



## 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%** <sup>◇</sup>	70%** <sup>◇</sup>	70%** <sup>◇</sup>	75%* <sup>◇</sup>	70%* <sup>◇</sup>	70%* <sup>◇</sup>	80%*
Major Restorative	60%**	50%**	50%**	60%*	50%*	50%*	N/A
Orthodontic	50% (Child Only) <sup>***</sup>			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.