

Here's everything you need to get the dental coverage you want ... from the nation's preferred dental-benefits provider!

You made a wise decision when you requested this information about Delta Dental's Individual and Family plans. Since good oral health has been linked to overall health, keeping your teeth and gums clean and healthy will benefit how you look and feel ... helping you maintain an active lifestyle.

Enrolling in your choice of dental plans is as easy as 1-2-3!

In this enrollment package, you'll find everything you need to enroll in the Delta Dental Individual and Family plan of your choice.

Step 1: Review this letter and the enclosed brochure to compare your benefits..

Step 2: Decide on the dental plan that best fits your needs and budget, and determine who you want to cover.

Step 3: Complete, sign and return the enclosed application in the postage-paid envelope. You'll be on your way to having the valuable dental protection you need in no time!

Monthly premiums for each of our plans are listed on the back of this letter.

If you have questions or need help with your application, call us at **1-888-899-3736** or visit www.DeltaDentalCoversMe.com.

You have a choice of Delta Dental plans.

Delta Dental PPO – Our most affordable option allows you to achieve maximum savings when utilizing a Delta Dental PPO network participating dentist. This option provides a \$1,000 annual maximum benefit.

Delta Dental PPO – Plus Premier – This option expands network coverage to include the Delta Dental Premier network, an increased annual maximum benefit of \$1,500, and dependent orthodontic benefits.

Delta Dental PPO – Plus Premier “Elite” – This option includes all the great features of PPO-Plus Premier, plus enhanced coverage (extra cleanings and nitrous oxide inhalation), the highest annual maximum benefit of \$3,000 per year, and family orthodontic benefits.

Federally Compliant Plans – We offer options for families and children that meet the pediatric dental mandates of coverage prescribed in the recent Health Care Reform laws.

Thank you for your interest in Delta Dental. We invented dental benefits over 60 years ago, and they continue to remain our only focus. We look forward to meeting your oral wellness needs for many years to come!

Sincerely,

Delta Dental of Oklahoma

Delta Dental of Oklahoma

(over)

Monthly premiums below are based on most common family structures:

Benefits for:	Delta Dental PPO	Delta Dental PPO-Plus Premier	Delta Dental PPO-Plus Premier "Elite"
Self	\$24.00	\$39.00	\$66.00
Self + Spouse	\$48.00	\$79.00	\$134.00
Self + Children	\$62.00	\$108.00	\$174.00
Family	\$82.00	\$158.00	\$249.00

Benefits for:	Delta Dental PPO-Plus Premier Federally Compliant High	Delta Dental PPO-Plus Premier Federally Compliant Low
Self	\$42.74	\$35.72
Self + Spouse	\$85.48	\$71.44
Self + 1 Dependent	\$68.38	\$57.15
Self + 2 Dependents	\$106.85	\$89.30
Self + 3 or more Dependents	\$141.04	\$117.88
Self + Spouse + 1 Dependent	\$111.12	\$92.87
Self + Spouse + 2 Dependents	\$149.59	\$125.02
Self + Spouse + 3 or more Dependents	\$183.78	\$153.60

Please Note: Monthly premiums may be different based on program choice, number of people insured, and their relationship to you. Premiums shown above and benefits provided in the enclosed brochure are subject to change.

Questions?

Call **1-888-899-3736**, Monday-Friday, 7 a.m.-7 p.m., Central Time

Or visit **www.DeltaDentalCoversMe.com**

Get the dental benefits you need from Delta Dental – the nation’s oldest, largest and leading benefits company!

We have combined a wide range of dental benefits under one easy-to-use program called Delta Dental of Oklahoma Individual and Family Plans. Individuals and families who live in Oklahoma can now access a great selection of dental plans that best fit their needs and their budget.

