



# Individual & Family Dental Plans - 2025

## SHOW OFF YOUR SMILE WYOMING!

Having a plan from Delta Dental helps promote a healthy smile and it can greatly improve your overall health!



## Our Services



### How do I enroll?

Enrollment information is available online at [deltadentalwy.org](http://deltadentalwy.org) or you can complete the application form & send it into Delta Dental of Wyoming.



### Payment Choices

Payments can be made monthly by electronic funds transfer (ACH) from your bank or annually by personal check or money order.



### Coverage Start Date

Your coverage will begin the first of the month after we receive your completed application.



### Dental Network

Visit [deltadentalwy.org](http://deltadentalwy.org) and click on "Find a Dentist" to determine whether your dentist is in the PREMIER Network.



## Why Choose Us?

With over 55 years of insuring healthy smiles across Wyoming, Delta Dental knows what it takes to provide great dental insurance at an affordable price.

- ✓ A Better Dental Network
- ✓ Outstanding Customer Service
- ✓ Easy Claims Processing
- ✓ Giving Back through the WY Delta Dental Foundation

Contact Us



307-632-3313

## Plan Options

Coverage is effective the first of the month after the application is received by Delta Dental.

	Preferred Plan	Basic Plan
Annual Maximum per person	\$1,200	\$1,000
Annual Deductible per person	\$50	\$75
<b>Preventive Services</b>		
Oral Exams	You pay 0% of the Procedure cost.  Deductible does not apply.  *Check dental policy for specifics on coverages	You pay 20% of the Procedure cost.  Deductible does not apply.  *Check dental policy for specifics on coverages
Cleanings		
X-rays		
Bitewing x-rays		
Full mouth x-rays		
Fluoride Treatment (Children only)		
Sealants (Children only)		
Space Maintainers (Children only)		
<b>Basic Services (6-Month Waiting Period)</b>		
Fillings (Amalgam)	You pay 50% of the Procedure cost after your deductible is met.  *Check dental policy for specifics on coverages	You pay 50% of the Procedure cost after your deductible is met.  *Check dental policy for specifics on coverages
Composite Fillings (White)		
On anterior (front) teeth only		
Stainless Steel Crowns		
Simple Extractions		
Emergency Treatment for the relief of pain		
<b>Major Services (12-Month Waiting Period)</b>		
Oral Surgery (impacted teeth and/or wisdom teeth)	You pay 50% of the Procedure cost after your deductible is met.  *Check dental policy for specifics on coverages	You pay 50% of the Procedure cost after your deductible is met.  *Check dental policy for specifics on coverages
Periodontics		
Root Canals		
Crowns/Crown Build ups		
Bridges		
Dentures		
Implants		

All maximums are on a calendar year basis. Limitations are per person.

This chart provides only a brief description of the services covered. The policy booklet will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this schedule of benefits and the policy booklet, the policy booklet will govern.

Preferred Plan	
Annual Premium Rates (by check)	
Individual	\$505.80
Individual + One	\$1,011.00
Individual + Family	\$1,497.00
Monthly Premium Rates (by monthly bank draft)	
Individual	\$42.15
Individual + One	\$84.25
Individual + Family	\$124.75

Basic Plan	
Annual Premium Rates (by check)	
Individual	\$399.60
Individual + One	\$799.20
Individual + Family	\$1,198.20
Monthly Premium Rates (by monthly bank draft)	
Individual	\$33.30
Individual + One	\$66.60
Individual + Family	\$99.85