



Delta Dental of Wyoming
Cheyenne Regional Medical Center
Group #70070 – Basic Plan
Premier Plan - (Off Exchange)
Summary of Benefits

BENEFITS

100% Coverage for Diagnostic and Preventive Services – not subject to deductible

- Routine periodic examinations, including bitewing x-rays once every six months.
- Dental prophylaxis (cleaning) once every six months.
 - Once every three months for diabetic patients and pregnant women.
- Topical fluoride applications once every twelve months. (Dependents under the age of 16).
- Space maintainers, fixed. (Dependents under the age of 19).

80% Coverage for Basic Services

- Emergency treatment for relief of pain.
- Extractions and other oral surgery.
- Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).
 - Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.
- Pulpal and root canal filling.
- Treatment of diseases of the tissues supporting the teeth.
- Full mouth x-rays once every three years.

50% Coverage for Major Services

- Crowns when teeth cannot be restored with a filling material.
- Prosthetics - provides bridges, partial dentures and complete dentures.

Deductible Limitations:

Individual Deductible:	\$50.00
Family Deductible:	\$100.00

Annual Maximum Benefit:

Plan Year:	January - December
Yearly Maximum (per person):	\$1,200.00

Waiting Period:

Diagnostic & Preventive:	None
Basic Services:	None
Major Services:	None

Dependent Eligibility: End of the month age 26 is attained

The effective date of this policy is the first of the month following the date of eligibility.

This is a brief description of benefits and limitations. Please see coverage booklet and contract for full description.