

**PPO – Point of Service
Retiree Conversion Program**

2020

Delta Dental of Oklahoma’s Retiree Conversion Program provides individuals the opportunity to retain quality dental benefits upon retirement at a reasonable cost. Our Point of Service program provides access to two dental networks – the **Delta Dental PPO** network and the **Delta Dental Premier** network.

To find a participating dentist, visit DeltaDentalOK.org and select ‘Find a Dentist’ under the ‘For Members’ section, or call our Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Plan Information	
Maximum Calendar Year Benefit Payment	\$1,000 per person
Calendar Year Deductible	\$50 per person (Class II and Class III only)
Covered Services and Co-payments	Refer to Delta Dental PPO – Point of Service Summary of Benefits

- 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.
- Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Class I, II and III services combined.
- A \$50 deductible applies to each enrolled person each calendar year for covered Class II and Class III services. Deductible can be met in Class II or Class III services, or in any combination of Class II and Class III services. Deductible **does not** apply to Class I services.

Note: Although deductible and maximum benefit payments are based on the calendar year (January 1 – December 31 annually), all policy limitations that relate to the frequency of covered dental procedures are measured in consecutive-month periods.

Monthly Rates	
Retiree Only	\$43.00
Retiree + 1 Dependent (spouse or one child)	\$78.00
Retiree + Family	\$148.00

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Summary of Benefits

Percentages listed are the portion of the dentist’s fee that Delta Dental of Oklahoma (DDOK) will pay toward covered services after any applicable deductible has been met, subject to the maximum allowable charge or the prevailing fee, as determined by DDOK, and the annual maximum benefit payment.

Covered Services and Co-Payments	PPO Network	Premier Network	Out-of-Network
Diagnostic and Preventive Services (Class I Benefits): <ul style="list-style-type: none"> ▪ Oral evaluation ▪ Routine prophylaxis, including cleaning and polishing ▪ Periodontal maintenance procedures (D4910) following active therapy ▪ X-rays ▪ Space maintainers to replace prematurely lost teeth for eligible dependent children (not for orthodontic purposes) ▪ Topical application of fluoride (for eligible dependent children only) ▪ Minor emergency (palliative) treatment for relief of pain 	100%	90%	70%
Basic Services (Class II Benefits): <ul style="list-style-type: none"> ▪ 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) and scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation (D4346) which are payable as Class I services 	80%	70%	40%
Major Services (Class III Benefits): <ul style="list-style-type: none"> ▪ Crowns – 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 	50%	40%	20%

Note: Covered services indicated above are subject to limitations (e.g., patient age, frequency of procedure) or excluded in certain instances.

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Eligibility/Underwriting Requirements

- To be eligible for coverage under the Retiree Conversion 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 (DDOK) 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 Enrollment 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 Enrollment 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.



RETIREE CONVERSION ENROLLMENT FORM

Delta Dental of Oklahoma | PPO – Point of Service Plan

Retiree Information

Name _____ Date of Retirement _____ Gender: Male Female

Mailing Address _____ Date of Birth _____

City _____ State _____ Zip _____

Social Security Number _____ Email _____

Home Phone Number _____ Mobile Phone Number _____

Plan Selection and Dependent Enrollment

Plan Type (select one): Retiree Retiree + 1 (spouse or one child) Retiree + Family

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

Spouse Name _____ Date of Birth _____ Gender: Male Female

Dependent Child Name _____ Date of Birth _____ Gender: Male Female

Dependent Child Name _____ Date of Birth _____ Gender: Male Female

Dependent Child Name _____ Date of Birth _____ Gender: Male Female

Dependent Child Name _____ Date of Birth _____ Gender: Male Female

Billing and Payment

Automatic Draft[†] Options (select one): Monthly* Annual

Financial Institution _____ Branch _____

Account Number _____ Bank Routing Number _____

Type of Account (select one): Checking Savings

[†]To set up automatic draft, a voided check must be attached to this enrollment form.

*Initial premium will be drafted from your account immediately upon approval of this application. Subsequent drafts will be made on the fifth (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 or 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.

Retiree's Signature: _____ Date: _____

Submission Information

Fax to: 405-607-2136

Email to: ClientRelations@DeltaDentalOK.org

Mail to: Delta Dental of Oklahoma

Attn: Client Relations

PO Box 54709

Oklahoma City, OK 73154

Broker/Agent Code (five or six digits)

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Individual Privacy Policy Delta Dental of Oklahoma

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 HIPAA, 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 websites 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 Customers’ 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 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).