

Dental plan presentations

Plan Year 2027 Open Enrollment

Benefits Partner Meeting

Employee Benefits Department
Human Capital Management



OKLAHOMA
Office of Management
& Enterprise Services



Oklahoma

BlueCare Dental

SM

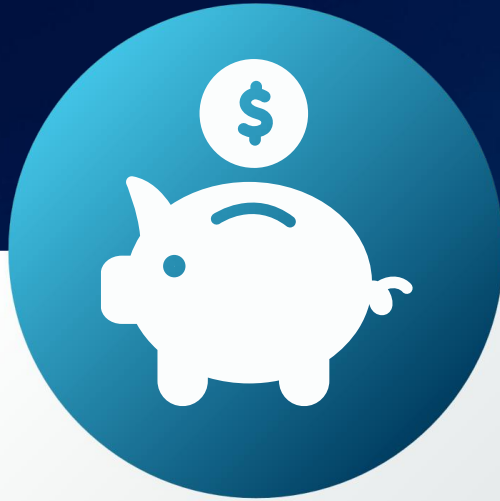
SM

The right fit for your health care needs



Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Life Insurance Company, a Member of the Blue Cross and Blue Shield Association, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCare Dental Benefits — Simplified



SAVING YOU MONEY

- Affordable plan options to fit your budget
- Discounts throughout the network
- Cost comparison tool to shop for dental services



ACCESS TO HEALTH CARE

- Large Dental network across the whole country
- Dental Wellness CenterSM: online resource tool





NO COPAY - PREVENTIVE CARE

- Cleanings and Routine Oral Exams
- Full-Mouth and Bitewing X-Rays
- Sealants
- Space Maintainers
- Topical Fluoride Application

DEDUCTIBLE*	HIGH PLAN	LOW PLAN
Individual	\$25	\$50
Family	\$75	\$150
ANNUAL MAX	HIGH PLAN	LOW PLAN
Per Individual	\$2,500	\$1,500

	LOW PLAN	BASIC CARE* • Amalgam and Composite Fillings • Cleaning, Scaling, and Root Planing • Emergency (Palliative) Treatments • Endodontic and Periodontal Services • Extractions and Oral Surgery • Topical Fluoride Application
15% In-Network 30% Out-of-Network Copay		
HIGH PLAN	LOW PLAN	MAJOR CARE* • Bridges, Dentures • Crowns, Inlays, and Onlays • Implants • Reline, Rebase, Recementations, and Repairs
40% In-Network 50% Out-of-Network Copay	50% In-Network 50% Out-of-Network Copay	
HIGH PLAN	LOW PLAN	ORTHODONTIA • Coverage for dependent children to age 19 • No waiting period • Lifetime Maximum Benefit
50% COPAY		
\$5,000 LIFETIME	\$1,500 LIFETIME	

*Deductible applies to these services.

Contact Us



BlueCross BlueShield
of Oklahoma

bcbsok.com/state

- **Find a dentist**
- **Prescription drug coverage**
- **Log into Blue Access for Members**

Customer Service

- **855-609-5684**
- **24 hours a day**
- **7 days a week**



Cigna Dental HMO Plan Option

Plan year: 01/01/2027-12/31/2027



Offered by Cigna Health and Life Insurance Company and its affiliates.
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Cigna Dental Care® (DHMO)¹



General dentist: Choose any general dentist in the Cigna Dental Care® network who can coordinate your dental care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



Network: Cigna Dental Care offers access to providers who have pre-negotiated the cost of patient care so there are no surprises. Emergency care is covered both in- and out-of-network²



Predictable costs: Estimate treatment costs in advance based on your Patient Charge Schedule, then pay the pre-negotiated charge for each service listed, if applicable



Deductible: No deductibles, you don't have to reach an out-of-pocket cost before coverage starts.



Maximums: No calendar year or lifetime maximums, your coverage isn't limited by a dollar amount.

1. The term "DHMO" is used to refer to group dental products that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network.



Cigna Healthcare Dental Virtual Care¹

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care²
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required

 To access Cigna Healthcare[®] Dental Virtual Care, just log on to your **myCigna.com[®]** account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

Your dental coverage

Your plan co pays

Office Visit	\$5.00
Annual Preventive Cleaning and X-rays	\$0.00
Crown – Resin-based composite, indirect	\$265.00
Molar Root Canal – Permanent tooth (excluding final restoration)	\$595.00
Class IV – Orthodontia Children up to age 19 24 Month Treatment Fee	\$2,472.00
Class IV – Orthodontia Adult 24 Month 24 Month Treatment Fee	\$3,384.00
Annual deductible	\$0.00
Calendar-year dollar maximum	Unlimited

24/7 customer support

After your plan starts, personalized support helps you:

- Resolve dental care issues
- Get answers to your claims and benefit questions
- Get the most out of your plan(s)
- Find in-network dental and specialist
- Ask for a Spanish-speaking representative or someone who can translate in 200+ languages

1. These health advocates are trained nurses. They have a current nursing license in at least one state. When working as a health advocate, they are not practicing nursing or giving medical advice.
2. App/online store terms and mobile phone carrier/data charges apply
3. Excluding holidays

Three simple ways to connect:



Visit **myCigna.com**[®]
or the **myCigna**[®] App²



Chat with us
Monday – Friday
9:00 am – 8:00 pm EST³



Call us 24/7

Programs and services for better oral health



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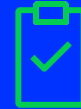
Cigna Dental Oral Health Integration Program® (OHIP)



Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.¹



Qualifying conditions² include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

2. Not a full list of conditions.

Healthy Rewards® Program¹

Get discounts on the health products and programs you use every day, including:



Gym memberships



Virtual workouts



Hearing care



LASIK eye surgery

1. **Healthy Rewards is a discount program and is NOT insurance.** These programs give a discount on the cost of certain goods and services. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services..



