



Delta Dental Plan of Wyoming

**PREPAID DENTAL PLANS  
GROUP COVERAGE**

**Its the smart thing to do for Wyoming Business**

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**SUMMARY OF COVERAGE  
AND  
CERTIFICATE OF BENEFITS**

**Wyoming State Employees & Officials  
Group Dental Plan  
Voluntary Option I Plan**

**Master Group #600  
Group # 675 Employees  
# 685 Early Retirees  
# 695 Regular Retirees**

**DELTA DENTAL PLAN OF WYOMING  
320 WEST 25TH STREET, SUITE 100  
P.O. BOX 29  
CHEYENNE, WYOMING 82003-0029  
(307) 632-3313  
(800) 735-3379**

**GROUP DENTAL BENEFITS  
CERTIFICATE OF COVERAGE  
DELTA DENTAL PLAN OF WYOMING  
(Hereinafter called DDPW)**

**DDPW HEREBY CERTIFIES** that the individual given this certificate is covered under the Group provided the individual is eligible for such coverage and premiums are paid to DDPW by the Group on behalf of such individual. The benefits described herein are subject to all the provisions, terms and conditions of the Contract. The Contract alone constitutes the entire Contract under which rights and benefits are provided. A copy of the Contract is on file with your Group. Capitalized terms have the same meaning here as in the Contract.

**Policy Statement**

**THE STATE OF WYOMING (the Employer)** has established an Employee Welfare Benefit Plan. This booklet, effective January 1, 2005, replaces any prior Voluntary Option I Dental Plan booklet issued. The benefits described in this booklet constitute the benefits available under the Voluntary Option I Dental Plan. The plan will be maintained pursuant to the terms of this booklet. The Voluntary Option I Dental Plan may be amended from time to time. All prior plan descriptions established or maintained by the Employer are hereby revoked.

The benefits that form a part of the Voluntary Option I Dental Plan and that are described in this booklet are self-funded by the Employer. The Plan Administrator has complete authority to control and manage the plan and has full discretion to determine eligibility, to interpret the plan to determine whether a claim should be paid or denied, according to the provisions of the plan as set forth in this booklet.

**DELTA DENTAL PLAN OF WYOMING**

**ELIGIBILITY**

**I. Definitions**

*Eligible Employee* means any official or employee of the State of Wyoming, including employees and faculty members of the University of Wyoming and all community colleges in the state, who regularly works 80 hours per month or more, and employees participating in the position sharing program established pursuant to W.S. 9-2-1022(f) (1990 cum. supp.), provided the employee becomes eligible as stated below:

- A. All employees become eligible for this Plan on the first day of the month following their date of employment.

- B. With respect to an employee who is covered under the insurance Plan and terminates employment, he or she may transfer employee coverage to his or her spouse who also is employed by the State. The former employee will then become a dependent. Coverage under the Plan will be immediate.
- C. If you are a covered retiree or spouse and return to work for the State, you will be allowed to transfer coverage when you terminate again and you may remain on the Plan with continuous coverage.
- D. If you transfer from one State Agency to another, including the University and Community Colleges, you will be considered a transfer for insurance purposes and may not enroll as a new employee.

## **II. Service Retirees**

If you have completed at least twenty years of eligible service as a State employee and you qualify for State of Wyoming Retirement Benefits, and your medical coverage has been in effect for at least one year prior to retirement, you may continue your single or family coverage. If you are 50 or over at the time of retirement and have four or more years of eligible service for State of Wyoming Retirement Benefits, you are also eligible to continue your single or family coverage into retirement, if you have been covered under the Plan for one year. You must have had dependent coverage for one full year immediately preceding retirement to be eligible to continue dependent coverage. You must notify the employee=s Group Insurance Agency, if you wish to continue coverage after retirement. You will be provided a form for indication of your election. The form must be completed and returned to the Agency within 31 days of your retirement date.

Medicare eligible retirees may continue to keep the Voluntary Option I Dental Plan with the Preventive and Diagnostic Plan even if they cancel coverage under the State=s Health Plan. Both the Medicare eligible retiree and their eligible dependents may continue the Voluntary Option I Dental Plan if they participated in the plan at the time enrollment in the Health Plan is canceled and the Preventative and Diagnostic Dental Plan is also continued. Medicare eligible retirees and their eligible dependents may not continue the Voluntary Option I Dental Plan if they are not also enrolled in the Preventive and Diagnostic Dental Plan.

