



DENTAL PLAN BENEFIT OPTIONS

Delta Dental of Oklahoma offers two dental plan options exclusively to employees of Associated Builders and Contractors to meet their needs.

DELTA DENTAL PPO – PLUS PREMIER

Our Delta Dental PPO – Plus Premier program provides access to both our PPO and Premier dental networks, maximizing savings while increasing network access. Although the Delta Dental PPO – Plus Premier network provides complete freedom to visit the provider of your choice, the PPO provider network typically results in lower out-of-pocket expense.

Delta Dental PPO – Plus Premier Monthly Rates

Employee Only	\$ 37.28
Employee + Spouse	\$ 74.48
Employee + Child(ren)	\$105.82
Family	\$143.10

Class of Benefit Delta Dental Pays

Class I: Diagnostic & Preventive	100%
Class II: Basic Services*	90%
Class III: Major Services	60%
Class IV: Orthodontic Services**	60%
Per Person Per Calendar Year Deductible+	\$50

Maximum Benefit Payment

\$1,500 Per Person Per Calendar Year for Class I, II and III Services

\$1,500 Lifetime Maximum Per Dependent Child for Class IV Services

*Endodontic, periodontic, and oral surgery services are payable as Class II Services.

**Applies only to eligible dependent children under age 26

+Family maximum not to exceed three (3) individual deductibles.

Deductible is not applicable to Class I or IV Services.

DELTA DENTAL PPO – POINT OF SERVICE

Our Delta Dental PPO – Point of Service program combines both the Delta Dental PPO and Delta Dental Premier networks under one program on a point-of-service basis. The Point-of-service program provides subscribers with the freedom to use the dentist of their choice while maximizing savings and increasing provider access. Although the Delta Dental PPO – Point of Service network provides complete freedom to visit the provider of your choice, the PPO provider network typically results in lower out-of-pocket expense.

Delta Dental PPO – Point of Service Monthly Rates

Employee Only	\$ 22.02
Employee + Spouse	\$ 44.02
Employee + Child(ren)	\$ 50.62
Family	\$ 72.64

Class of Benefit Delta Dental Pays

	PPO Network	Premier Network	Out-of-Network
Class I: Diagnostic & Preventive	100%	90%	80%
Class II: Basic Services	80%	70%	60%
Class III: Major Services*	50%	40%	30%
Class IV: Orthodontic Services	N/A	N/A	N/A
Per Person Per Calendar Year Deductible+	\$50	\$50	\$50

Maximum Benefit Payment

\$1,000 Per Person Per Calendar Year for Class I, II and III Services

*Endodontic, periodontic, and oral surgery services are payable as Class III Services.

+Family maximum not to exceed three (3) individual deductibles.

Deductible is not applicable to Class I Services.

To learn more or enroll, contact your ABC member broker today!