This is a solicitation for insurance. An insurance agent/producer may contact you.

Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

Dentists who participate in the Cigna Healthcare network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-POL891 et al., POL115; CA – HP-POL792 et al.; OH – HP-POL899 et al.; NV – HP-POL767 et al., POL132; AZ – HP-POL767 et al. All pictures used are for illustrative purposes only.

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2027 Dental Benefits Options

for State, Education & Local Government Employees

DELTA DENTAL OF OKLAHOMA



DDOK has proudly served State of Oklahoma employees and their families for more than 20 years!

We Deliver a Superior Customer Experience



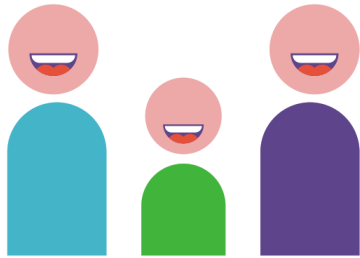
DDOK **does not deny coverage** due to pre-existing conditions



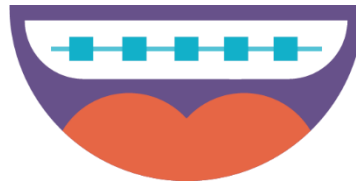
No waiting periods before you can begin receiving treatment



Our coverage includes **replacement of a missing tooth**, even if it was lost prior to your DDOK coverage



Plan options for State employees include **orthodontic coverage for adults and children**



We allow benefits for **comprehensive orthodontic cases**, even if treatment was started prior to DDOK coverage

98%

Overall member satisfaction rating



We Deliver the **Largest Network of Dentists**

A green silhouette map of the state of Oklahoma.

Oklahoma's
Largest Dental
Network

Our **unmatched network strength** means your dentist likely participates with Delta Dental – ask if your dentist is a **Delta Dental PPO** provider to enjoy **maximum savings!**

A light green silhouette map of the United States, including Alaska and Hawaii.

Nationwide
Access



Just over **1,900 dentists** practice in the state, and **more than 1,100** of those dentists participate in Delta Dental's PPO network.





Option 1: Delta Dental PPO**

BENEFIT PLAN	WHAT YOU PAY	
	Delta Dental PPO Network	Delta Dental Premier Network & Non-Participating Dentist (Out-of-Network)
CLASS I: DIAGNOSTIC & PREVENTIVE SERVICES Oral evaluations; routine cleanings; X-rays; fluoride and sealants for eligible dependent children; etc.	0%	0% [†]
CLASS II: BASIC SERVICES Amalgam and composite fillings; stainless steel crowns (for eligible dependent children only); endodontics (pulpal therapy and root canal treatment); oral surgery; periodontics (excluding periodontal maintenance following active therapy, which is payable as a Class I service); etc.	15%	15% [†]
CLASS III: MAJOR SERVICES Porcelain and cast restorations; prosthodontics (fixed partial dentures [bridges], removable partial dentures, and complete dentures); implants; etc.	40%	40% [†]
CLASS IV: ORTHODONTICS Available to the employee and his or her lawful spouse and eligible dependent children.	40%	40% [†]
Deductible (applies to)	\$25 Per Person Per Benefit Year (Classes II & III)	\$25 Per Person Per Benefit Year (Classes II & III)
MAXIMUM BENEFIT PAYMENT - CLASSES I, II & III MAXIMUM BENEFIT PAYMENT - CLASS IV	WHAT PLAN PAYS	
	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime	\$2,500 Per Person Per Benefit Year \$2,000 Per Person Per Lifetime

[†]If you receive treatment from a Delta Dental Premier provider, you will be responsible for the difference between the PPO allowable and Premier allowable amounts. If you are treated by a dentist who does not participate with Delta Dental (out-of-network), you will be responsible for the difference between the dentist charge and the PPO allowable amount.

****DEPENDENTS ELIGIBLE TO AGE 26**



Option 1: Delta Dental PPO

This plan option provides access to both the Delta Dental PPO and the Delta Dental Premier networks. Subscribers of this plan are welcome to receive treatment from the licensed dentist of their choice, but will have **lower out-of-pocket expenses when they visit a Delta Dental PPO participating dentist.**

Example

Payment of a covered Class II dental service**

Delta Dental PPO Provider		Delta Dental Premier Provider		Non-Participating Provider (Out-Of-Network)	
Dentist Charge	\$1,200	Dentist Charge	\$1,200	Dentist Charge	\$1,200
PPO Maximum Allowable	\$825	Premier Maximum Allowable	\$1,050	PPO Maximum Allowable	\$825
Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25
You Pay*	\$123.75	You Pay*	\$348.75	You Pay*	\$498.75
*15% of Delta Dental PPO Allowable		*15% of Delta Dental PPO Allowable plus the difference between the PPO Allowable & the Premier Allowable		*Balance of the dentist charge	

**Assumes deductible is satisfied



Option 2: Delta Dental PPO – Choice**

Members who select this **low-cost program** have access to the Delta Dental PPO network and will be responsible for the amounts reflected in the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments table along with any deductible. Their out-of-pocket expenses will be lower if they use a Delta Dental PPO provider.

BENEFIT PLAN

WHAT YOU PAY

COVERED SERVICES & CO-PAYMENTS

See the Delta Dental PPO - Choice Description of Covered Services and Enrollee Co-payments table online at DeltaDentalOK.org/client/OK, or contact your benefits enrollment representative.

DEDUCTIBLE

\$100 Per Person Per Benefit Year Deductible applies to Major Restorative (Level 4) Services only.

WHAT PLAN PAYS

MAXIMUM BENEFIT PAYMENT

\$2,000 Per Person Per Benefit Year for Level 1, Level 2, Level 3 and Level 4 Services combined.