Medicare eligible retiree=s (eligible) dependents may not be enrolled in the Voluntary Option I Dental Plan if the retiree is not enrolled. Medicare eligible retirees who cancel their coverage in the Voluntary Option I Dental Plan **MAY NOT** re-enroll at a future date.

### III. Dependents

If you are insured as an employee, your dependents are eligible for coverage on the same date as you or the date they become eligible dependents. (a) If you enroll for dependent coverage on or before the date they become eligible, they will be covered on the date they become eligible. (b) If you enroll for dependent coverage after they become eligible, but on or before the 31st day following the date they become eligible, they will become covered on the first of the month coinciding with or next succeeding the date you enroll. Eligible dependents are an employee=s spouse, each unmarried child under the age of nineteen (19), including adopted children, stepchildren and foster children, and each unmarried child between the age of nineteen (19) and twenty-three (23) years who is a full-time student in an accredited educational or vocational institution, and for whom the employee is the major source of financial support. Adopted children, stepchildren and foster children may be covered only if you are legally responsible to provide coverage by virtue of a court order specifically naming you, the employee, as the responsible party. Legal documents must be provided at the time you enroll eligible children in one of these categories. In addition, an eligible dependent child or children cannot receive coverage under more than one parent who is an employee of the State of Wyoming. Only one parent employee may choose dependent coverage.

If you did not apply for dependent coverage within 31 days of the date you became eligible because your dependents were covered under a group dental coverage plan sponsored by your spouse=s employer when you were initially eligible for dependent coverage under this contract, and such coverage is later terminated due to:

- termination of your spouse=s employment; or
- temporary lay-off or a labor strike, resulting in loss of dental benefits; or
- termination of the other plan;

then you may apply for dependent coverage under this contract. Such application must be made within 31 days of the date on which such spouse=s coverage is terminated under the group coverage plan sponsored by his employer. If you enrolled for dependent coverage and later drop that coverage because your dependent became covered under another group plan sponsored by your spouse=s employer, and such coverage is later terminated under the same circumstances as set forth in the preceding paragraph, you will be allowed to re-enroll your dependents for coverage without waiting the full three (3) years otherwise required under this Plan, so long as you, the employee, have retained the single dental coverage throughout the time period your dependents were enrolled on the other plan, and you apply for dependent coverage within 31 days of the date on which your spouse=s coverage terminated under the group plan sponsored by his employer.

#### **IV. When You Marry or Have Children**

If you have no eligible dependents at the time you become covered under the Plan but later acquire them, be sure to enroll them promptly, within 31 days of their acquisition. A new spouse is eligible on your date of marriage. **It is necessary to enroll additional dependents even if you are already enrolled for dependent coverage.** To have continuous coverage from date of birth, newborns must be enrolled within 31 days of birth. Whenever you acquire eligible dependents, you must notify the Employee=s Group Insurance Agency and your benefits specialist and complete the appropriate form to cover them under the Plan.

#### **V. Dependent of Deceased Employees**

If you die while an employee of the State of Wyoming, your dependents may continue the pre-paid dental coverage in effect at the time of your death. Your surviving spouse may continue coverage until remarriage, and surviving children may continue coverage until marriage or reaching the limiting age described under ADependents@ in the section above.

#### **VI. Coverage Period**

- A. If you enroll for coverage on or before the date you become eligible, you will be covered beginning with the first day of the month following your date of employment, provided you are actively working on such date; otherwise, on the date you return to active work.
- B. If you enroll for coverage on or before the 31st day following the date you become eligible, you will become covered on the first of the month coinciding with or next succeeding the date you enroll. If you are absent from work on the date your coverage is to begin, you will be covered on the day you return to active work.
- C. Employees and/or eligible dependents that waive or withdraw from this plan for any reasons, will not be allowed to re-enroll until you have met a three (3) year waiting period from the date the coverage was waived or withdrawn from. Coverage would begin on January 1<sup>st</sup> following the three (3) year waiting period. There are two exceptions to this policy.

