

BLUE DENTAL

Comprehensive dental coverage for your employees and their families.

Product Benefits	Preventive Plan		Premium Plan		Premium Plus Plan	
Coverage Type	Single	Family	Single	Family	Single	Family
Annual Deductible	\$100	\$200	\$50	\$100	\$25	\$50
Annual Maximum	\$1,000		\$2,000		\$3,000 (Excludes preventive and diagnostic services)	
Preventive and Diagnostic	Covered at 100% at appropriate intervals.					
	Exams; x-rays; cleanings; palliative treatment; periodontal maintenance; fluoride treatments^; sealants^; space maintainers^. ^Available for participants up to age 19.					
Basic Services	50%		75%		90%	
	General anesthetics; non-surgical periodontics; simple extractions; fillings; endodontics.					
Major Services	50%		60%		60%	
	Prosthetics (dentures and bridges); inlays, onlays and crowns; repairs and replacements including recementing, relining/rebasing as necessary; surgical periodontics; complex oral surgery.					
Implants		1%		1%)%
	Add implant benefits to a group of 10 or more. For participants age 18 and older. Limited to one per tooth, per 5-year period. Lifetime maximum of \$1,000 per participant. No waiting period.					
Orthodontia*	50	1%	60	1%	60)%
	Add orthodontia benefits to a group of 10 or more. For participants up to age 19. Lifetime maximum of \$1,000 per participant. No waiting period.					

^{*} Not subject to annual deductible.

Provider Network Advantages

Blue Cross Blue Shield of Wyoming has an extensive network of more than 200 local providers in Wyoming and more than 80,000 participating providers nationwide. Using network dental providers can save your employees money by maximizing negotiated discounts and avoiding balance billing. Please visit BCBSWY.com/findadoctor to explore our provider network.

Dental Exclusions

Some services are not covered like: replacement of stolen or lost prosthetic devices; missed appointments; educational programs such as training in plaque control or oral hygiene; implantology (option to add benefit); appliances; restorations and procedures to alter vertical dimension; myofunctional therapy; services and supplies related to temporomandibular joint dysfunction; extra sets of dentures, devices or appliances; temporary or treatment dentures.

This outline is designed to present Blue Dental benefits in an easy-to-read format and does not cover all information contained in the Benefit Booklet. Limitations and exclusions in addition to those presented in this outline do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.



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