



Dear University of Oklahoma Graduate Assistant:

Effective September 1, 2010, Delta Dental of Oklahoma (DDOK) will provide a fully-insured, voluntary dental program for graduate assistants of the University of Oklahoma, providing greater access to contracted dentists offering additional cost savings.

The Delta Dental PPO—Point of Service program affords you access to two Delta Dental networks—Delta Dental Premier and Delta Dental PPO. You decide which dentist you want to use at the time you make your appointment, and you have complete freedom to select any dentist, from either network, at any time. Both networks provide the same “**Delta Dental Difference**” advantages such as nationwide dentist networks, freedom to select the dentist of your choice at any time, no claim filing, protection against excess charges above maximum allowable amounts, etc., but the PPO network is a deeper-discounted network and will provide greater out-of-pocket savings to you. A summary of the dental plan “highlights” is included for your review and consideration, and the monthly rates are listed below.

Graduate Assistant Only	\$29.21
Graduate Assistant + Spouse	\$58.42
Graduate Assistant + Child(ren)	\$67.18
Graduate Assistant + Family	\$96.39

A brief summary of the benefit plan is attached, along with an enrollment form. If you are eligible to enroll during the 2010 open enrollment period and wish to take advantage of this program, please print and complete the enrollment form, then return the signed enrollment form to Delta Dental of Oklahoma by mail or facsimile at the address indicated in the upper left hand corner of the form. Your coverage will become effective September 1, 2010, if your completed enrollment form is received by Delta Dental of Oklahoma on or before September 12, 2010. **Note:** *A graduate assistant hired after the close of the 2010 open enrollment period will be eligible to enroll in the program if his or her completed enrollment form is received by Delta Dental of Oklahoma within 30 days following the date of hire. Coverage for a graduate assistant hired after the 2010 open enrollment period will become effective on the first of the month next following the date his or her valid enrollment documentation is received by DDOK if the date of receipt is the 1st through the 20th day of the month. If the enrollment documentation is received by DDOK on the 21st through the last day of the month, coverage becomes effective on the first of the second month following the date the enrollment documentation is received by DDOK.*

Payment for coverage is simple. Each month, DDOK will draft the appropriate premium from the banking account you designate in your enrollment form. The amount to be drafted will be based on your enrollment type (Graduate Assistant Only, Graduate Assistant + Spouse, etc.). For those enrolling during the 2010 enrollment period, DDOK will draft September and October premiums from your designated account on September 22. Thereafter, the monthly draft of your account will occur on the 20th day of the month preceding the month of coverage. For example, premium for November will be drafted on October 20. **Note:** *If you do not maintain a bank account, you may elect to pay the annual premium, in a lump sum, by cashier's check or money order.*

You may access a list of dentists participating in the Delta Dental networks using Delta Dental of Oklahoma's website at **www.DeltaDentalOK.org**. If you do not have internet access, simply contact your dentist and ask if he or she is a Delta Dental participating dentist or contact our Delta Dental of Oklahoma customer service department in Oklahoma City for a list of participating dentists in your area.

Delta Dental of Oklahoma is very pleased to bring the “**Delta Dental Difference**” to the University of Oklahoma graduate assistants and welcomes the opportunity to serve you. If you have any questions regarding this Delta Dental benefits program, please feel free to call Delta Dental of Oklahoma's customer service department at 405-607-2100 (Oklahoma City metropolitan area) or toll-free at 800-522-0188.



Delta Dental Program Highlights

For Members of
The University of Oklahoma Graduate Assistants Program
Delta Dental PPO – Point of Service (Voluntary)

This brochure provides a brief description of the most important features of your new Delta Dental dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's customer service department at the toll-free number indicated on the back of your identification card.

Under your Delta Dental program, you may go to any properly licensed dentist. However, it is to your advantage to go to a Delta Dental participating dentist because typically, your out-of-pocket expenses will be lower. For example, payment of a covered Class II dental service is illustrated below. The illustration assumes the annual deductible has been satisfied.

Delta Dental PPO Participating Dentist		Delta Dental Premier Participating Dentist		Non-Participating Dentist (Out-Of-Networks)	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan Pays (80% of Delta Dental PPO Allowable)	\$56	Plan Pays (70% of Delta Dental Premier allowable)	\$59.50	Plan Pays (60% of Prevailing Fee)	\$45
You Pay*	\$14	You Pay*	\$25.50	You Pay*	\$55
*20% of Delta Dental PPO Allowable		*30% of Delta Dental Premier Allowable		*Balance of the Dentist Charge	

Using Your Dental Program

To use your program, just call the dental office of your choice and make an appointment. During your first appointment, be sure to provide your dentist with the following information:

- Your group number – **5800**
- The *employee's* social security number

Your Dental Program Allows You To:

- Change dentists at any time without pre-approval.
- Go to a specialist of your choice without pre-approval.
- Select a different dentist for each member of your family.
- Receive dental care anywhere in the world.