Exception #1: Employees and dependents may apply to be enrolled in the Voluntary Option I Dental Plan prior to the three year waiting period if you submit a letter from your dentist that states neither you (the employee) nor your dependents (if applicable) are in need of any dental care based on examination. This statement must be submitted with the enrollment card. The Plan Administrator will make the final determination on whether you and your eligible dependents (if applicable) will be covered by the Voluntary Option I Dental Plan upon receipt of the information. Coverage becomes effective at the beginning of the month following approval by the Plan Administrator.

Exception #2: Employees who enrolled eligible dependents for dependent coverage and later dropped that coverage because your dependents became covered under another group plan sponsored by your spouse=s employer, and such coverage was later terminated under the same circumstances as set forth in Section III. Dependents, page 3, then you will be allowed to re-enroll your dependents for coverage without waiting the full three (3) years otherwise required under this plan, so long as you, the employee, have retained the single dental coverage throughout the time period your dependents were enrolled on the other plan, and you apply for dependent coverage within 31 days of the date on which your spouse=s coverage terminated under the group dental coverage plan sponsored by his/her employer.

- D. If you enroll more than 31 days after the date you become eligible, you must satisfy the dental plan eligibility plan requirements in order to be eligible for dental benefits. This applies to dependents also.

\*An Eligible Employee becomes covered on the first day of the month following the Eligibility Waiting Period of continuous full-time employment and remains eligible for the effective contract period.

Eligible Dependents, if enrolled, are eligible on the date the Employee=s coverage is effective or the date on which the Employee acquires the dependent, i.e. date of marriage.

Coverage for the Employee and/or Eligible Dependent shall terminate on the last day of the month in which: (1) the individual ceases to meet the definition of eligibility above; or (2) the required periodic premium is not received by DDPW from the covered group, whichever occurs first.

If you want to drop your dependent dental coverage, contact your benefits specialist and complete the appropriate form to drop dependent insurance. The benefits specialist will forward the form to the Employee=s Group Insurance Agency. If the form is not received by the last working day of month prior to the month you wish your dependent=s dental coverage to end, your dependent=s dental coverage will continue for one month and the appropriate payroll deduction will be made from your paycheck.

**VII. Coverage After Termination**

If an Employee=s employment and/or coverage terminates while he is receiving treatment under a predetermination or preauthorization of benefits which was approved while he was eligible for benefits, benefits will not continue to be paid for such approved treatment.

Employees and dependents who have been terminated, voluntarily or involuntarily, the dependents of an Employee upon the Employee=s death and Employees in certain other situations may be entitled to an extension of Benefits under ACOBRA@ at the employee=s expense. (Ask your employer for complete details of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) or other State or Federal continuation of coverage statutes and/or regulations.)

**BENEFITS**

**I. Benefit Percentage**

Benefit Percentage is the percentage of allowable expenses that the plan will pay for service rendered.

For Basic Services.....	50%
For Major Services.....	50%
Maximum Benefit Per Person.....	\$1,200

**II. Deductible**

Deductible is the amount of covered dental expenses which you pay before the dental benefits are payable, and applies to each covered person per calendar year.

Deductible Per Person.....	\$ 50
Deductible Per Family.....	\$100

**III. Maximum Benefit**

Maximum Benefit is the total dollar amount that the Plan will pay for services rendered during any one year and applies to each covered person per calendar year. DDPW will reimburse participating dentists on a greater percentile of Filed Fees than non-participating dentists.

**IV. Payment Procedures**

A. DDPW shall pay the Participating Dentist=s usual, customary and reasonable fees up to the 90th percentile as determined by DDPW from fees filed and/or charged by Wyoming Participating Dentists, or the fees actually charged, whichever is less.

- B. The amounts payable by DDPW with respect to the services rendered by a Non-Participating Dentist shall not exceed the least of the dentist's fees, the prevailing fee or the 51st percentile, as determined by DDPW.
- C. The amounts payable by DDPW with respect to services rendered by a dentist in another state or country who is not a Participating Dentist of DDPW in that state shall not exceed the amount that would be payable if such services had been provided by a Non-Participating Dentist in Wyoming.
- D. The amounts payable by DDPW with respect to services rendered by a dentist in another state who is a Participating Dentist of a Delta Dental Plan in that state shall be those that would be payable by that other Delta Dental Plan.

