.



Fully-insured Reporting

Delta Dental's fully-insured clients can access Online Resources to view:

- Aggregate claims
- Covered lives
- Eligibility lookup
- Overage dependent
- Subscriber list
- Detailed monthly invoices with subscriber level breakdown for ease of billing reconciliation

To learn more about Online Resources, please visit DeltaDentalOK.org/OnlineResources



DELTAADENTALOK.ORG/SELECT