Our offerings include three levels of insured plans – from a simple PPO plan to an “Elite” plan with enhanced benefits. There are also two Federally Compliant Plan options that meet the pediatric coverage requirements of the Affordable Care Act. All plans cover dependents to age 26. In addition, waiting periods for benefits may be waived if adequate previous coverage can be provided when submitting your enrollment. With our Individual and Family Plans coverage, you gain access to first-class dental benefits that can help you maintain exceptional oral wellness.

So just select the dental plan that best fits your needs and budget, determine who you want to cover, call **1-888-899-3736** or visit **DeltaDentalCoversMe.com** and you’re on your way to having the dental coverage you need.

More people trust their smiles to Delta Dental than any other!
You are about to find out why.



Plan Comparisons Individual & Family Plans from Delta Dental of Oklahoma

Delta Dental PPO
Lowest Cost Plan



Our most affordable plan with optimal savings when you visit a PPO network dentist.

Monthly Rates

Individual Only	\$24	Individual & Children	\$62
Individual & Spouse	\$48	Family	\$82

- Unique Features**
- Typically results in lowest out-of-pocket costs of all plans
 - No balance-billing within Delta Dental PPO network

Benefits

Co-Insurance for:	What you pay
Preventive/Diagnostic Services	0%
Basic Restorative Services	30% *
Major Restorative Services <small>Initial 12-month waiting period applies</small>	60% *
Orthodontic Services	N/A
* Annual Per Person Deductible Applies	\$50
Annual Per Person Maximum	\$1,000
Lifetime Orthodontic Maximum	N/A

Delta Dental PPO Plus Premier
Expanded Network Access



Expanded network accessibility – our Premier network includes more than 91% of Oklahoma’s dentists.

Monthly Rates

Individual Only	\$39	Individual & Children	\$108
Individual & Spouse	\$79	Family	\$158

- Unique Features**
- Extended network access
 - No balance-billing within Delta Dental PPO network or Delta Dental Premier networks

Benefits

Co-Insurance for:	What you pay
Preventive/Diagnostic Services	0%
Basic Restorative Services	20% *
Major Restorative Services <small>Initial 12-month waiting period applies</small>	50% *
Child Only Orthodontic Services <small>Initial 12-month waiting period applies</small>	50%
* Annual Per Person Deductible Applies	\$50
Annual Per Person Maximum	\$1,500
Lifetime Orthodontic Maximum Per Child	\$1,500

Delta Dental PPO Plus Premier–“Elite”
Enhanced Benefits



With added benefits and the highest annual maximum, Premier – “Elite” offers our richest benefits.

Monthly Rates

Individual Only	\$66	Individual & Children	\$174
Individual & Spouse	\$134	Family	\$249

- Unique Features**
- Delta Dental PPO Plus Premier plan including extra benefits for in-office teeth whitening, nitrous oxide, extra cleanings and family orthodontic benefit.

Benefits

Co-Insurance for:	What you pay
Preventive/Diagnostic Services	0%
Basic Restorative Services	20% *
Major Restorative Services <small>Initial 12-month waiting period applies</small>	50% *
Family Orthodontic Services <small>Initial 12-month waiting period applies</small>	50%
* Annual Per Person Deductible Applies	\$50
Annual Per Person Maximum	\$3,000
Lifetime Orthodontic Maximum Per Person	\$2,000



Application for Individual Dental Coverage

Please send completed application to:
 Delta Dental of Oklahoma
 P.O. Box 103
 Stevens Point, WI 54481

PLEASE TYPE OR PRINT IN BLACK INK
 BE SURE APPLICATION IS COMPLETED IN FULL
 Customer Service: 888-899-3736
www.DeltaDentalCoversMe.com