ORTHODONTIC SERVICES

\$1,800 Per Eligible Person Per Lifetime for Level 5 Services. Available to eligible subscribers, his or her lawful spouse and dependent children.

EXAMPLES OF COVERED SERVICES & ENROLLEE CO-PAYMENTS

Level of Service	Procedure Code	Description	Enrollee Co-payment
Level 1	D0120	Periodic oral evaluation - established patient	\$5
Level 1	D1110	Prophylaxis - adult	\$5
Level 1	D1120	Prophylaxis - child	\$5
Level 2	D2140	Amalgam - one surface, primary or permanent	\$12
Level 2	D7111	Extraction - coronal remnants - deciduous tooth	\$11
Level 4*	D2740	Crown - porcelain/ceramic substrate	\$241

*Assumes deductible is satisfied

**DEPENDENTS ELIGIBLE TO AGE 26



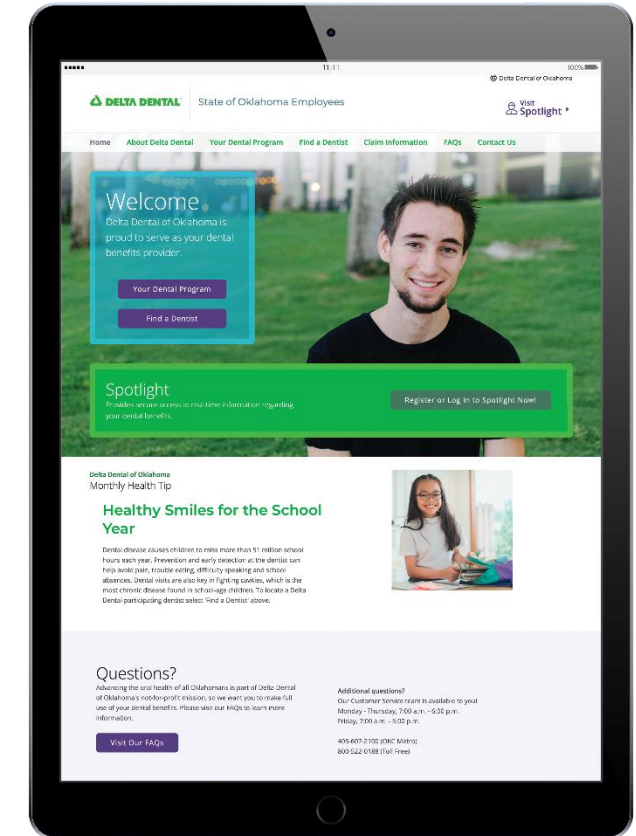
Visit Our Custom Website for State Employees

To learn more about the plans and services available to you with Oklahoma's leading dental benefits provider, please scan the QR code to visit **DeltaDentalOK.org/client/OK**

- Review Plan Information
- Search for Participating Dentists
- Register for Spotlight to access:
 - an electronic ID card
 - plan information, including Explanation of Benefits (EOBs)
 - secure messaging with our Customer Service team
 - claim status and history, *and more!*
- Access Monthly Health Tip
- Learn Answers to FAQs



Visit **DeltaDentalOK.org/client/OK** today!



DELTA DENTAL OF OKLAHOMA

*We would welcome the opportunity to serve you and your family in 2027.
Please do not hesitate to contact us with any questions.*

Live Answer Customer Service

Monday – Thursday, 7:00 a.m. – 6:00 p.m. Central Time (CT)

Friday, 7:00 a.m. – 5:00 p.m. CT

405-607-2100 (OKC Metro) **800-522-0188** (Toll Free)

DeltaDentalOK.org/client/OK



DENTAL PLAN

HealthChoiceOK.com

**WE LOVE TO MAKE
YOU SMILE!**

WHY CHOOSE HEALTHCHOICE DENTAL?



Network and non-network benefits available.



No limit on orthodontic benefit for members under age 19.



Network providers file your claims for you.



\$2,500 calendar year maximum benefit per person for preventive, basic and major services.

PREVENTIVE SERVICES



Network and non-network covered at 100% of allowable amounts.



Cleanings and topical fluoride treatments; two per calendar year.

Bitewing X-rays; two per calendar year.

Full mouth X-rays; one every 36 months.

BASIC RESTORATIVE SERVICES

- 
- Extractions, including wisdom teeth.
 - Oral surgeries, including general anesthesia.
 - Root canals and crown repairs.



\$25 per individual/\$75 per family
calendar year deductible.

Plan pays 85% of allowable
amounts when using a
network provider.

MAJOR RESTORATIVE SERVICES



Initial placement
of full or partial
removable dentures.

Dental implant
approved by FDA.

Inlays, onlays and
crown restorations.



\$25 per individual/\$75 per family
calendar year deductible.

Plan pays 60% of allowable
amounts when using a
network provider.

ORTHODONTIC SERVICES



No lifetime maximum.

No calendar year deductible.



Orthodontic services for members under age 19.

Orthodontic services for treatment of TMD at any age.*



12-month waiting period applies to new enrollees to the plan.

Plan pays 50% of allowable amounts.

**If diagnosed with TMD, certification may be required.*

RESOURCES

HealthChoiceOK.com

- Dental Handbook.
- Provider Search page.



EGID Member Services

405-717-8780 or 800-752-9475

HealthChoice Customer Care

800-323-4314

TTY 711



A smiling man and a young girl are brushing their teeth together in a bathroom. The man is holding a blue toothbrush and the girl is holding a yellow toothbrush. They are both looking at the camera and smiling. The background is a bright, modern bathroom with white tiles and a mirror.

Dental Insurance

Preferred Dentist Program (PPO)

Prepared for: State of Oklahoma

How does a PPO Dental plan work?

Did you know MetLife Dental benefits come with features designed to help you get maximum value delivered out of your employer-sponsored benefits?

Brush up on the benefits listed below that are included when you enroll in MetLife Dental.

