

# Dental Program Highlights



For Employees of **ONEOK, INC. • 0005118**  
Delta Dental PPO – Point of Service • January 2026  
Out of Area

Your Program Highlights provides a brief description of the most important features of your group's 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 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

## Percent Payable for Covered and Allowable Dental Services

|                                                                                                        | PPO Network | Premier Network | Out-of-Network |
|--------------------------------------------------------------------------------------------------------|-------------|-----------------|----------------|
| Class I:<br>Diagnostic and Preventive Services                                                         | 100%        | 100%            | 100%           |
| Class II:<br>Basic Services such as amalgam,<br>composite fillings, and occlusal guard                 | 80%         | 80%             | 80%            |
| Class III:<br>Major Services such as crowns,<br>dentures and implants                                  | 50%         | 50%             | 50%            |
| Class IV:<br>Orthodontic Services are available to<br>the eligible employee and eligible<br>dependents | 50%         | 50%             | 50%            |

## Deductible and Maximum Amounts

|                                                                               |                         |
|-------------------------------------------------------------------------------|-------------------------|
| Annual Maximum Benefit and Deductible Accumulation Period                     | January 1 - December 31 |
| Annual Deductible Per Person – applies to Classes II and III                  | \$50*                   |
| Lifetime Deductible Per Person for Class IV Services                          | \$50                    |
| Annual Maximum Benefit Per Person – applies to Classes I, II and III combined | \$2000**                |
| Lifetime Maximum Benefit Payment Per Person – applies to Class IV only        | \$2000                  |

\*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

\*\*Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26). **Exception:** *If a child is a dependent under the provisions of a legal guardianship, he or she can be covered only to age 19, or to age 24 if a full-time student.*

Out-of-network reimbursement is based on the submitted fee.

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, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

| Delta Dental PPO participating dentist  |             | Delta Dental Premier participating dentist  |             | Out-of-Network dentist                           |             |
|-----------------------------------------|-------------|---------------------------------------------|-------------|--------------------------------------------------|-------------|
| Dentist Charge                          | \$100       | Dentist Charge                              | \$100       | Dentist Charge                                   | \$100       |
| PPO Maximum Allowable                   | \$70        | Premier Maximum Allowable                   | \$85        | Submitted Fee                                    | \$75        |
| Plan pays<br>80% of PPO Allowable       | \$56        | Plan pays<br>80% of Premier Allowable       | \$68        | Plan pays<br>80% of Submitted Fee                | \$80        |
| <b>You pay<br/>20% of PPO Allowable</b> | <b>\$14</b> | <b>You pay<br/>20% of Premier Allowable</b> | <b>\$17</b> | <b>You pay<br/>Balance of the dentist charge</b> | <b>\$20</b> |

### How to use your dental 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 name
- Your Group number
- The employee's ONEOK ID number

We also encourage you to register for Spotlight, our online oral health services site. Spotlight provides secure access to real-time information regarding your dental benefits, including an electronic ID card. Register today at [DeltaDentalOK.org/Spotlight](https://DeltaDentalOK.org/Spotlight).

### Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

### Find a Delta Dental participating dentist

Delta Dental is proud to have 95 percent of Oklahoma dentists, and three-quarters of dentists nationwide, participating in at least one of our networks. To find a Delta Dental participating dentist, visit [DeltaDentalOK.org/DentistSearch](https://DeltaDentalOK.org/DentistSearch).

### Benefit payment procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered 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 directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan's maximum allowable amount.

### The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the 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 necessary, a printable claim form may be obtained on Spotlight, our oral health services site for members. To log in to or register for a Spotlight account visit [DeltaDentalOK.org/Spotlight](https://DeltaDentalOK.org/Spotlight). Completed claim forms should be submitted to: Delta Dental of Oklahoma – Claims Department, P.O. Box 548809, Oklahoma City, OK 73154-8809.