

DENTAL BENEFITS



As a participant, and/or covered dependent of an OKHEEI employee, your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings are achieved when treatment is provided by a Delta Dental participating dentist through the PPO network.



OKHEEI offers three different dental plan options through Delta Dental of Oklahoma to all eligible employees and dependents. These include:

- High Option (PPO and Premier Network)
- Low Option (PPO and Premier Network)
- Preventive Option (PPO Network ONLY)

Redlands Community College offers Dental High Plan ONLY

Services	Delta High			Delta Low			Delta Preventive
Network	PPO	Premier	OON	PPO	Premier	OON	PPO
Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%*
Basic Restorative (Endodontics, Periodontic & Oral Surgery)	85% [^]	70% [^]	70% [^]	75% [^]	70% [^]	70% [^]	80%*
Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*	N/A
Orthodontic	50% (Child Only to age 26)			N/A			N/A
Per Person Per Calendar Year Deductible	\$100/\$300			\$100/\$200			\$50/\$100
Annual Benefit Maximum	\$2000 Per Person			\$1000 Per Person			\$750 Per Person
Lifetime Orthodontic Benefit Maximum	\$2000 per Child (to age 26)			N/A			N/A

**Per Person Per Calendar Year Deductible Applies (not to exceed 3 individual deductibles).
[^]Endodontics, Periodontics, and oral surgery only covered under the High and Low option plans.*

Similar to the medical coverage, the annual deductible must first be reached for all covered Basic and Major Care (except for the Preventive Plan). The deductible does not apply to preventive care or orthodontia.

The information contained herein is an example of benefits and not intended as a Dental Care Certificate. The information is not designed to serve as Evidence of Coverage for this program and is subject to the provisions of the Dental Care Certificate. For an accurate description of your benefits, see the Dental Care Certificate or contact Delta Dental of Oklahoma as some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, plan changes, etc. Out-of-Network - Members may be balanced billed by the provider for charges over the allowable amount and/or services that are not covered.