### **COVERED DENTAL SERVICES**

DDPW will cover the following Services when they are rendered by a licensed dentist and when necessary and customary, as determined by the standards of generally accepted dental practice:

#### **I. Basic Services**

- A. Oral Surgery: The necessary procedures for extractions and other oral surgery including pre- and post-operative care. (DDPW will coordinate benefits with the medical portion of Plan coverage.)
- B. Restorative Dentistry: The necessary procedures to provide amalgam, synthetic restorations, cast crowns, jackets, cast restorations, and performed stainless steel crowns for treatment of carious lesions.
- C. Endodontics: The necessary procedures for pulpal therapy and root canal filling on non-vital teeth.
- D. Periodontics: The necessary procedures for treatment of the tissues supporting the teeth. (DDPW will coordinate benefits with the medical portion of Plan coverage.)
- E. A periodontal Maintenance (4910) is a covered benefit once in a calendar year in addition to the two (2) routine cleanings (1110) covered under the Preventative and Diagnostic Plan. This service is subject to deductible and paid as a basic service at 50%.

#### **III. Major Services**

- A. Prosthodontics: The necessary procedures for repair or construction of bridges, partial and complete dentures.

1. Partial Dentures: DDPW will provide a standard chrome or acrylic partial denture or will allow the cost of such procedure toward a more complicated or precision appliance that patient and dentist may choose to use.
  2. Complete Dentures: If in the construction of a denture the patient and dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, DDPW will allow an appropriate amount for the standard denture toward such treatment and the patient must bear the difference in cost.
- B. Restorative Crowns & Onlays: The necessary procedures for provision of crowns, jackets or onlays (except stainless steel crowns which are covered under Basic Services) **TEETH CANNOT BE RESTORED WITH AMALGAM, COMPOSITE RESIN OR PLASTIC MATERIALS DUE TO EXTENSIVE CARIES OR FRACTURES. AN X-RAY MUST ACCOMPANY ALL CLAIMS FOR CROWNS. CROWNS ARE NOT A BENEFIT FOR COSMETIC, ATTRITION, OR PREVENTIVE REASONS.**
- C. Oral Surgery: Natural tooth implants when accompanied by pre- and post-op x-rays.
- D. **Implants are a benefit effective January 1, 2005. The implants are payable at 50% with a \$1,000 annual maximum payment. In addition to the annual maximum there is to be a \$1,000 per tooth limit per sixty (60) month period. This includes the cost of the implant, maintenance, surgical removal thereof or the crown, bridge and denture over the implant. This benefit will be subject to the \$1,200 calendar year optional dental plan maximum.**

### LIMITATIONS

The benefits as outlined in all Plans are subject to the following limitations:

- A. Restorative: Synthetic restorations (cast and porcelain onlays) on posterior teeth are optional and not a benefit. An allowance equal to that for silver amalgam restoration will be made in such cases.
- B. Prosthodontic appliances (including bridges, partial and complete dentures), cast crowns, jackets and cast restorations will be replaced only after five (5) years have elapsed following any prior placement of such appliances under any DDPW program.

- C. Interim (surgical or temporary) dentures are considered optional services and are not a benefit.
- D. Replacement will be made of an existing prosthodontic appliance only if it is unsatisfactory and cannot be made satisfactory.
- E. Porcelain or metallic inlays, veneers or facings on molars are considered optional, and as such, are not covered services.
- F. Fixed bridges and/or removable partials are not a benefit for children under age 16. An allowance will be made for a temporary acrylic partial.
- G. A fixed bridge is not a covered service when done in connection with a removable partial denture in the same arch.
- H. Cast crowns, veneer crowns and jackets are not covered services for children under age 16. An allowance will be made for an acrylic crown or a preformed stainless steel crown.
- I. Reline or rebase of a denture is a benefit only twice in a five (5) year period.
- J. Prosthetic services utilizing full dentures, partial dentures, and removable appliances are **NOT A BENEFIT FOR SIX (6) MONTHS** after initial enrollment time.
- K. Optional services: In all cases in which the patient selects a more expensive plan of treatment than is customarily provided, DDPW will pay the applicable percentage of the lesser fee. The patient is responsible for the remainder of the dentist=s fee. In the event the treatment of choice is NOT a benefit of the plan, the patient is responsible for the dentist=s fee. For example:
  - 1. Partial Dentures: DDPW will provide a standard chrome or acrylic partial denture or will allow the cost of such procedure toward a more complicated or precision appliance that patient and dentist may choose to use.
  - 2. Complete Dentures: If in the construction of a denture the patient and dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, DDPW will allow an appropriate amount for the standard denture toward such treatment and the patient must bear the difference in cost.