Finding A Delta Dental Participating Dentist

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. 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 on the Internet at www.DeltaDentalOK.org; or call Delta Dental's customer service department at **405-607-2100**, or toll-free at **1-800-522-0188**.

The Advantage Of Predetermination

If you are having dental work done that will cost more than \$150, your dentist can request a predetermination of benefits by Delta Dental before starting treatment. The predetermination procedure is provided by Delta Dental to ensure that you know exactly whether the proposed treatment is covered under your program, how much the dental service will cost, and your share of the cost.

Filing Your Claim

A Delta Dental participating dentist will have Delta Dental claim forms in his or her office and is required to complete and submit the claim form to Delta Dental at no charge. If your dentist does not have Delta Dental claim forms, any standard dental claim form approved by the American Dental Association may be used. You will also find a printable claim form on Delta Dental of Oklahoma's Internet website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below.

Delta Dental of Oklahoma
 Claims Processing Center
 P.O. Box 548809
 Oklahoma City, OK 73154-8809

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible only for any co-payment percentages, deductible amounts, charges for non-covered dental services, and amounts in excess of your annual maximum benefit payment. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental.

If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will reimburse you directly, or other participant or beneficiary if required by law, up to the maximum allowable under your program.

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations, such as age of patient, late enrollee, frequency of procedure, etc., or excluded in some instances. If you have specific questions, consult your Summary Plan Description, or call 607-2100 (within Oklahoma City metropolitan area) or 1-800-522-0188 (toll-free) if outside the Oklahoma City metropolitan area. You may write Delta Dental of Oklahoma at P.O. Box 54709, Oklahoma City, Oklahoma 73154-1709.

PRINCIPAL BENEFITS AND COVERED SERVICES

Plan Benefit Year

September 1 – August 31 Each Year

Dental Expense Benefits

Benefit Year Deductible Per Person/Per Family.....\$50/\$150

Benefit Year Maximum Payment Per Person (I, II & III)\$1,500

***Note:** Deductibles do not apply to Class I Services.

Covered Services and Plan Co-payments

	<u>PPO Network</u>	<u>Premier Network</u>	<u>Out-of Network</u>
Class I Services:	100%	90%	80%
<ul style="list-style-type: none">* Oral evaluations* Routine prophylaxis, including cleaning and polishing* Periodontal maintenance procedures (D4910) following active therapy* Bite-wing and periapical x-rays* Full-mouth 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* 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* Minor emergency (palliative) treatment for relief of pain			
<i>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.</i>			
Class II Services:	80%	70%	60%
<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			
Class III Services:	50%	40%	30%
<ul style="list-style-type: none">* Endodontics: includes pulpal therapy and root canal treatment* Oral Surgery: procedures for extractions and other oral surgery, including pre and post-operative care* 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* 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 bridges, partial dentures, and complete dentures* Implants: procedures for implant placement, implant-supported prosthetics, and maintenance and repair of implants and implant-supported prosthetics provided under this Plan			
Class IV Services:	Not A Benefit		
Orthodontic: The necessary treatment and procedures required for the correction of malposed teeth.			

Note: Some covered services indicated above are subject to limitations such as age of patient, frequency of procedure, etc., or

excluded in certain instances. If you have specific questions regarding your plan benefits, please contact Delta Dental Plan of Oklahoma at the toll-free number included in this brochure.

Note: The Plan's percentage payment indicated next to each class of dental service will be based on the lesser of the dentist's submitted fee or the maximum allowable amount, as calculated by Delta Dental.

Note: Eligible dependent children can be covered to age 19.

Note: Benefits for Class III Services are not available to an enrolled person until he or she has been continuously covered under this program for a period of six (6) months.

DENTAL SERVICES NOT COVERED

- Benefits or services for injuries or conditions compensable under Workers' Compensation or Employers' Liability laws
- Benefits or services available from any federal or state government agency, or from any municipality, county, or other political subdivision or community agency, or from any foundation or similar entity.
- Charges for services or supplies for which no charge is made that the patient is legally obligated to pay or for which no charge would be made in the absence of dental coverage.
- Benefits for services if claim is received for payment more than 12 months after the date of service.
- Charges for treatment by other than a properly licensed dentist, except cleaning and scaling of teeth and topical application of fluoride may be performed by a properly licensed dental hygienist if treatment is rendered under the supervision and guidance of the dentist, in accordance with generally accepted dental standards.
- Charges for: (1) completion of forms or submission of supportive documentation required by DDOK for a benefit determination; (2) office visits, hospital calls, or house calls; (3) broken appointments; (4) hospitalization or additional fees charged for hospital treatment; (5) preventive control programs; (6) management fees; (7) bleaching of teeth.
- Benefits for services or appliances started prior to the date the patient became eligible under this Plan may be excluded.
- Prescription drugs, pre-medications, and relative analgesia.
- Experimental procedures.
- Charges for orthodontic treatment.
- Charges for replacement of lost or missing crowns or appliances, for replacement of stolen appliances, or for repair of an orthodontic appliance.
- Services with respect to diagnosis and treatment of disturbances of the temporomandibular joint (TMJ).
- Benefits or services to correct congenital or developmental malformations.
- Services for the purpose of improving appearance when form and function are satisfactory and there is insufficient pathological condition evident to warrant the treatment (cosmetic dentistry).
- Restorations for altering occlusion (bite), involving vertical dimensions, replacing tooth structure lost by attrition (grinding of teeth), erosion, abrasion (wear), or for periodontal, orthodontic, or other splinting.
- Charges for any dental service or supplies that are included as covered medical expenses under the plan of Major Medical or Comprehensive Medical Expense Benefits Plan must first be submitted to the medical carrier. This plan may benefit as a secondary carrier.
- Services and benefits excluded by the rules and regulations of Delta Dental, including the processing policies.
- All other benefits and services not specified in the Plan.



