

Dental Program Highlights

For Employees of

Oral Roberts University

Base Plan

Delta Dental PPO - Point of Service

This brochure provides a brief description of the most important features of your group dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's customer service department at 405-607-2100 or toll free at 800-522-0188.

DENTAL BENEFITSGroup Number – To Be Assigned

Dental Benefits payable under the Plan for a Plan Participant, or for Covered Dependents, for Eligible Expenses not otherwise limited or excluded, shall be paid in accordance with the benefit provisions of the Plan and under the Schedule of Benefits as follows:

| SCHEDULE OF BENEFITS | | | | | | | | |
|--|-------------|---------|-------------|--|--|--|--|--|
| Percentage Payable of Covered/Allowable Dental Services | | | | | | | | |
| | PPO | Premier | Out-of- | | | | | |
| | Network | Network | Network | | | | | |
| Class I Diagnostic and Preventive Services | 100% | 100% | 100% | | | | | |
| Class II Basic Restorative Services & Simple | 80% | 80% | 50% | | | | | |
| Extractions | | | | | | | | |
| Class III Major Restorative Services (Crowns, | 60% | 60% | 25% | | | | | |
| dentures, implants, etc.), Endodontics, | | | | | | | | |
| Periodontics & Oral Surgery | | | | | | | | |
| Class IV Orthodontic Services | N/A | N/A | N/A | | | | | |
| Maximum and Deductible Amounts | | | | | | | | |
| Annual Maximum Benefit Per Person – Classes I, II | \$2,000 | | | | | | | |
| Annual Dental Deductible Per Person/Family – Cla (PPO & Premier Networks) | \$50/\$150 | | | | | | | |
| Annual Dental Deductible Per Person/Family – Cla (Out-of-Network) | \$100/\$300 | | | | | | | |
| | | | January 1 – | | | | | |
| Annual Maximum Benefit and Deductible Accumul | December 31 | | | | | | | |
| | each year | | | | | | | |

Note: Eligible dependent children can be covered to age 26.

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations, such as age of patient, frequency of procedure, etc., or exclusions.

If you have specific questions, please call 405-607-2100 (within Oklahoma City metropolitan area) or 1-800-522-0188 (toll-free) if outside the Oklahoma City metropolitan area. You may also write to Delta Dental of Oklahoma at P.O. Box 54709, Oklahoma City, Oklahoma 73154-1709.

Under your dental benefits program, you may go to any properly licensed dentist. However, it is to your advantage to go to a Delta Dental participating dentist because typically, your out-of-pocket expenses will be lower. For example, payment of a covered Class II dental service is illustrated below. *The illustration assumes the annual deductible has been satisfied*.

| Delta Dental PPO | Delta Dental Premier | | Non-Participating | | |
|---|----------------------|--------------------------------|-------------------|--------------------------------|---------|
| Participating Dentist | | Participating Dentist | | Dentist (Out-Of-Networks) | |
| Dentist Charge | \$100 | Dentist Charge | \$100 | Dentist Charge | \$100 |
| PPO Maximum Allowable | \$70 | Premier Maximum Allowable | \$85 | Prevailing Fee | \$75 |
| Plan Pays (80% of Delta Dental | \$56 | Plan Pays (80% of Delta Dental | \$68 | Plan Pays (50% of Prevailing | \$37.50 |
| PPO Allowable) | | Premier Allowable) | | Fee) | |
| You Pay* | \$14 | You Pay* | \$17 | You Pay* | \$62.50 |
| *20% of Delta Dental PPO Allowable *20% of De | | *20% of Delta Dental Premier | Allowable | *Balance of the Dentist Charge | |

Using Your Dental Program

To use your program, call the dental office of your choice and make an appointment. During your first appointment, be sure to provide your dentist with the following information:

- ➤ Your group number *To Be Assigned*
- ➤ The *employee's* social security number

Your Dental Program Allows You To:

- ➤ Change dentists at any time without pre-approval.
- ➤ Go to a specialist of your choice without pre-approval.
- > Select a different dentist for each member of your family.
- > Receive dental care anywhere in the world.

Finding a Delta Dental Participating Dentist

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. To find a participating dentist, ask your dentist if he or she is a Delta Dental participating dentist; refer to Delta Dental's National Dentist Directory on the Internet at **www.DeltaDentalOK.org**; or call Delta Dental's customer service department at **405-607-2100**, or toll-free at **1-800-522-0188**.

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible only for any co-payment percentages, deductible amounts, charges for non-covered dental services, and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will reimburse you directly, or other participant or beneficiary if required by law, up to the maximum allowable under your program.

The Advantage of Predetermination

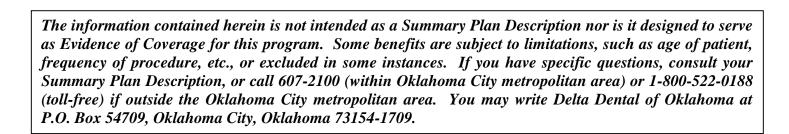
If you are scheduled to have dental work done that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to provide you with an idea of whether the proposed treatment is covered under your program, approximately how much the dental service will cost, and your estimated share of the cost.

Filing Your Claim

A Delta Dental participating dentist will file your claim at no charge. If needed, a printable claim form may be obtained on Delta Dental of Oklahoma's website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below.

Delta Dental of Oklahoma Claims Processing Center P.O. Box 548809 Oklahoma City, OK 73154-8809

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