



DELTA DENTAL PPO – CHOICE ADVANTAGE & DELTA DENTAL PPO – POINT OF SERVICE INDIVIDUAL RETIREE CONVERSION PROGRAM

Delta Dental of Oklahoma's Delta Dental PPO – Choice Advantage and Delta Dental PPO – Point of Service programs provide an opportunity to retirees who want to continue quality dental benefits upon retirement, at a reasonable cost. Both Delta Dental PPO – Choice Advantage and Delta Dental PPO – Point of Service include benefits ranging from preventive to major restorative services.

The Delta Dental PPO – Point of Service program provides access to two dental networks—the Delta Dental Premier network and the Delta Dental PPO network, *and* the opportunity to maximize savings should you choose to receive treatment from a Delta Dental PPO dentist. The Delta Dental Premier dentist network is available for those employees who prefer greater access.

The Delta Dental PPO – Choice Advantage program provides access to the Delta Dental PPO dental network, a more limited network providing deeper discounts. The Delta Dental PPO – Choice Advantage program is for premium-conscious individuals, providing comprehensive benefits and access to one of the nation's largest PPO networks.

To find a participating dentist, ask your dentist if he or she is a Delta Dental participating dentist; refer to Delta Dental's National Dentist Directory (Delta Dental PPO and/or Delta Dental Premier) on the Internet at www.DeltaDentalOK.org; or call Delta Dental of Oklahoma's customer service department at 405-607-2100, or toll-free at 1-800-522-0188.

BENEFITS SUMMARY & RATES

	Delta Dental PPO – Point of Service	Delta Dental PPO – Choice Advantage
Maximum Calendar Year Benefit Payment	\$1,000 Per Person	\$1,500 Per Person
Calendar Year Deductible	\$50 Per Person (Class II and Class III only)	\$50 Per Person (Levels 2, 3, and 4 Services only)
Covered Services and Co-payments	Refer to the Delta Dental PPO – Point of Service Summary of Benefits included in this program overview	Refer to the Delta Dental PPO – Choice Advantage <i>Description of Covered Services and Enrollee Co-payments</i> table included in this program overview
Monthly Rates	Retiree Only: \$38.86 Retiree + 1 Dependent: \$68.00 Retiree + Family: \$132.72	Retiree Only: \$33.00 Retiree + 1 Dependent: \$57.70 Retiree + Family: \$112.32

Note: Although deductible and maximum benefit payments are based on the calendar year (January 1 through December 31 each year), all policy limitations that relate to how often covered dental procedures are a benefit under the Policy (frequency limitations) are measured in consecutive-month periods.

ELIGIBILITY/UNDERWRITING REQUIREMENTS

- To be eligible for coverage under the individual retiree program, the retiring employee must: (a) be enrolled as an eligible participant in his or her employer's active group dental plan with Delta Dental of Oklahoma at the time of retirement; and, (b) convert to the individual policy at the time of retirement or at the end of the retiree's COBRA coverage period if COBRA coverage is elected at the time of retirement. Coverage will be effective the first of the month coinciding with or next following the retiree's eligibility date. *Note: The Retiree Conversion/Eligibility Update form must be received by DDOK within 30 days of the conversion effective date.*
- Eligible dependents may also be covered under the retiree's individual policy provided: (a) the retiring employee has family coverage at the time of retirement or at the end of the retiree's COBRA coverage period if COBRA coverage is elected at the time of retirement; and, (b) covered dependents are converted to the individual policy at the same time the retiree converts. Any eligible dependent(s) acquired by the retiree after the conversion effective date may be added to the retiree's individual policy provided a Retiree Conversion/Eligibility Update form is received by DDOK within 30 days of the date the retiree acquires the new dependent(s).
- The retiree must make his or her policy type and payment elections at the time of conversion to the individual policy. Changes in policy type and/or payment election can only be made effective January 1 each year.
- Rates are guaranteed from the initial effective date of the retiree's individual policy through December 31 of the same calendar year. Thereafter, rates are subject to change January 1 each year, but are guaranteed for 12-month periods commencing January 1 and continuing through December 31 each year.

Delta Dental PPO – Point of Service
Effective January 1, 2013

The Delta Dental PPO – Point of Service program combines both the Delta Dental PPO and Delta Dental Premier networks on a point-of-service basis. The Delta Dental PPO – Point of Service program provides the opportunity for enhanced benefits when utilizing a Delta Dental PPO network provider and the freedom to access both our PPO and Premier dental networks, maximizing savings while increasing network access and benefits.

