

STATE, EDUCATION & LOCAL GOVERNMENT EMPLOYEES DENTAL BENEFITS OPTIONS

2026

OUR STANDARD IS TO EXCEED YOUR EXPECTATIONS

WE DELIVER A SUPERIOR CUSTOMER EXPERIENCE

99%

OVERALL MEMBER
SATISFACTION
rating - and
percentage of
INQUIRIES (CALLS)
RESOLVED during
initial contact.



DDOK DOES NOT DENY COVERAGE due to pre-existing conditions.



Plan options for State employees include ORTHODONTIC COVERAGE FOR ADULTS AND CHILDREN.



NO WAITING PERIODS before you can begin receiving treatment.



Our coverage includes

REPLACEMENT

OF A MISSING

TOOTH, even if it was lost prior to your DDOK coverage.



We allow benefits for COMPREHENSIVE ORTHODONTIC CASES even if treatment was started prior to DDOK coverage.

WE DELIVER THE LARGEST NETWORK OF DENTISTS

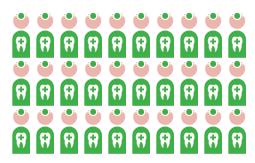
Our **DELTA DENTAL PPO** network delivers the **GREATEST SAVINGS** when you visit a **PPO PROVIDER**. You can enjoy lower out-of-pocket costs with our Delta Dental Premier network, but the savings are not as significant.

Oklahoma's Largest Dental Network

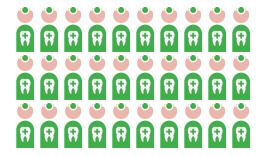
Our UNMATCHED NETWORK STRENGTH means your dentist likely participates with Delta Dental – ask if your dentist is a DELTA DENTAL PPO PROVIDER to enjoy MAXIMUM SAVINGS!



Just over **1,900 DENTISTS** practice in the state, and nearly 1,100 participate in Delta Dental's PPO network.



WE COUNT INDIVIDUAL DENTISTS not access points when reporting our network strength.



How to Find a Delta Dental Participating Dentist

For a directory of Delta Dental participating dentists, visit **DeltaDentalOK.org/client/OK** and select **'Find a Dentist.'**

OKLAHOMA'S LEADING DENTAL BENEFITS PROVIDER



Delta Dental of Oklahoma is honored to serve nearly **59.000 State of Oklahoma employees and their families**.

Whether you are a current, former or prospective Delta Dental of Oklahoma member – we welcome the opportunity to serve you and your family in 2026!

Please contact our Customer Service team if you need assistance determining the right Delta Dental plan for you and your family.

Live Answer Customer Service

Monday - Thursday, 7:00 a.m. - 6:00 p.m. Friday, 7:00 a.m. - 5:00 p.m.

405-607-2100 (OKC Metro) **800-522-0188** (Toll Free)

VISIT DELTA DENTAL'S CUSTOM WEBSITE FOR STATE EMPLOYEES



To learn more about the plans and services available to you with Oklahoma's leading dental benefits provider, please visit our website for State employees.

- Review Plan Information
- Search for Participating Dentists
- Access Monthly Health Tip
- Learn Answers to FAQs
- Register for Spotlight to access:
 - an electronic ID card
 - plan information, including Explanation of Benefits (EOBs)
 - secure messaging with our Customer Service team
 - claim status and history, and more!



Visit **DeltaDentalOK.org/client/OK** today!

OPTION 1 DELTA DENTAL PPO

This plan option provides access to both the Delta Dental PPO and the Delta Dental Premier networks.

Subscribers of this plan are welcome to receive treatment from the licensed dentist of their choice, but will have lower out-of-pocket expenses when they visit a Delta Dental PPO participating dentist.