Key Features

- **Little to no out-of-pocket** costs for cleanings, X-rays, and exams in-network.^{D1}
- **Average savings of 35-50%** on dentist list prices.^{D2}
- **Your dentist usually handles claims** – which means less paperwork for you

Understand the types of procedures

Different plans pay different percentages for these procedures.

- **Preventive Care** — cleanings, X-rays and exams
- **Basic Care** — fillings and extractions
- **Major Care** — bridges, crowns and dentures
- Orthodontic Care

MetLife Dental plans

Compare the benefits under the low and high option plans

Services	High Classic MAC	Low Classic Mac
	In-network: ^{D5} % of Negotiated fee ^{D6} Out-of-network: ^{D5} Maximum Allowable Charge (scheduled amount)	In-network: ^{D5} % of Negotiated fee ^{D6} Out-of-network: ^{D5} Maximum Allowable Charge/(scheduled amount)
Preventive & Diagnostic Services - Type A	In-Network: 100%/Out-of-Network: 100%	In-Network: 100%/Out-of-Network: 100%
Basic Restorative Services - Type B	In-Network: 85%/Out-of-Network: 85%	In-Network: 70%/Out-of-Network: 70%
Major Restorative Services - Type C	In-Network: 60%/Out-of-Network: 60%	In-Network: 50%/Out-of-Network: 50%
Orthodontia Covered Services ⁸	In-Network: 60%/Out-of-Network: 60%	In-Network: 50%/Out-of-Network: 50%
Annual -Year Deductible – Applies to B and C: Individual vs Family	\$25 individual/ \$75 family	\$50 individual/ \$150 family
Annual -Year Maximum Benefit	\$5,000/person	\$1,500/person
Orthodontia Lifetime Maximum	\$5000 Lifetime maximum Adults/Children	\$2000 Lifetime maximum Adults/Children

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Find a dental provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

Step 1



Go to metlife.com.

Enter your Zip, City or State and select the “Find a Dentist” button.

You will then be prompted to select your plan from the list.
The plan name is located in your Schedule of Benefits.

Step 2



Select “Find a Dentist” next to “How can we help you?”



Step 3



Select “PDP Plus” next to “Choose your network.”