The University of Oklahoma

Graduate Assistants Program

Delta Dental of Oklahoma
P.O. Box 54709
Oklahoma City, OK 73154

Fax to:
405-607-2139
Attn: Client Services

STUDENT ID: 112-

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GROUP#

5	8	0	0
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SUBGROUP#

0	0	0	1
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Policyholder Information: (please complete in ink)

POLICYHOLDER NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARTIAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S
POLICYHOLDER SOCIAL SECURITY #		BIRTH DATE	FULL-TIME HIRE DATE		COVERAGE EFFECTIVE DATE	
ADDRESS		PHONE				
CITY			STATE	ZIP	CHECK HERE IF THIS IS A NEW ADDRESS <input type="checkbox"/>	
E-MAIL ADDRESS						

Payment Election: ACCT. NAME:

BANK NAME:

☐ BANK ROUTING NO. MONTHLY DRAFT BY DDOK, ACCOUNT NO.

☐ ANNUAL PAYMENT IN FULL BY CHECK OR MONEY ORDER

Enrollment/Update Information:

EFFECTIVE DATE OF UPDATE/CHANGE/TERMINATION: / /

TERMINATION REQUIREMENT:

PLEASE NOTE THAT YOU MUST PROVIDE A MINIMUM OF 30 DAYS WRITTEN NOTICE TO DELTA DENTAL OF OKLAHOMA.

☐ CHANGE IN CURRENT ELIGIBILITY STATUS FOR: ☐ POLICYHOLDER ☐ DEPENDENTS

REASON FOR CHANGE: ☐ DIVORCE ☐ MARRIAGE ☐ NAME CHANGE ☐ ADOPTION/LEGAL GUARDIANSHIP*

☐ OTHER

*** LEGAL DOCUMENTATION MUST BE SUBMITTED.**

Dependent Enrollment/Update Information: (Please complete for spouse and/or all dependent children)

SPOUSE NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE				
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE				
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE				
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		BIRTH DATE				
DEPENDENT CHILD NAME (LAST)		(FIRST)	(M.I.)	SUFFIX	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER		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 misleading information is guilty of a felony.

ACKNOWLEDGEMENT and AUTHORIZATION: By signing this form, I agree to continue coverage 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 Delta Dental to draft my designated personal bank account until further notice. In lieu of a 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 money order. 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.

Policyholder's Signature: Date:

Please read the following information carefully before completing the other side of this form. You should fill out this form if you are enrolling in this program or updating any information from an earlier enrollment. If you have any questions about filling out this form, please contact our office.

Policyholder information: This section must be completed in order to process your enrollment or update your records. All information in this section should apply to you, the policyholder. Please print clearly using black or blue ink.

Coverage Effective Date: When valid enrollment documentation and payment is received by DDOK on the 1st through the 20th day of the month, coverage will be effective the first day of the month immediately following. When valid enrollment documentation and payment is received by DDOK on the 21st through the last day of the month, coverage will be effective the first day of the second month. Example: Enrollment documentation/payment received January 2, 2008 - coverage effective date is February 1, 2008; enrollment documentation/payment received January 23, 2008 - coverage effective date is March 1, 2008.

Payment Election:

Monthly Draft By DDOK, Account No. – DDOK will automatically draft the monthly cost of your individual policy from your designated personal bank account. The designated account number and a voided check are required if electing this payment method.

Annual Payment In Full By Check or Money Order – Check this payment election if you wish to pay the annual cost of your individual policy by check or money order payable to Delta Dental of Oklahoma. The check will be processed electronically in our system and then voided.

Enrollment/Update: This section should only be completed if you are: (1) changing your current eligibility information, (2) changing your payment election, or (3) terminating your benefits under the individual policy. *Note: Changing your payment election is allowed only on the policy anniversary date.*

Dependent Update: This section should only be completed; (1) when enrolling dependents in the individual policy, or (2) if you are submitting dependent updates/changes to DDOK. (Please include both first and last names of any individuals being enrolled in the individual policy or for whom you are submitting an update or change. Dependent children age 19 or older are not covered under this policy.)

**DELTA DENTAL PLAN 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, 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, enrollment forms, our website, over the telephone and claims filed with Delta Dental. 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 claims, 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 services 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 circumstance 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 Customer's 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 any 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 metro)**.
