DELTA DENTAL®

www.deltadentalwy.org

Delta Dental of Wyoming
2027 Individual & Family High Plan + Pediatric
ACA Certified – Off Marketplace

Summary of Benefits

Benefits	Premier Network % You Pay	Out of Network % You Pay
Diagnostic & Preventive Services √ Routine periodic examinations once every six months. √ Dental prophylaxis (cleaning) once every six months. √ Bitewing x-rays once every six months (under the age of 19); once every twelve months (age 19 and over). √ Topical fluoride applications once every six months. (under the age of 19). √ Space maintainers, fixed. (under the age of 19). √ Sealants. (under the age of 19). √ Full mouth x-rays once every five years.	0%	0%
Basic Services (subject to deductible/6 month waiting period age 19 & up) √ Routine extractions. √ Silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.	20% After Deductible	20% After Deductible
Major Services (subject to deductible/twelve month waiting period age 19 & up) √ Endodontics √ Periodontics √ Pre-formed or stainless-steel restorations. √ Crowns when teeth cannot be restored with a filling material. √ Prosthetics - bridges, partial dentures, complete dentures, and implants. Surgical extractions and other oral surgery.	50% After Deductible	50% After Deductible
Orthodontic Services (subject to deductible) √ Medically necessary treatment for the proper alignment of teeth. See handbook for definition of "Medically Necessary Orthodontic Treatment". (under the age of 19).	50% After Deductible	50% After Deductible
Deductible √ Deductible does NOT apply to Diagnostic and Preventive Services.	$50 per person per coverage year	$50 per person per coverage year
Annual Out of Pocket Cost (up to age 19): Your total out-of-pocket costs for Benefits from Delta Dental Premier Providers will not exceed $450 per Coverage Year for each Covered Person (under the age of 19) with an out-of-pocket of $900 per Coverage Year for two or more Covered Persons (under the age of 19) receiving Benefits under this Policy. Only deductibles and coinsurance which the Covered Person is responsible to pay will count toward the out-of-pocket cost. Other than deductibles and coinsurance, dollars necessary to be paid by the Covered Person for Optional Procedures as further defined do not satisfy out-of-pocket costs.		
Annual Maximum Benefit (age 19 and up): $1,000 per person per coverage year. All services are subject to the annual maximum benefit and will not be paid if your annual maximum benefit has been reached. Adult dependent children are covered to the end of the year age 26 is attained.		

This is a brief description of benefits and limitations. Please see your policy booklet for full descriptions.

Delta Dental of Wyoming
6705 Faith Dr. | P.O. Box 29 | Cheyenne, WY 82003
307-632-3313 or 800-735-3379