

**Cheyenne Regional Medical Center
Group #7019-1 Basic Plan**

Summary of Benefits

Benefits	Premier Network	Out of Network*
Diagnostic & Preventive Services <ul style="list-style-type: none"> ✓ Routine periodic examinations, including bitewing x-rays twice per calendar year. ✓ Dental prophylaxis (cleaning) twice per calendar year. <ul style="list-style-type: none"> ○ Once every three months for diabetic patients and pregnant women. ✓ Topical fluoride applications once every twelve months. (Dependents through the end of the month in which age 16 is attained.) ✓ Space maintainers, fixed. (Dependents through the end of the month in which age 19 is attained.) 	100%	100%
Basic Services <ul style="list-style-type: none"> ✓ Extractions and other oral surgery. ✓ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings). <ul style="list-style-type: none"> ○ Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit. ✓ Endodontics. ✓ Periodontics. ✓ Full mouth x-rays once every three years. 	80%	80%
Major Services <ul style="list-style-type: none"> ✓ Crowns when teeth cannot be restored with a filling material. ✓ Prosthetics - provides bridges, partial dentures, and complete dentures. 	50%	50%
Annual Maximum (Calendar Year) <ul style="list-style-type: none"> ✓ January - December 	\$1,200.00	\$1,200.00
Deductible <ul style="list-style-type: none"> ✓ Deductible does NOT apply to Diagnostic and Preventive Services. 	\$50 per person per calendar year/\$100 per family	\$50 per person per calendar year/\$100 per family

Your plan includes the Health through Oral Wellness program (or, HOW for short.) HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits.

The effective date of this policy is the first of the month following the date of full-time employment.

Dependent Eligibility: End of the month age 26 is attained.

*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means you are responsible for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, co-insurance, or non-approved charge.

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