

## Laramie County Employees Group #1020

*Effective July 1, 2024*

### Summary of Benefits

Benefits	PPO plus Premier Network	Premier Network	Out of Network*
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>✓ Routine periodic examinations, including bitewing x-rays once every six months.</li> <li>✓ Dental prophylaxis (cleaning) once every six months.</li> <li>✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19.)</li> <li>✓ Space maintainers, fixed. (Dependents under the age of 19.)</li> <li>✓ Sealants (Dependents under age 19.)</li> <li>✓ Full mouth x-rays once every three years.</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>✓ Extractions and other oral surgery.</li> <li>✓ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings.)</li> <li>✓ Endodontics.</li> <li>✓ Periodontics.</li> </ul>	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>✓ Crowns when teeth cannot be restored with a filling material.</li> <li>✓ Prosthetics - provides bridges, partial dentures, and complete dentures.</li> </ul>	<b>60%</b>	<b>60%</b>	<b>60%</b>
<b>Orthodontic Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ For dependent children. (Under the age of 19.)</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Annual Maximum (Contract Year)</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>
<b>Deductible</b> <ul style="list-style-type: none"> <li>✓ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.</li> </ul>	<b>\$50 per person per contract year/\$100 per family</b>	<b>\$50 per person per contract year/\$100 per family</b>	<b>\$50 per person per contract year/\$100 per family</b>
<b>Orthodontic Lifetime Maximum</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>

\*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.*



## Delta Dental of Wyoming – PPO plus Premier

Delta Dental of Wyoming's PPO plus Premier plan allows you and your family members to visit any licensed dentist, but **you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.**

Participating providers file claims directly with Delta Dental of Wyoming and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services.

If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier\* provider, you are protected from balance-billing for covered services.

### Advantages of the PPO plus Premier network

#### Savings:

Delta Dental PPO Providers offer our Subscribers & Dependents the greatest savings.

#### Choice:

Delta Dental of Wyoming's PPO plus Premier network allows you to choose to visit a PPO Dentist or a Premier Dentist. If you choose to visit a Premier provider you will still save money because Premier providers also accept discounted fees, however discounts are not as great as if you see a PPO provider.

#### Network:

The Delta Dental of Wyoming PPO plus Premier dual network has over 101 PPO providers and 302 Premier providers across the state of Wyoming. Nationwide there are over 100,000 PPO providers and 152,000 Premier providers in the two networks.

#### Looking for a dentist? Concerned about costs?

*Benefit illustration only Example assumes deductible has been met.*

	Greatest Savings ← → Least Savings		
	Protected from balance-billing		Not protected from balance-billing
Network	Delta Dental	Delta Dental	Out-of-Network
Procedure Cost	\$275	\$275	\$275
Maximum Provider Can Charge Patient	\$220	\$250	Unlimited
Maximum Provider Can Charge Insurance (MPA)*	\$220	\$250	\$190
Benefit Percentage	80%	80%	80%
Delta Dental Pays	\$176	\$200	\$152
You Pay	\$44	\$50	\$123

\*The maximum a provider can charge your insurance company for covered services is called the Maximum Plan Allowance (MPA). The MPA for an out-of-network provider is always lower than in-network MPA. Delta Dental pays a portion of the MPA only, which exposes you to balance-billing from an out-of-network provider.





## Here's [HOW] you can maximize your oral health at no additional cost

A healthy mouth is a vital part of your overall health, and Delta Dental of Wyoming cares about yours. That's why we're introducing Health *through* Oral Wellness® (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.

### HOW TO GET STARTED:



**First**, simply request an Oral Health Risk Assessment at the beginning of your dental visit.

\*Dentists can choose whether to participate with the HOW program.



**Second**, if you qualify based on your results, Delta Dental of Wyoming will release, or "unlock" specific additional benefits.

### BELOW ARE JUST SOME OF THE BENEFITS THAT MAY BE COVERED BASED ON RISK SCORES

Additional Cleanings  
Additional Sealants (child and adult)  
Fluoride (child and adult)

Periodontal Maintenance (gum disease treatment)  
Tobacco Cessation Counseling

If you have questions or would like to contact us for more information about the new Health *through* Oral Wellness program, please contact us by phone at (307) 632-3313 or toll-free at (800) 735-3379 or by email at [customerservice@deltadentalwy.org](mailto:customerservice@deltadentalwy.org).

All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at least once every 12 months. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.