Section 1 | Policyholder Information

Last Name		First Name		Middle Initial	Male/Female
Home Address (Mailing)		City	State	ZIP	Phone No. (with area code)
Email Address*		Date of Birth			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
<i>*By providing my email address, I agree to receive communications regarding my Policy and benefits electronically. This authorization may be revoked on the website www.DeltaDentalCoversMe.com or in writing to the address listed above. For a full explanation of your rights, see www.DeltaDentalCoversMe.com/esignature-and-ueta-policies.</i>					
Plan Selection <input type="checkbox"/> Federally Compliant Plan – High <input type="checkbox"/> Federally Compliant Plan – Low <input type="checkbox"/> Delta Dental PPO <input type="checkbox"/> Delta Dental PPO Plus Premier <input type="checkbox"/> Delta Dental PPO Plus Premier - "Elite" <i>To learn more about plan designs visit www.DeltaDentalCoversMe.com or call 888-899-3736. All plan designs require that the policyholder be a covered person.</i>					
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently working					
Reason for Application: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Dependent(s)					

Section 2 | Persons to be covered

First Name	Last Name	Date of Birth	Relationship to Policyholder (Self, Spouse, or Dependent)	Gender M/F	Disabled Child Y/N
PRIOR DENTAL INSURANCE COVERAGE. Were the above persons covered by a dental plan in the past 63 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Carrier		Beginning Date of Coverage		Ending Date of Coverage	

Policies issued in the State of Oklahoma are underwritten by:
 Delta Dental of Oklahoma, NAIC # 53937, PO Box 54709, Oklahoma City, OK 73154-1709.
 All policies administered, at least in part, by Delta Dental of Wisconsin

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Section 3 | Payment Instructions

To calculate rates please visit www.DeltaDentalCoversMe.com or call 888-899-3736.

A debit/credit card or EFT (Electronic Funds Transfer) may be used to pay monthly, semi-annually or annually. If paying by check, remittance for the full annual 12 month premium is required, payable to Delta Dental of Oklahoma.

Choose payment method: Debit/Credit Card Annual Check EFT

Please complete the following information for payment by Debit/Credit Card:

Card Type: Visa MasterCard Discover

Cardholder Name: _____

Cardholder Address (if different than Policyholder): _____

City: _____ State: _____ ZIP Code: _____

Card Number: _____

Expiration Date: Month _____ Year _____ Security Code (from back of card): _____

Payment Frequency: Monthly Semi-annually Annually

Please complete the following information for payment by EFT:

Name of Financial Institution: _____

Financial Institution's City, State & ZIP Code: _____

Type of Account (Choose One): Checking Savings Name on Account: _____

Bank Routing Number: _____ Bank Account Number: _____

Please attach a voided check to this application if you will be using your checking account for automatic payments.

I authorize Delta Dental of Oklahoma or its authorized agent to initiate debit entries from my above bank account or Debit/Credit card for my dental premiums.

Signature: _____ Date: _____

Your payment for the upcoming period will be deducted from your account on the 27th of the previous month. If the charge is declined for any reason, we will attempt to charge you again on the 27th of the following month. If the charge is still declined, we will immediately terminate your contract for nonpayment of premium, effective as of the last day of the grace period.

In submitting this application to Delta Dental of Oklahoma for dental coverage, I agree and understand that this application will become part of the Policy and I agree to be bound by the terms of the Policy issued by Delta Dental of Oklahoma. I understand that this is a contract under which I am obligated to pay premium for the term of the contract. I further agree that the coverage requested is subject to the approval of Delta Dental of Oklahoma and that no representative has authority to make changes or modify this application for coverage.

I certify that all of the information contained in this application is true and correct to the best of my knowledge. I further understand that misrepresentation of submitted data may cause this application and subsequent Policy to be null and void. In the event it is discovered that I have provided false or misleading information in connection with this application for the purpose of defrauding Delta Dental of Oklahoma, Delta Dental shall inform the appropriate state and regulatory authorities, including, but not limited to, my state's insurance commissioner. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Policy will become effective on the first day of the month following approval of this application.

Policyholder Signature

Date

Coverage is contingent upon underwriting acceptance

Agency Use Only	Agency Name or Code:	51001	Agent Name:		Agent #:	
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Delta Dental of Oklahoma

Privacy Policy

All companies part of the Delta Dental 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 has 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 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 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 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 the group plan is terminated or 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 metropolitan area).