COVERED SERVICES AND CO-PAYMENTS

	PPO Network	Premier Network	Out-of-Network
Class I – Diagnostic & Preventive Services * Oral evaluations (examinations) * Routine prophylaxis, including cleaning and polishing * Periodontal maintenance procedures (D4910) following active therapy * X-rays * Space maintainers to replace prematurely lost teeth of eligible dependent children (not for orthodontic purposes) * Topical application of fluoride (for eligible dependent children only) * Topical application of sealants (for eligible dependent children only) * Minor emergency (palliative) treatment for relief of pain	100%	90%	70%
Class II – Basic Restorative Services * Amalgam and composite fillings * Stainless steel crowns (for eligible dependent children only) when the natural teeth cannot be restored with another filling material * Endodontics: includes pulpal therapy and root canal treatment * Oral Surgery: procedures for extractions and other oral surgery * Periodontics: procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance following active therapy (D4910) which is payable as a Class I service	80%	70%	40%
Class III – Major Restorative Services * Major Restorative: provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material * Prosthodontic: procedures for construction of fixed partial dentures (bridges), removable partial dentures, complete dentures; and/or adjustment or repair of an existing prosthodontic device provided under Policy	50%	40%	20%

Note: The percentages listed above are the portion of the dentist's fee that Delta Dental of Oklahoma will pay toward covered services after any applicable deductible has been met, subject to the maximum allowable charge or prevailing fee, as determined by Delta Dental of Oklahoma, and the maximum benefit payment. Also, some covered services indicated above are subject to limitations such as patient age, frequency of procedure, etc., or excluded in certain instances.

DEDUCTIBLE

A \$50 deductible applies to each enrolled person each calendar year for covered Class II and Class III services. The deductible can be met in Class II or Class III services, or in any combination of Class II and Class III services. The deductible does not apply to Class I services.

MAXIMUM BENEFIT PAYMENT

The maximum benefit payment for covered Class I, Class II, and Class III services combined is \$1,000 per each enrolled person each calendar year.

Delta Dental PPO – Choice Advantage
Effective January 1, 2016
Description of Covered Services and Enrollee Co-payments

Procedure Code	Description	Enrollee Co-payment
Level 1 Services		
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$10.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$20.00
D0210	Intraoral – complete series of radiographic images	\$25.00
D0220	Intraoral – periapical first radiographic image	\$5.00
D0230	Intraoral – periapical each additional radiographic image	\$5.00
D0240	Intraoral – occlusal radiographic image	\$5.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0273	Bitewings – three radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$25.00
D0330	Panoramic radiographic image	\$10.00
D1110	Prophylaxis – adult	\$0.00
D1120	Prophylaxis – child	\$0.00
D1206	Topical application of fluoride varnish	\$5.00
D1208	Topical application of fluoride – excluding varnish	\$0.00
D1351	Sealant – per tooth	\$0.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$5.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00
Level 2 Services		
D1510	Space maintainer – fixed – unilateral	55.00
D1515	Space maintainer – fixed – bilateral	81.00
D1520	Space maintainer – removable – unilateral	63.00
D1525	Space maintainer – removable – bilateral	74.00
D2140	Amalgam – one surface, primary or permanent	22.00
D2150	Amalgam – two surfaces, primary or permanent	26.00
D2160	Amalgam – three surfaces, primary or permanent	32.00
D2161	Amalgam – four or more surfaces, primary or permanent	38.00
D2330	Resin-based composite – one surface, anterior	24.00
D2331	Resin-based composite – two surfaces, anterior	29.00
D2332	Resin-based composite – three surfaces, anterior	35.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	44.00
D2391	Resin-based composite – one surface, posterior	28.00
D2392	Resin-based composite – two surfaces, posterior	35.00
D2393	Resin-based composite – three surfaces, posterior	43.00
D2394	Resin-based composite – four or more surfaces, posterior	48.00
D2940	Protective restoration	13.00
D3410	Apicoectomy – anterior	120.00
D3421	Apicoectomy – bicuspid (first root)	127.00
D3425	Apicoectomy – molar (first root)	133.00
D3426	Apicoectomy (each additional root)	45.00
D3430	Retrograde filling – per root	38.00
D3450	Root amputation – per root	83.00
D5510	Repair broken complete denture base	30.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	27.00
D5610	Repair resin denture base	30.00
D5620	Repair cast framework	41.00
D5630	Repair or replace broken clasp – per tooth	38.00
D5640	Replace broken teeth – per tooth	23.00
D7111	Extraction, coronal remnants – deciduous tooth	18.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
Level 3 Services		
D2930	Prefabricated stainless steel crown – primary tooth	42.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	29.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	113.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	132.00
D3330	Endodontic therapy, molar (excluding final restoration)	168.00
D3346	Retreatment of previous root canal therapy – anterior	142.00
D3347	Retreatment of previous root canal therapy – bicuspid	158.00
D3348	Retreatment of previous root canal therapy – molar	188.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	98.00

