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# 2026 Plans for Individuals & Families

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## REASONS TO CHOOSE DELTA DENTAL:

### A Better Dental Network

Delta Dental of Wyoming's Premier network is the largest dental network in Wyoming (approximately 90% of the dentists participate in our network!). We are part of the Delta Dental Plans Association, the largest dental benefits carrier in the U.S., so our coverage extends nationwide.

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### HOW- Health through Oral Wellness

Our unique patient-centered program, Health through Oral Wellness (HOW) adds additional benefits to your dental plan, based on your oral health needs. This benefit is for subscribers & dependents that score as high-risk for cavities or gum disease after your dentist performs a FREE risk assessment.

### Outstanding Customer Service

Delta Dental of Wyoming specializes exclusively in dental insurance. We are located IN Wyoming and our entire organization is located in Cheyenne; we are a Wyoming company.

Our employees are knowledgeable in oral health and dental benefits. We are known for our outstanding customer service. We offer an updated online experience for dental offices to obtain detailed information whenever they need it as well as being available via the phone.

We are here to provide you with the service you expect when you need it.

**Learn More,  
Review, Enroll**

[www.deltadentalwy.org](http://www.deltadentalwy.org)

or

307-632-3313

## 2026 Delta Dental of Wyoming Individual & Family Plans



|   | Radiant Plan*                                   |                                     | Bright Plan                     |                                 | Grin Plan                       |                                 | Preventive Plan |                |
|---|---|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------|----------------|
|   | *Radiant Plan can be sold with or without Ortho |                                     |                                 |                                 |                                 |                                 |                 |                |
| Coverage                                  | In Network                                      | Out of Network                      | In Network                      | Out of Network                  | In Network                      | Out of Network                  | In Network      | Out of Network |
| Preventive & Diagnostic                   | 100%  | 90%                                 | 100%                            | 90%                             | 80%                             | 70%                             | 100%            | 80%            |
|   | Not included in Annual Maximum                  | Not included in Annual Maximum      |                                 |                                 |                                 |                                 |                 |                |
| Basic                                     | 80%   | 70%                                 | 50%                             | 45%                             | 50%                             | 45%                             | N/A             | N/A            |
|   | (3 month waiting period)                        | (3 month waiting period)            | (3 month waiting period)        | (3 month waiting period)        | (6 month waiting period)        | (6 month waiting period)        |                 |                |
|   | Includes Composite Restorations                 | Includes Composite Restorations     | Includes Composite Restorations | Includes Composite Restorations | Includes Composite Restorations | Includes Composite Restorations |                 |                |
| Major                                     | 60%   | 50%                                 | 50%                             | 45%                             | 50%                             | 45%                             | N/A             | N/A            |
|   | (6 month waiting period)                        | (6 month waiting period)            | (6 month waiting period)        | (6 month waiting period)        | (12 month waiting period)       | (12 month waiting period)       |                 |                |
|   | Includes Implants & Occlusal Guards             | Includes Implants & Occlusal Guards | Includes Implants               | Includes Implants               | Includes Implants               | Includes Implants               |                 |                |
| Orthodontics<br>(dependents under age 19) | 50%   | 50%                                 | N/A                             | N/A                             | N/A                             | N/A                             | N/A             | N/A            |
|   | (12 month waiting period)                       | (12 month waiting period)           |                                 |                                 |                                 |                                 |                 |                |
| Deductible<br>(per person)                | \$50  | \$50                                | \$50                            | \$50                            | \$75                            | \$75                            | N/A             | N/A            |
|   | per person per calendar year                    | per person per calendar year        | per person per calendar year    | per person per calendar year    | per person per calendar year    | per person per calendar year    |                 |                |
| Annual Maximum                            | \$2,000   | \$2,000                             | \$1,500                         | \$1,500                         | \$1,200                         | \$1,200                         | N/A             | N/A            |
| Orthodontic Lifetime Maximum              | \$1,500   | N/A                                 | N/A                             | N/A                             | N/A                             | N/A                             | N/A             | N/A            |

| Monthly Premium Rates | Radiant Plan with Ortho Rates | Radiant Plan without Ortho Rates | Bright Plan Rates | Grin Plan Rates | Preventive Plan Rates |
|-----------------------|-------------------------------|----------------------------------|-------------------|-----------------|-----------------------|
| Individual            | \$57.75                       | \$57.75                          | \$46.80           | \$36.75         | \$24.70               |
| Individual + One      | \$129.50                      | \$115.50                         | \$93.75           | \$73.50         | \$48.40               |
| Individual + Family   | \$189.65                      | \$173.65                         | \$145.65          | \$110.25        | \$75.95               |

- Coverage is effective the first of the month after the application is received. Individual policies renew on January 1<sup>st</sup> of each year.
- Open enrollment runs November 15th to December 15th of each year. Plans can only be changed during open enrollment unless there is a qualifying event.
- Plans displayed include the Premier Network. If an out of network provider is utilized, benefits will be reduced, and payment is made to the subscriber.
- Orthodontic coverage is only available on the Radiant plan and is only available for dependents under the age of 19.
- Waiting periods can be waived if you have been continuously enrolled under a dental plan for a minimum of the last three months and you can send proof of coverage. This proof must include an outline of coverage (showing equivalent coverage) and information showing the start and end date of your policy.
- All plans include our HOW (Health through Oral Wellness) program.