Helping you make smarter choices

Oral Health Education made easy

Dentist Education
& Communication

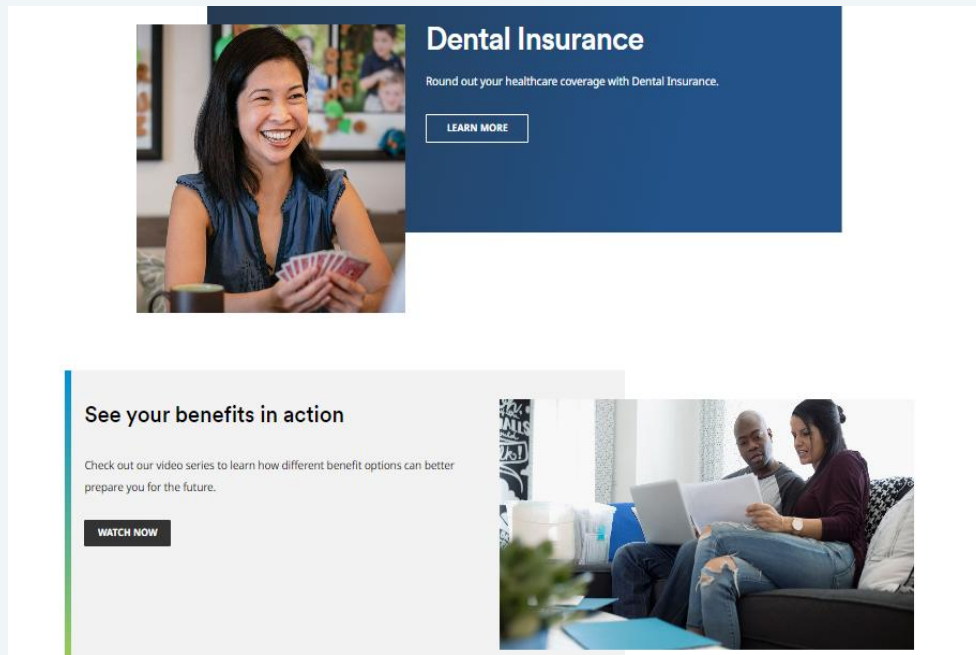
Patient Education
& Communication

Visit MetLife's Oral Health Library^{D14}
www.oralfitnesslibrary.com



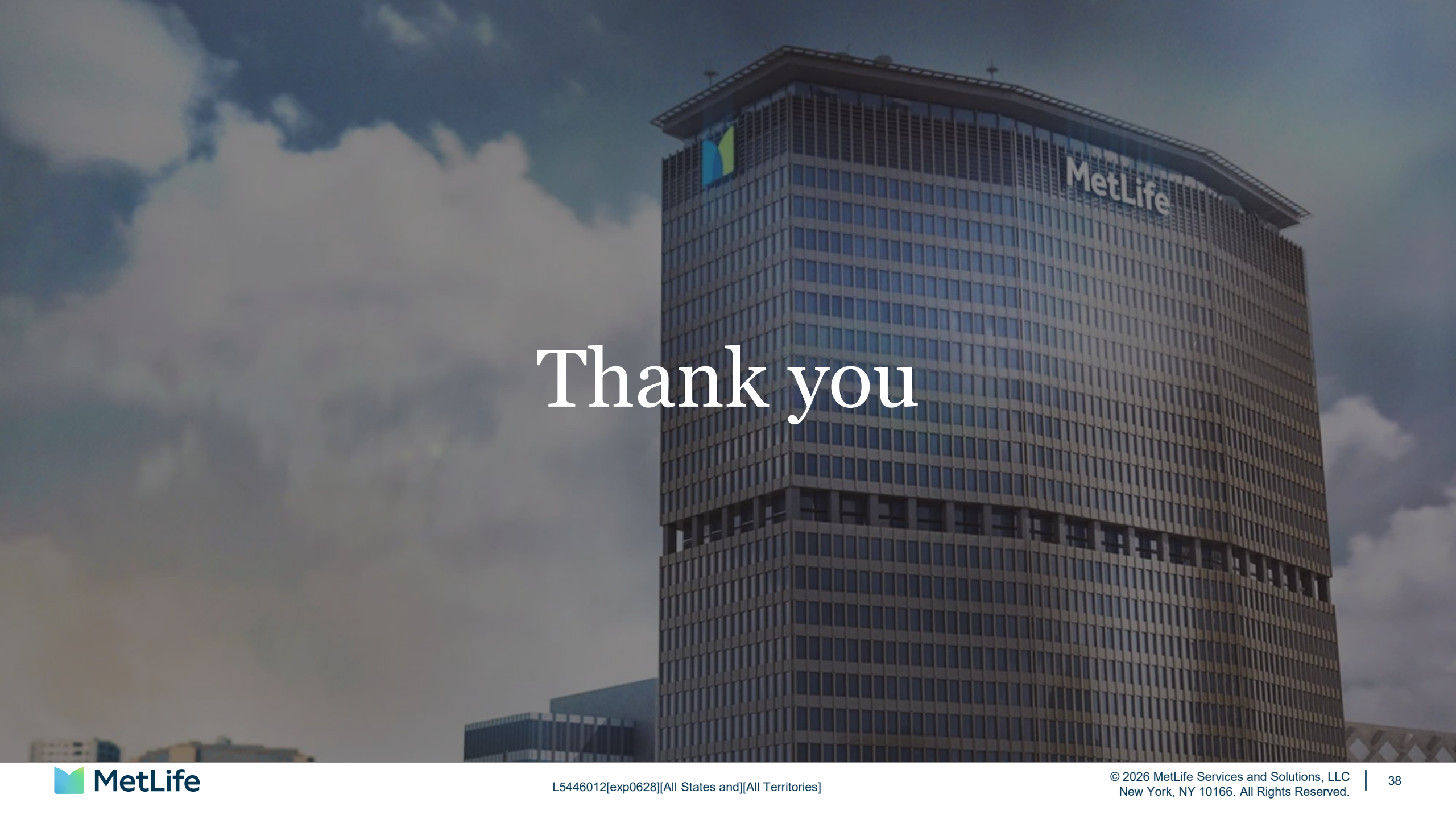
www.metlife.com/info/oklahoma/

1-855-676-9443



Your benefits microsite can help you understand the importance of dental benefits and the coverage options available.

Dedicated Contact Phone number

A tall, modern skyscraper with a grid-like facade of windows, featuring the MetLife logo at the top. The building is set against a sky with scattered clouds.

Thank you



Footnotes and disclosures

Footnotes and disclosures

^{D1} Subject to frequency limitations.

^{D2} Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

^{D3} AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance or services provided by MetLife. Referral services are not available in all locations.

^{D4} To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife Mobile App are not available for MetLife Dental Plans.

^{D5} In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network refers to benefits provided under this program for covered dental services that are not provided by a participating dentist.

^{D6} Based on MetLife Data. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

^{D7} R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

^{D8} Payment for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee.

^{D9} We recommend you receive a pre-treatment estimate from your provider to determine estimated costs of your orthodontia treatment. Note: Lifetime Maximum for Orthodontia treatment for High plan is \$5,000 in-network or out-of-network. For the Low plan it is \$2,000 in-network or out-of-network.

^{D10} Certain Limitations apply to some services; please review your Schedule of Benefits for full details.

^{D11} In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

^{D12} May be subject to any plan cost sharing such as benefits maximums.

^{D13} SG-D plans specialty care is available at 75% of the provider's usual and customary fee.

^{D14} All information provided on this website ("Website") is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this Website available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Use of this Website is subject to all the terms stated herein. Insofar as the information provided on this Website is from third parties or links to third party websites, it has no association whatsoever with MetLife, unless expressly stated.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife representative for costs and complete details. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Product disclaimers: *Dental*

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy.

