



Delta Dental Plan of Wyoming

**PREPAID DENTAL PLANS
GROUP COVERAGE**

Its the smart thing to do for Wyoming Business

SUMMARY OF COVERAGE

AND

CERTIFICATE OF BENEFITS

**Wyoming State Employees & Officials
Group Dental Plan
Preventive and Diagnostic Plan**

**Master Group #600
Group # 600 Employees
625 Early Retirees
650 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-DDPW (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 Preventive and Diagnostic Dental Plan booklet issued. The benefits described in this booklet constitute the benefits available under the Preventive and Diagnostic Dental Plan. The plan will be maintained pursuant to the terms of this booklet. The Preventive and Diagnostic 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 Preventive and Diagnostic 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 employees= 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 Preventive and Diagnostic Dental Plan even if they cancel coverage under the State=s Health Plan. Both the Medicare eligible retiree and their eligible dependents may continue the Preventive and Diagnostic Dental Plan if they participated in the plan at the time enrollment in the Health Plan is canceled.

Medicare eligible retiree=s (eligible) dependents may not be enrolled in the Preventive and Diagnostic Dental Plan if the retiree is not enrolled. Medicare eligible retirees who cancel their coverage in the Preventive and Diagnostic 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 1st of the month following 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 adoptive 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 dependent 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 terminated under the group coverage plan sponsored by his employer. If you enrolled for dependent coverage and later drop that coverage because your dependents 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. Dependents of Deceased Employees

If you die while an employee of the State of Wyoming, your dependents may continue the pre-paid dental coverages in effect at the time of your death. Your surviving spouse may continue coverage until remarriage, and surviving eligible 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 dependents that waive or withdraw from this plan will only be allowed to enroll or re-enroll under the same provisions allowing enrollment (or re-enrollment) in the State=s Health Benefit Plan.
- D. If you enroll more than 31 days after the date you become eligible, you must satisfy the dental plan eligibility 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 Eligible 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 the 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 services rendered.

For Diagnostic and Preventive Services.....100%

Diagnostic & Preventive Services are NOT subject to the deductible.

II. 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 the Delta Dental Plan 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. Diagnostic & Preventive Services

- A. Diagnostic: The necessary procedures to assist the dentist in evaluating the existing conditions to determine the required dental treatment.
- B. Preventive: The necessary procedures to prevent the occurrence of oral disease. These services (subject to **ALimitations@** and **AExclusions@** hereafter) include: Exams and/or prophylaxis (cleaning) twice each calendar year separated by five (5) consecutive months, bitewing x-rays are benefits as needed but not more than once every twelve (12) months, full mouth x-rays once in a twenty-four (24) month period, topical fluoride applications for dependent children are a benefit once a year (through December 31 of the year age 18 is attained), space maintainers for primary teeth to preserve existing space, and sealants for dependent children on permanent bicuspid and molars. One emergency exam will be a benefit once in a calendar year.

LIMITATIONS

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

- A. Diagnostic: Exams are a benefit once in a five (5) month period (not to exceed two in a calendar year) and bitewing x-rays are a benefit once in a twelve (12) month period. Full mouth x-rays are a benefit once in a twenty-four (24) month period.

- B. Preventative: Prophylaxis is a benefit once every five (5) months (not to exceed two in a calendar year). Topical fluoride applications for dependent children are a benefit once a year (through December 31 of the year age 18 is attained). Space maintainers are a benefit only to maintain the space of primary teeth. Sealants for dependent children on permanent bicuspid and molars once in a three (3) year period (through December 31 of the year age 16 is attained). One emergency exam will be a benefit once in a calendar year.

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 page 6.
- D. Prescription drugs and relative analgesia.
- E. Diet planning or training in oral hygiene or preventive care.
- F. Pre-medication, analgesia or conscious sedation.
- G. Costs incurred for failure to keep a scheduled visit with a Dentist or for completing insurance forms.
- H. 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.
- I. Sterilization Preparation, Infection Control, Operatory Preparation and Sepsis Control are considered part of all procedures and are NOT covered services.
- J. DDPW shall not be obligated to pay claims submitted more than fifteen (15) months after the date of the service.

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 page 5): (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 6-7); (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 page 5 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

Delta Dental Plan of Wyoming

Provided By:



Delta Dental Plan of Wyoming

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Cheyenne, Wyoming 82003-0029
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