Procedure Code	Description	Enrollee Co-payment
Level 3 Services – Continued		
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$35.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$116.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$63.00
D4249	Clinical crown lengthening – hard tissue	\$90.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$39.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$24.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30.00
D4910	Periodontal maintenance	\$26.00
D5410	Adjust complete denture – maxillary	\$16.00
D5411	Adjust complete denture – mandibular	\$16.00
D5421	Adjust partial denture – maxillary	\$15.00
D5422	Adjust partial denture – mandibular	\$15.00
D5650	Add tooth to existing partial denture	\$41.00
D5660	Add clasp to existing partial denture – per tooth	\$53.00
D5710	Rebase complete maxillary denture	\$90.00
D5711	Rebase complete mandibular denture	\$105.00
D5720	Rebase maxillary partial denture	\$88.00
D5721	Rebase mandibular partial denture	\$97.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$62.00
D5740	Reline maxillary partial denture (chairside)	\$54.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$71.00
D5751	Reline complete mandibular denture (laboratory)	\$74.00
D5760	Reline maxillary partial denture (laboratory)	\$70.00
D5761	Reline mandibular partial denture (laboratory)	\$70.00
D5850	Tissue conditioning, maxillary	\$28.00
D5851	Tissue conditioning, mandibular	\$28.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$41.00
D7220	Removal of impacted tooth – soft tissue	\$47.00
D7230	Removal of impacted tooth – partially bony	\$60.00
D7240	Removal of impacted tooth – completely bony	\$73.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$85.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$39.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$44.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$26.00
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$29.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$22.00
Level 4 Services		
D2642	Onlay – porcelain/ceramic – two surfaces	\$319.00
D2643	Onlay – porcelain/ceramic – three surfaces	\$326.00
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$347.00
D2740	Crown – porcelain/ceramic substrate	\$403.00
D2750	Crown – porcelain fused to high noble metal	\$391.00
D2751	Crown – porcelain fused to predominantly base metal	\$350.00
D2752	Crown – porcelain fused to noble metal	\$374.00
D2780	Crown – ½ cast high noble metal	\$375.00
D2781	Crown – ½ cast predominantly base metal	\$340.00
D2782	Crown – ½ cast noble metal	\$326.00
D2783	Crown – ½ porcelain/ceramic	\$377.00
D2790	Crown – full cast high noble metal	\$358.00
D2791	Crown – full cast predominantly base metal	\$299.00
D2792	Crown – full cast noble metal	\$326.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$28.00
D2920	Re-cement or re-bond crown	\$28.00
D2931	Prefabricated stainless steel crown – permanent teeth	\$94.00
D2950	Core buildup, including any pins when required	\$80.00
D2952	Post and core in addition to crown, indirectly fabricated	\$111.00
D2954	Prefabricated post and core in addition to crown	\$109.00
D2960	Labial veneer (resin laminate) – chairside	\$171.00
D2961	Labial veneer (resin laminate) – laboratory	\$195.00
D2962	Labial veneer (porcelain laminate) – laboratory	\$314.00
D2980	Crown repair necessitated by restorative material failure	\$62.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$352.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$205.00

Delta Dental PPO – Choice Advantage
Effective January 1, 2016
Description of Covered Services and Enrollee Co-payments

Procedure Code	Description	Enrollee Co-Payment
Level 4 Services – Continued		
D5110	Complete denture – maxillary	\$504.00
D5120	Complete denture – mandibular	\$492.00
D5130	Immediate denture, maxillary	\$554.00
D5140	Immediate denture, mandibular	\$550.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$596.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$530.00
D6010	Surgical placement of implant body; endosteal implant	\$652.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$744.00
D6055	Connecting bar – implant supported or abutment supported	\$923.00
D6056	Prefabricated abutment – includes modification and placement	\$255.00
D6057	Custom fabricated abutment – includes placement	\$345.00
D6058	Abutment supported porcelain/ceramic crown	\$411.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$417.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$383.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$397.00
D6062	Abutment supported cast metal crown (high noble metal)	\$407.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$405.00
D6064	Abutment supported cast metal crown (noble metal)	\$405.00
D6065	Implant supported porcelain/ceramic crown	\$456.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$240.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$380.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$435.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$410.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$410.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$420.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$420.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$405.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$415.00
D6075	Implant supported retainer for ceramic FPD	\$367.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$376.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$405.00

