For the 2017 plan year, Delta Dental of Oklahoma’s PPO Plan gives you access to more than 60 percent of Oklahoma dentists and offers no balance billing when you visit a participating dentist.

### Co-Insurance

<table>
<thead>
<tr>
<th>Service</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive/Diagnostic Services</td>
<td>0%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>30% $50 Annual Deductible applies</td>
</tr>
<tr>
<td>Initial 6-month specific benefit limitation period applies.</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>60% $50 Annual Deductible applies</td>
</tr>
<tr>
<td>Initial 12-month specific benefit limitation period applies.</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Note:** Benefits paid by the Plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Benefit Year Maximum for combined Class I, Class II and Class III covered dental services.

Benefits consist of Diagnostic and Preventive Services, Basic Services and Major Services. The benefits listed below are not a complete list. Limitations and exclusions to benefits can be found in the Individual Dental Policy.

### Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- Routine prophylaxis
- 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

### Coverage Type

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Only</td>
<td>$34.00</td>
</tr>
<tr>
<td>Individual + Spouse (Couple)</td>
<td>$70.00</td>
</tr>
<tr>
<td>Individual + Child(ren)</td>
<td>$80.00</td>
</tr>
<tr>
<td>Family</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

### What You Pay

- Preventive/Diagnostic Services: 0%
- Basic Services: 30% $50 Annual Deductible applies
- Major Services: 60% $50 Annual Deductible applies
- Orthodontic Services: N/A
- Annual Per Person Maximum: $1,000
- Lifetime Orthodontic Maximum: N/A
- Annual Per Person Deductible: $50
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)

- Major – 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

If you, or someone you’re helping, has questions about the Delta Dental PPO Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-899-3736.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental PPO Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888-899-3736.

PPO-IND, Revised: July 2016