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YOUR BENEFITS FROM SUN LIFE

Discover new ways to protect what you love

Janet Ruggiano

Benefits Counselor, Sun Life

PY 2027



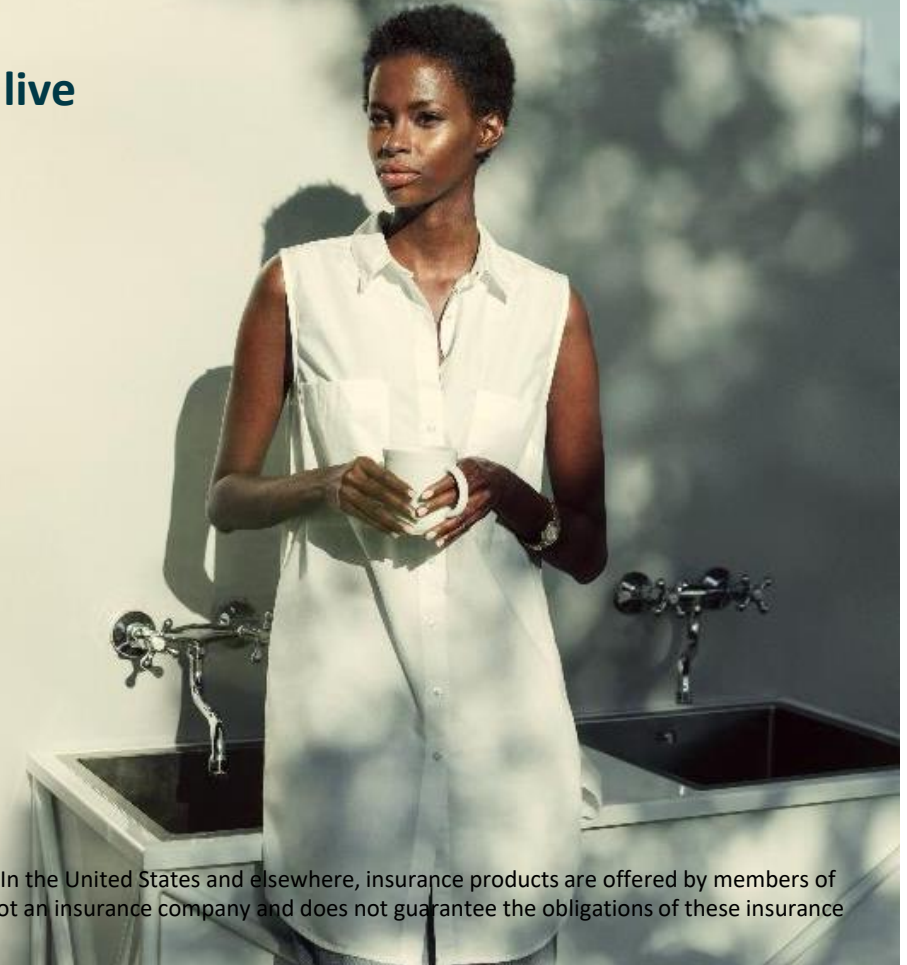
Get to know Sun Life

Our purpose is to help our clients achieve **lifetime financial security** and **live healthier lives**.

We honor our commitments by:

- maintaining the **financial strength** to meet our obligations
- promoting **diversity** and **inclusion** in the workplace
- promoting the **health** and **well-being** of our communities

Get to know us at www.sunlife.com/us.



1. The Sun Life group of companies operates under the “Sun Life” name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial, Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Sun Life Dental

Dental insurance can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles – and better overall health, too.

- Deductible: \$30 per person per calendar year
- Annual maximum: \$1750 per person per calendar year – Preventive, Basic and Major Services
- Orthodontia Services: \$1500 Lifetime Maximum per child to age 19
- Freedom to choose dentists both in and out of the network

1. <https://www.mayoclinic.org/diseases-conditions/periodontitis/symptoms-causes/syc-20354473> (accessed 08/23)



Periodontal disease can lead to receding gums, loss of teeth, and **can increase the risk of other health problems** such as heart disease and diabetes.¹

Coinsurance for Covered Services

Procedure	In Network	Out of Network
Preventive – Type 1	100%	100%
Basic – Type 2	85%	70%
Major – Type 3	60%	50%
Orthodontia – Type 4	60%	50%

These are the percentages your plan pays of the provider’s fee (after any applicable deductible has been satisfied).



Network dentists can save you* \$\$

Example	Network Dentist	Non-Network Dentist
Average charge for crown**	\$1,278	\$1,278
Minus network discount	30%	NA
Actual fee	\$894	\$1,278
Network Dentist 60%; Non-Network 50%	\$536	\$639
Claimant pays	\$358	\$639

You could save \$281 by going to a network dentist!

*This example is for illustrative purposes only. Cost of dental procedures may differ depending on location or dental provider. Savings may also differ in cases when deductibles apply or if the dentist's discount differs from 30%

**2023 Fair Health data. Figures have been rounded to the nearest dollar.



Lifetime of Smiles®

Your plan includes:

- Brush biopsies for early detection of oral cancer
- Genetic testing to help identify individuals at genetic risk for gum disease
- Periochips to control bacteria and reduce the size of periodontal pockets
- Four cleanings per year to help prevent gum disease (coverage up to 4 periodontal cleanings in a 12-month period)^{1,2}
- Tooth-colored fillings for back teeth
- **Preventive Rewards:** you can get up to **\$1,250** added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.



1. Dental prophylaxis cleaning is limited to 1 time in any 6-month period and periodontal maintenance procedure is limited to 1 in any 3-month period. Total number of combined dental prophylaxis cleanings and periodontal maintenance procedures cannot exceed 4 in a 12-month period. 2. Classification of services varies by plan design.

Your Sun Life Dental Plan includes Preventive Rewards

Plan annual maximum	Reward amount	Maximum reward
\$500	Based on paid claims for preventive services	\$500
\$750		\$500
\$1,000		\$1,000
\$1,200		\$1,200
\$1,250		\$1,250
\$1,500		\$1,250
\$1,750		\$1,250

How does Preventive Rewards work?