Procedure Code	Description	Enrollee Co-payment
Level 4 Services – Continued		
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$75.00
D6090	Repair implant supported prosthesis, by report	291.00
D6092	Re-cement or re-bond implant/abutment supported crown	45.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	60.00
D6094	Abutment supported crown (titanium)	480.00
D6095	Repair implant abutment, by report	245.00
D6100	Implant removal, by report	305.00
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	1,647.00
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	1,647.00
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	1,140.00
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	1,140.00
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	67.00
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	67.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	909.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	909.00
D6194	Abutment supported retainer crown for FPD (titanium)	503.00
D6210	Pontic – cast high noble metal	374.00
D6211	Pontic – cast predominantly base metal	344.00
D6212	Pontic – cast noble metal	350.00
D6240	Pontic – porcelain fused to high noble metal	357.00
D6241	Pontic – porcelain fused to predominantly base metal	329.00
D6242	Pontic – porcelain fused to noble metal	303.00
D6720	Retainer crown – resin with high noble metal	276.00
D6721	Retainer crown – resin with predominantly base metal	236.00
D6722	Retainer crown – resin with noble metal	245.00
D6750	Retainer crown – porcelain fused to high noble metal	384.00
D6751	Retainer crown – porcelain fused to predominantly base metal	335.00
D6752	Retainer crown – porcelain fused to noble metal	355.00
D6783	Retainer crown – ½ porcelain/ceramic	326.00
D6790	Retainer crown – full cast high noble metal	358.00
D6791	Retainer crown – full cast predominantly base metal	354.00
D6792	Retainer crown – full cast noble metal	316.00
D6930	Re-cement or re-bond fixed partial denture	42.00
Level 5 Services (Available only to eligible Dependent Children under age 26)		
	Orthodontic treatment	Monthly amounts over \$50

Current Dental Terminology © 2015 American Dental Association. All rights reserved.

Delta Dental benefits are limited to only those services specifically listed in the preceding table.

Maximum Benefit Year Payment Per Person – Levels 1, 2, 3 and 4 combined\$1,500
Maximum Lifetime Benefit Payment Per Eligible Dependent Child – Level 5\$1,500
Benefit Year Deductible Per Person (applies to Levels 2, 3 and 4).....\$50

Note: Some benefits are subject to limitations, e.g. age of patient, frequency of procedure, etc., or excluded in some instances.

When covered dental treatment is provided by a Delta Dental PPO participating dentist, payment will be based on the lesser of the dentist’s submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible and the “Enrollee Co-payment” amounts in the “Description of Covered Services and Enrollee Co-payments” table.

When covered dental treatment is provided by a Delta Dental Premier participating dentist, payment will be based on the lesser of the dentist’s submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the “Enrollee Co-payment” amounts in the table beginning on the next page, and any amounts in excess of the Delta Dental PPO allowable amount, but only up to the Delta Dental Premier maximum allowable amount.

Delta Dental PPO – Choice Advantage
Effective January 1, 2016
Description of Covered Services and Enrollee Co-payments

When covered dental treatment is provided by a non-participating dentist, payment will be based on the lesser of the dentist's submitted fee or the Delta Dental PPO maximum allowable amount, subject to the maximum Plan Benefit Year payment set forth in this Summary. The enrollee is responsible for paying any applicable Plan Benefit Year Deductible, the "Enrollee Co-payment" amounts in the preceding "Description of Covered Services and Enrollee Co-payments" table, and the remaining balance of covered charges, if any, not paid by the Plan. *Refer to the "Co-Payment Percentage/Amount Table" below for the percentage or amount of remaining balance of covered charges, if any, paid by the Plan.*

CO-PAYMENT PERCENTAGE/AMOUNT TABLE
(Services Provided by Non-participating Dentists)

Type of Covered Dental Service	Delta Dental Pays
Level 1 and Level 2 Services	60%*
Level 3 and Level 4 Services	30%*
Level 5 Services	\$35 Per Month

*Percentage of remaining balance of covered charges payable by Delta Dental Plan of Oklahoma after Enrollee has paid his/her plan benefit year deductible, if applicable, and appropriate "Enrollee Co-Pay" amounts indicated in the "Description of COVERED SERVICES AND CO-PAYMENTS" table above.



