



Oklahoma Higher Education Employees Group OKHEEI

Proposed Effective Date: January 1, 2017

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/\$75			\$50/\$100			\$50/\$100
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 3 individual deductibles).

** Covered for dependents 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

The proposed rates are net of broker commission and are guaranteed for 36 months from the effective date. Renewal for the 4th and 5th year are guaranteed not to exceed 10% each year.