DELTA DENTAL®

Delta Dental of Wyoming
Ivinson Memorial Hospital
Group #80198
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.
- Topical fluoride applications once every twelve months. (Dependents under the age of 19).
- Space maintainers, fixed. (Dependents under the age of 19).

75% Coverage for Basic Services (six-month waiting period for new enrollees)

- Emergency treatment for relief of pain.
- Simple extractions.
- 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.
- Sealants. (Dependents under the age of 19).
- Full mouth x-rays once every five years.

50% Coverage for Major Services (eighteen-month waiting period for new enrollees)

- Pulpal and root canal filling.
- Treatment of diseases of the tissues supporting the teeth.
- Crowns when teeth cannot be restored with a filling material.
- Prosthetics – provides bridges, partial dentures and complete dentures.
- Oral surgery.

50% Coverage for Orthodontic Services (eighteen-month waiting period for new enrollees)

- For dependent children. (Under the age of 19).

Deductible Limitations:	
Individual Deductible:	$50.00
Family Deductible:	$100.00
Annual Maximum Benefit:	
Plan Year:	January - December
Yearly Maximum (per person):	$1,000.00
Orthodontic Lifetime Maximum:	$750.00
Waiting Period:	
Diagnostic & Preventive:	None
Basic Services:	Six month waiting period for new enrollees
Major Services:	Eighteen month waiting period for new enrollees
Orthodontic Services:	Eighteen month waiting period for new enrollees
Dependent Eligibility:	End of the month age 26 is attained

The effective date of this policy is the first of the month following two (2) month of full-time employment.

The pediatric coverage in this plan (under age 19) is not Exchange-Certified as part of the Affordable Care Act. An Exchange-Certified pediatric plan can be substituted for the above pediatric coverage or purchased in addition to the coverage above.

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

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