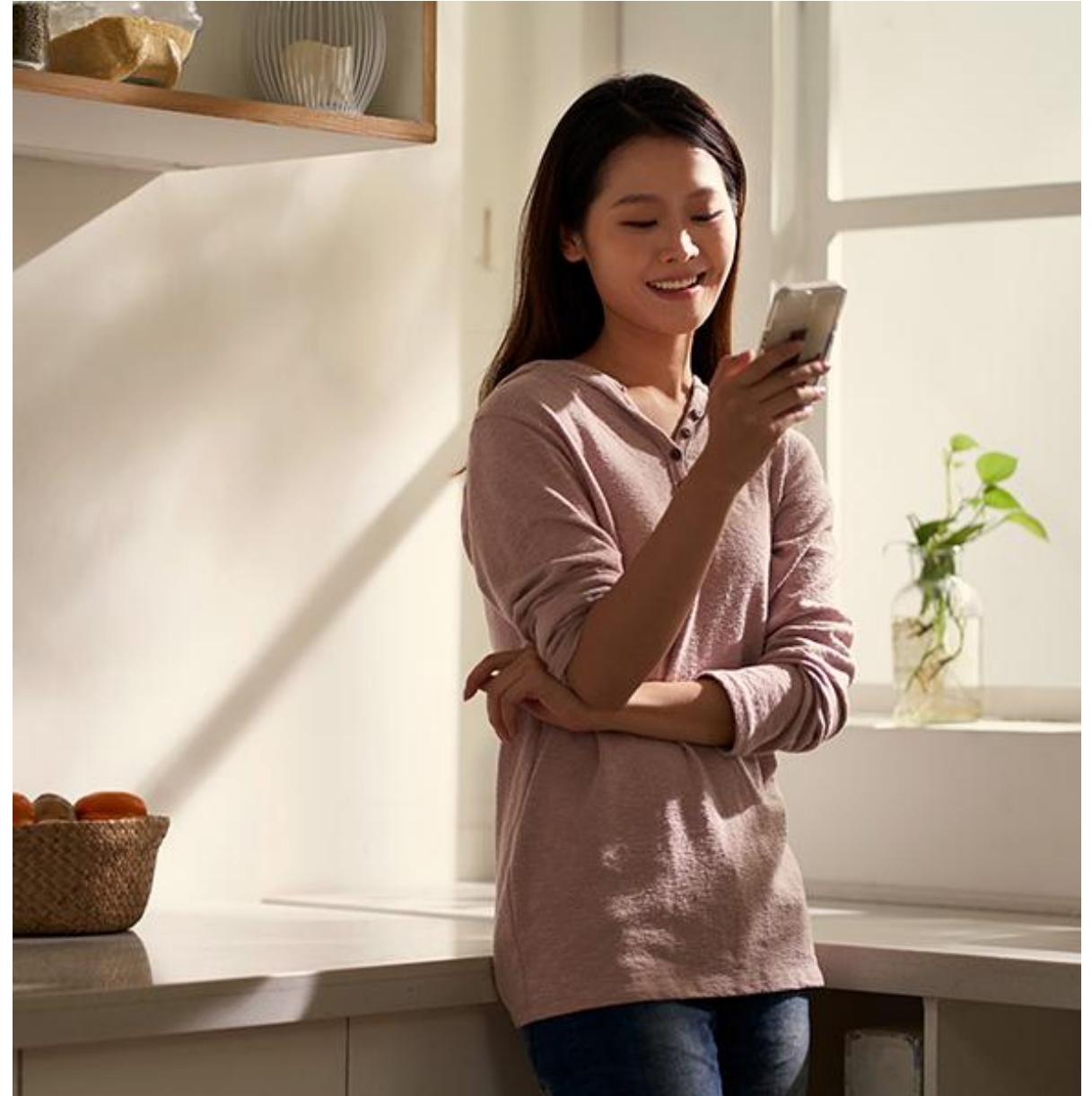
You have a **\$1,750** annual maximum benefit **plus** Preventive Rewards on your plan. When a dental member has paid claims for preventive services in a year, they can rollover the amount of those paid claims, up to **\$1,250**, for future years. They can get additional rewards each year until they hit \$1,250. This rewards dental members for getting preventive treatments while increasing their annual maximum dollars for future treatments.

How to find a dentist

- Visit www.sunlife.com/findadentist
 - Select the Sun Life Dental Network
 - Enter your search criteria and a list of participating dentists will be provided
- **Call customer service** at 800-442-7742 for assistance in locating a network dentist
- **Access it from the Dental Health Center** at www.sunlife.com/dentalhealthcenter

Is your Dentist not in our network?

Use the Provider nomination card if your dentist is not in our network of dentists.



Visit Your MicroSite today!

