



WEBT – High Option DENTAL BENEFITS (July 1, 2018)

Preventative and Diagnostic Treatment - (prophylaxis, routine exams, bite-wing, and full mouth x-rays)

Basic Dental Treatment - (fillings, extractions, root canal therapy, oral surgery, anesthesia, repair to dentures or bridgework)

Major Treatment - (dental implants, crowns, partial or full dentures)

Orthodontics - coverage for dependent children only to age 19

PREVENTATIVE

| | |
|-------------|-------------------|
| Deductible | Waived |
| Coinsurance | 100% of Allowable |

BASIC

| | |
|-------------|------------------|
| Deductible | \$50 annual |
| Coinsurance | 80% of Allowable |

MAJOR

| | |
|-------------|---------------------|
| Deductible | Combined with Basic |
| Coinsurance | 50% of Allowable |

ANNUAL MAXIMUMS

| | |
|------------------------------|---------------|
| Age 19 and Over | \$1500 |
| Dependent Children to age 19 | Unlimited |

ORTHODONTIA

| | |
|--------------------------|-----------------|
| Coinsurance | 50% |
| Maximum Lifetime Benefit | \$2000** |

ALLOWABLE The maximum amount allowed for Covered Services under this Plan. Allowable Charges are determined by the Blue Cross Blue Shield of Wyoming payment system in effect at the time the services are provided.

ORTHODONTIA **Medically necessary orthodontia may be covered for dependent children up to age 19. Refer to your benefit document for full details.

EXCLUSIONS Expenses incurred for any procedure, including orthodontic treatment, which began before the individual became covered. Prosthetic devices to replace teeth missing (congenitally or otherwise, except if a cleft palate or cleft lip condition), lost or extracted before the member's effective date of coverage.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.