



Oklahoma Higher Education Employees Group OKHEEI - January 2018

Plan Options:	High			Low			Preventive
	Delta Dental PPO – Point of Service			Delta Dental PPO – Point of Service			Delta Dental PPO
	PPO	Premier	OON	PPO	Premier	OON	
Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%
Basic Restorative	85%**◇	70%**◇	70%**◇	75%*◇	70%*◇	70%*◇	80%*
Major Restorative	60%**	50%**	50%**	60%*	50%*	50%*	N/A
Orthodontic	50% (Child Only)***			N/A			N/A
Per Person Per Calendar Year Deductible	\$25			\$50			\$50
Annual Maximum	\$2,000 Per Person			\$1000 Per Person			\$750 Per Person
Orthodontic Maximum	Unlimited Per Child			N/A			N/A

◇ Endodontic, periodontic, and oral surgery are payable as Class II Services. *Not available for Preventive Option.*

* Per Person Per Calendar Year deductible applies (not to exceed 2 individual deductibles).

** Per Person Per Calendar Year deductible applies (not to exceed 3 individual deductibles).

*** Covered for dependent children under age 26.

Note: Eligible employees are full-time employees. Dependent children may be covered until age 26.

Monthly Rates:			
Employee Only	\$36.86	\$26.00	\$18.26
Employee + Spouse	\$73.70	\$55.80	\$37.52
Employee + 1 Child	\$54.30	\$38.24	\$30.24
Employee + Children	\$70.20	\$46.70	\$39.58
Family	\$110.70	\$78.20	\$60.18