	WHAT YOU PAY		
BENEFIT PLAN	Delta Dental PPO Network	Delta Dental Premier Network & Non-Participating Dentist (Out-of-Network)	
CLASS I: DIAGNOSTIC & PREVENTIVE SERVICES Oral evaluations; routine cleanings; X-rays; fluoride and sealants for eligible dependent children; etc.	0%	O%†	
CLASS II: BASIC SERVICES Amalgam and composite fillings; stainless steel crowns (for eligible dependent children only); endodontics (pulpal therapy and root canal treatment); oral surgery; periodontics (excluding periodontal maintenance following active therapy, which is payable as a Class I service); etc.	15%	15% [†]	
CLASS III: MAJOR SERVICES Porcelain and cast restorations; prosthodontics (fixed partial dentures [bridges], removable partial dentures, and complete dentures); implants; etc.	40%	40% [†]	
CLASS IV: ORTHODONTICS Available to the employee and eligible adult and child dependents.	40%	40% [†]	
Deductible (applies to)	\$25 Per Person Per Benefit Year (Classes II & III)	\$25 Per Person Per Benefit Year (Classes II & III)	
	WHAT PLAN PAYS		
MAXIMUM BENEFIT PAYMENT - CLASSES I, II & III MAXIMUM BENEFIT PAYMENT - CLASS IV	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime	

EXAMPLE OF SAVINGS

Payment of a covered Class II dental service is illustrated below (example assumes annual deductible is satisfied).

Delta Dental PPO Provider		Delta Dental Premier Provider		Non-Participating Provider (Out-Of-Network)	
Dentist Charge	\$1,200	Dentist Charge	\$1,200	Dentist Charge	\$1,200
PPO Maximum Allowable	\$825	Premier Maximum Allowable	\$1,050	PPO Maximum Allowable	\$825
Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25
You Pay*	\$123.75	You Pay*	\$348.75	You Pay*	\$498.75
*15% of Delta Dental PPO Allowable		*15% of Delta Dental PPO Allowable plus the difference between the PPO Allowable & the Premier Allowable		*Balance of the dentist charge	

[†]If you receive treatment from a Delta Dental Premier provider, you will be responsible for the difference between the PPO allowable and Premier allowable amounts as illustrated above. If you are treated by a dentist who does not participate with Delta Dental (out-of-network), you will be responsible for the difference between the dentist charge and the PPO allowable amount.

OPTION 2 DELTA DENTAL PPO - CHOICE

Eligible members who select this **low-cost program** have access to the Delta Dental PPO network and will be responsible for the amounts reflected in the Delta Dental PPO - Choice Description of Covered Services and Enrollee Co-payments table along with any deductibles. Subscribers can visit the dentist of their choice, but their out-of-pocket expenses will be lower if they use a Delta Dental PPO provider.

BENEFIT PLAN

WHAT YOU PAY				
COVERED SERVICES & CO-PAYMENTS	See the Delta Dental PPO - Choice Description of Covered Services and Enrollee Co-payments table online at DeltaDentalOK.org/client/OK, or contact your benefits enrollment representative.			
DEDUCTIBLE	\$100 Per Person Per Benefit Year Deductible applies to Major Restorative (Level 4) Services only.			
WHAT PLAN PAYS				
MAXIMUM BENEFIT PAYMENT	\$2,000 Per Person Per Benefit Year for Level 1, Level 2, Level 3 and Level 4 Services combined.			
ORTHODONTIC SERVICES	\$1,800 Per Eligible Person Per Lifetime for Level 5 Services. Available to the employee and eligible adult and child dependents .			

EXAMPLE OF COVERED SERVICES & ENROLLEE CO-PAYMENTS

Below are examples of the types of services and co-payments under the Delta Dental PPO – Choice option when you receive treatment from a Delta Dental PPO provider.† For a complete list, see the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments table online at **DeltaDentalOK.org/client/OK**, or contact your benefits enrollment representative.

Level of Service	Procedure Code	Description	Enrollee Co-payment	
Level 1	D0120	Periodic oral evaluation - established patient	\$5	
Level 1	D1110	Prophylaxis - adult	\$5	
Level 1	D1120	Prophylaxis - child	\$5	
Level 2	D2140	Amalgam - one surface, primary or permanent	\$12	
Level 2	D7111	Extraction - coronal remnants - deciduous tooth	\$11	
Level 4*	D2740	Crown - porcelain/ceramic substrate	\$241	
* Accumas daductible is satisfied				

^{*} Assumes deductible is satisfied

^{*}If you receive treatment from a Delta Dental Premier provider, you will be responsible for paying the difference between the PPO allowable and Premier allowable amounts. If you are treated by a dentist who does not participate with Delta Dental (out-of-network), you will be responsible for a percentage of the PPO allowable and the difference between the dentist charge and the PPO allowable amount. For a complete description of Covered Services and Enrollee Co-payments for the Delta Dental PPO - Choice plan, please visit DeltaDentalOK.org/client/OK.



Please do not hesitate to contact us with any questions.

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