For use with 2016 enrollments

Application for Retiree Conversion

Name: _____ Date of Birth: _____ Sex: M F

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ E-mail: _____ Phone #: _____
☐ Mobile # ☐ Home #

Program Selection (Choose one)

☐ Delta Dental PPO - Choice Advantage
Group #4908

Program Type (Choose one)	Your Cost
<input type="checkbox"/> Individual	\$33.00 per month
<input type="checkbox"/> Individual + 1 (spouse or one child)	\$57.70 per month
<input type="checkbox"/> Individual + Family	\$112.32 per month

☐ Delta Dental PPO - Point of Service
Group #4907

Program Type (Choose one)	Your Cost
<input type="checkbox"/> Individual	\$38.86 per month
<input type="checkbox"/> Individual + 1 (spouse or one child)	\$68.00 per month
<input type="checkbox"/> Individual + Family	\$132.72 per month

List all dependents to be enrolled (Please complete for spouse and/or all dependent children under 23 years of age.)

Spouse Name: _____ Sex: _____ Date of Birth (DOB): _____

Child Name: _____ Relationship: _____ Sex: _____ DOB: _____

Child Name: _____ Relationship: _____ Sex: _____ DOB: _____

Child Name: _____ Relationship: _____ Sex: _____ DOB: _____

Bank Draft (EFT): ☐ Monthly* ☐ Annual

Bank Account Type: ☐ Checking ☐ Savings

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

(Please attach a voided check to application. Only applies for electronic payments.)

*Initial premium will be drafted from your account immediately upon approval of this application. Subsequent drafts will be made on the 5th of each month and applied to the current month premium.

Termination Requirement: Please note that you must provide a minimum of 30 days written notice to Delta Dental of Oklahoma prior to requested termination 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 misleading information is guilty of a felony.

ACKNOWLEDGEMENT and AUTHORIZATION: By signing this form, I agree to continue enrollment as provided in the Individual Dental Policy issued by Delta Dental of Oklahoma and acknowledge I have read the privacy policy detailed on the back of this form.

To cover the cost of my dental benefits for which I have made request, and for which I am or may become insured, I hereby authorize: (a) my former employer's designee to deduct from my retirement check; or (b) Delta Dental to draft my designated personal bank account, until further notice. In lieu of a monthly deduction from my retirement check of DDOK automatic draft of my designated personal bank account, I shall have the option of payment in full, in advance, for each annual coverage period commencing on the effective date of my individual coverage, such payment to be made by check or DDOK automatic draft of my designated bank account. Regardless of the payment method I elect, I understand and agree that failure to make funds available in sufficient amounts to cover the cost of my dental benefits for which I have made request shall result in the termination of my coverage effective on the paid-through date reflected in DDOK records at the time of such failure.

Applicant Signature: _____ Date: _____

Mail to:

Delta Dental of Oklahoma
Attn: Individual and Family
PO Box 54709
Oklahoma City, OK 73154

Fax to:

405-607-2157

Broker/Agent Code

(5-6 digit)

--	--	--	--	--	--

For use with 2016 enrollments

TURN OVER / NEXT PAGE »



Delta Dental of Oklahoma Individual Privacy Policy

All companies that are part of the Delta Dental Plan 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, and HIPPA, Delta Dental has developed a privacy policy that applies to all employees, officers, directors, agents, brokers, and to any other transaction Delta Dental conducts which may contain your confidential information.

INFORMATION WE COLLECT - We collect and maintain personal, nonpublic information we receive from Customers directly through applications, claims, enrollment forms, our website, and over the telephone or in person, from providers, agents, clearinghouses, and government agencies. This information includes, for example, your name, address, Social Security Number, date of birth, and claim information. We use this information to process our Customers’ requests and transactions, provide Customers with additional information about new products, and to comply with federal and state laws.

UTILIZATION OF INFORMATION - Delta Dental has, and will continue to utilize non-affiliated third parties to conduct certain functions of our business to provide our Customers with services and products. We do this by allowing access to certain nonpublic personal information about our Customers and their transactions. Access to this information is restricted to individuals who require it in order to service Customer accounts or provide information to our Customers, and as permitted by law. Delta Dental reserves the right to disclose this information in these and other circumstances as allowed or required by law. HOWEVER, 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.

OUR SECURITY - We maintain physical, electronic, and procedural safeguards to protect the information we collect about our Customers. We consider this nonpublic personal information to be confidential and treat it as such. The personnel who have access to this information are trained in the 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 Customers’ confidential information is protected. If you terminate your coverage, Delta Dental will adhere to the information practices as described in this notice.

If you have questions about our Privacy Policy, please do not hesitate to contact your Delta Dental representative at (800) 522-0188 or 405-607-2100 (in the Oklahoma City metropolitan area).

Issued 8/23/04
2.4 Revised 10/5/11