3. Occlusion: DDPW will allow an appropriate amount for procedures necessary to replace missing teeth. Procedures, appliances or restorations necessary to increase vertical dimension and/or restore or maintain the occlusion are considered optional, and the cost is the responsibility of the patient. Such procedures include, but are not limited to, equilibration, periodontal splinting, restoration of tooth structure lost from attrition, restoration for malalignment of the teeth, and bite appliances (night guards or athletic mouth guards).
4. **Implants are a benefit effective January 1, 2005. The implants are payable at 50% with a \$1,000 annual maximum payment. In addition to the annual maximum there is to be a \$1,000 per tooth limit per sixty (60) month period. This includes the cost of the implant, maintenance, surgical removal thereof or the crown, bridge and denture over the implant. This benefit will be subject to the \$1,200 calendar year optional dental plan maximum.**

#### **EXCLUSIONS**

DDPW **excludes** the following services:

- A. Services rendered before the date the Insured Person=s dental coverage starts.
- B. Any procedure which is covered by your medical, automobile or liability coverage must be submitted to that carrier first and any balance not paid, up to the amount allowed by DDPW will be paid at the appropriate co-payment subject to the deductible.
- C. Service in excess of any limitation specified in the list of **ACovered Dental Services**@ on pages 7-8.
- D. Dental or surgical procedures performed to correct congenital, developmental malformation, acquired malformation or for cosmetic reasons.
- E. Diet planning or training in oral hygiene or preventive care.
- F. Replacement of a Prosthesis which can be repaired or does not need repair.
- G. Replacement of a Prosthesis within five (5) years after it was first placed, except when the replacement is: (1) made necessary by the extraction of a functioning natural tooth which is replaced and the existing Prosthesis cannot be made serviceable; or (2) for full or partial dentures which, while in the mouth, have been damaged beyond repair as a result of injury occurring while insured.

- H. Replacement of a lost, stolen or broken appliance.
- I. Splinting (the joining of teeth to support each other) for periodontal reasons (stabilization) by crowns or other means. Splinting for stabilization due to an accident or injury is a covered benefit.
- J. Any procedure which: (1) is for the purpose of changing vertical dimension; or (2) relates to bite registration, bite analysis or the correction of the bite; or (3) is for replacing tooth structure lost as a result of abrasion or attrition; or (4) is for equilibration or restorations for malalignment of the teeth; or (5) gnathologic recordings.
- K. Cosmetic dentistry acid etch, laminates, bite guards, athletic mouthguards, precision or semi-precision attachments.
- L. Treatment of Temporomandibular Joint Dysfunction.
- M. Pre-medication, analgesia or conscious sedation.
- N. Costs incurred for failure to keep a scheduled visit with a Dentist or for completing insurance forms.
- O. General anesthesia except when administered for a covered oral surgery procedure performed by a dentist when medically necessary.
- P. Services for which the Insured Person has or had a right to payment under: (1) workers' compensation or similar law; or (2) a program of a government or plan established by law, except: (a) Medicare; (b) Medicaid; (c) the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and (d) where the law does not permit this type of exclusion.
- Q. Orthodontic services.
- R. Sterilization Preparation, Infection Control, Operatory Preparation and Sepsis Control are considered part of all procedures and are NOT covered services.
- S. Prescription drugs and relative analgesia.
- T. Charges for hospital services or hypnosis.
- U. DDPW shall not be obligated to pay claims submitted more than six (6) months after the date of the service.
- V. Diagnostic and Preventive services, x-rays, prophylaxis, space maintainers, topical application of fluoride, sealants, and exams are not a benefit of the Voluntary Option I Plan.
- W. Oral hygiene instruction and dietary instruction and Plaque Control Programs.

## COORDINATION OF BENEFITS

The purpose of this plan is to assist in meeting the cost of needed dental care or treatment. However, a plan cannot pay for every procedure that may be needed. It is not intended that anyone receive benefits greater than the actual expenses incurred. Benefits payable by this Plan and any other group dental or medical plan will be coordinated so that the total benefits allowed will not exceed 100% of the covered dental expenses. In no event will payment under this Plan exceed the amount which **would have been allowed** if no other plan(s) were involved. All benefits provided herein are subject to this provision.