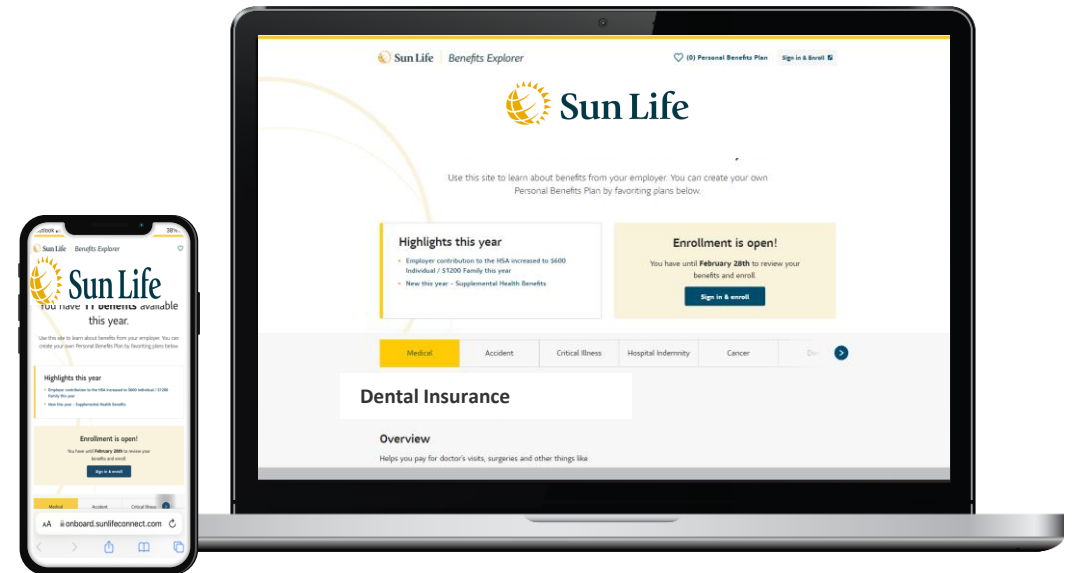


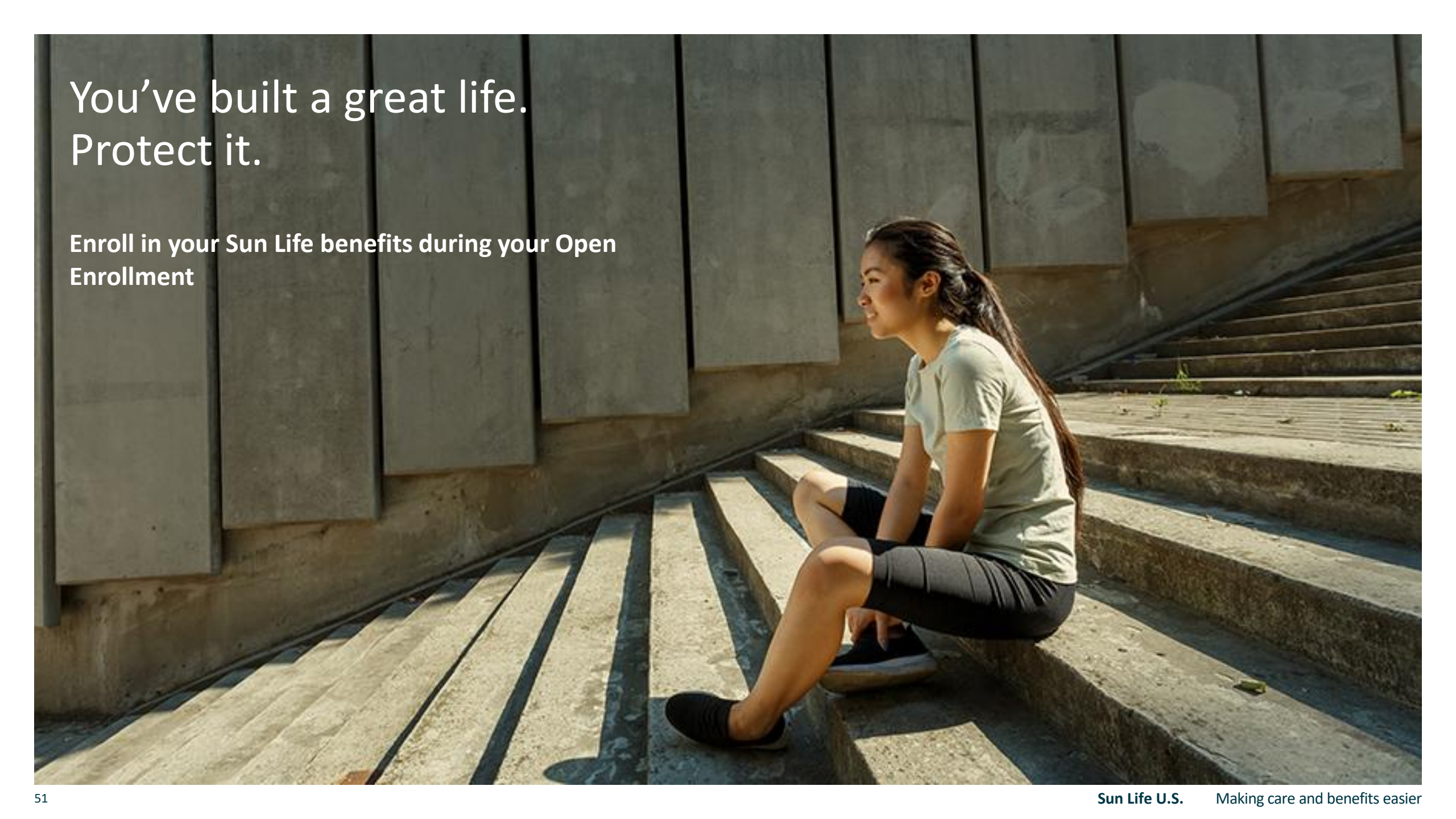
You can:

- ✓ Learn about your Dental plan options and how to use them
- ✓ Chat with a live benefits counselor 7am-7pm CT Mon-Fri or schedule an appointment for a virtual call

Here is your Microsite link:

<https://sunlife.co/StateofOKPY2027>



A woman with long dark hair tied back, wearing a light green t-shirt and black leggings, is sitting on a wide set of concrete stairs. She is looking off to the right with a slight smile. The background shows a building with large, light-colored panels. The scene is brightly lit, suggesting a sunny day.

You've built a great life.
Protect it.

Enroll in your Sun Life benefits during your Open Enrollment

Important disclosures

Dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”). **Prepaid/DHMO** dental plan pays only those procedures and services specifically listed in the Copayment Schedule, incurred by a covered member after the policy’s effective date and before any future termination date. Services provided by non-Plan Providers are covered only for Emergency Services. Prosthetics are subject to a 5-year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider’s normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member’s oral conditions without regard to whether or not such conditions existed before the effective date of the Member’s enrollment. Please see the Evidence of Coverage or ask your benefits administrator for details.



Not approved for use in New Mexico.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 15-GP-01, 12-DI-C-01, 16-DI-C-01, 12-SD-C-01, 13-SD-C-01, 13-SDPort-C-01, 12-AC-C-01, 12-ACPort-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 13-ADDPort-C-01, 15-ADD-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-DEN-C-01, 16-VIS-C-01, TDBPOLICY, TDI-POLICY, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, 20-PFML-GP-01-MA, 21-PFML-GP-01-CT, 23-FAMLI-GP-01-CO, 22-PFML-GP-01-OR, 23-SD-C-01, 23-SD-PORT-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-05. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC of Ohio, Inc., and United Dental Care of Texas, Inc.. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 13-SDPort-C-01, 12-GP-01, 12-AC-C-01, 12-ACPort-C-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 16-VIS-C-01, 15-HI-GP-01, 20-HI-C-01, 12-GPPort-P-01. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations. Certain provisions, benefits, exclusions or limitations may vary by state. Plans contain limitations, exclusions and restrictions. Contact us for additional information. The group insurance policies described in this advertisement do NOT provide basic hospital, basic medical, or major medical insurance.

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