## HOW DOES THE PROGRAM WORK?

**Visit the dentist of your choice. If you do not have a dentist, select the one you wish and call either his office or DDPW to determine if he is a Participating Dentist. A list of Participating Dentists will be provided for reference if requested.**

During your first appointment, advise your dentist that you are covered by DDPW under the Contract number of your plan and give the dentist your Social Security Number. **DEPENDENTS MUST USE THE EMPLOYEE'S SOCIAL SECURITY NUMBER.** After an examination, your dentist will determine the treatment needed. If extensive services of \$250 or more are needed, your dentist may complete a treatment form to provide a predetermination or preauthorization of benefits.

Submit the form to:

Delta Dental Plan of Wyoming  
320 West 25th Street, Suite 100  
P.O. Box 29  
Cheyenne, Wyoming 82003-0029  
(307) 632-3313 or (800) 735-3379

DDPW will verify your eligibility and determine the amount of benefit to be paid by your Plan. The treatment form will be returned to the dentist by DDPW. The total amount of the dentist's fee, the amount of benefit to be paid by DDPW and the portion you are required to pay will be shown thereon and *should be discussed with the dentist before the extensive treatment begins.*

### I. The Participating Dentist

The Participating Dentist, under contract with DDPW, will agree to the following provisions (see **APayment Procedures@** on pages 6 & 7): (1) to file claim form(s) directly with DDPW (you must fill out the patient information); (2) not to charge the patient up front any amount covered by DDPW except deductible and co-payment; (3) if the dentist chooses he may charge the patient at the time of service for any procedure not covered by DDPW (see **ALimitations@** and **AExclusions@** on pages 8-11); (4) **not to charge back to the patient (balance bill) any amount over the amount allowed by DDPW**; (5) that all payments are to be made directly to the Participating Dentist.

## **II. The Non-Participating Dentist**

If your dentist is a Non-Participating Dentist (a dentist who has not signed an agreement with DDPW), payment will be based upon the 51st percentile which may be lower than for a Participating Dentist as explained on pages 6 & 7 under **Payment Procedures.** You will be responsible to the Non-Participating Dentist for the full cost of treatment and DDPW will reimburse you for the amount of benefit payable by your Plan. The Non-Participating Dentist has no obligation to abide by the additional provisions agreed to by a Participating Dentist listed above.

### **THE IMPORTANCE OF PREDETERMINATION OR PREAUTHORIZATION OF COSTS**

**Predetermination or preauthorization of benefits is a requirement of the Plan for all dental care in the amount of \$250 or more.**

Predetermination or preauthorization (submission of a treatment form in advance of performing services) removes the guesswork in determining what the Plan will pay for the services, and thereby eliminates possible confusion and misunderstanding between the dentist and the patient.

Details involving co-payment, deductibles or maximums related to the program are clarified by predetermination or preauthorization and prescribed services covered under the terms of the contract are known in advance of treatment.

This permits both employee and dentist to be aware of their responsibilities with respect to payment for services prior to the start of treatment.

Predetermination or preauthorization does not guarantee payment. Estimated DDPW payment is based on each patient's current eligibility and contract benefits. Submission of other claims or changes in eligibility or the contract may alter the final payment amount.

## QUALITY DENTAL CARE

This dental program recognizes the right of each Employee or Dependent to select a dentist of his or her own choosing. Neither the Contract Holder nor DDPW assumes any responsibility for the selection of dentists or for the quality of care by such dentists.

## QUESTIONS OR CONCERNS

DDPW will, in conjunction with a proper review committee, research the circumstances surrounding your concern and make a written reply to you.

Employees who have questions relating to eligibility or benefits are requested to contact DDPW by phone or in writing. Concerns should be submitted in written form to the Dental Director.

Dental Director  
Delta Dental Plan of Wyoming  
320 West 25th Street, Suite 100  
P.O. Box 29  
Cheyenne, Wyoming 82003-0029

## CLAIMS INQUIRY

A toll-free number is available for your use in calling DDPW from locations outside the Cheyenne area to inquire about claims or a specific doctor's membership status. This number is 1-800-735-3379. Cheyenne area calls should be made to 632-3313.

**THIS CERTIFICATE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE DENTAL PLAN. THE DENTAL PLAN CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.**

*Revised February 2005*

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