

## Wyoming Chambers Health Benefit Plan 1

### Summary of Benefits

Benefits	Premier Network	Out of Network*
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>✓ Routine periodic examinations, including bitewing x-rays once every six months.</li> <li>✓ Dental prophylaxis (cleaning) once every six months.</li> <li>✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19).</li> <li>✓ Space maintainers, fixed. (Dependents under the age of 19).</li> </ul>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>✓ Extractions and other oral surgery.</li> <li>✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).                             <ul style="list-style-type: none"> <li>○ Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.</li> </ul> </li> <li>✓ Endodontics.</li> <li>✓ Periodontics.</li> <li>✓ Sealants. (Dependents under the age of 19).</li> <li>✓ Full mouth x-rays once every five years.</li> </ul>	<b>80%</b>	<b>80%</b>
<b>Major Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ Crowns when teeth cannot be restored with a filling material.</li> <li>✓ Prosthetics - provides bridges, partial dentures and complete dentures.</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Annual Maximum (Calendar Year)</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Deductible</b> <ul style="list-style-type: none"> <li>✓ Deductible does NOT apply to Diagnostic and Preventive Services.</li> </ul>	<b>\$50 per person per calendar year/\$150 per family</b>	<b>\$50 per person per calendar year/\$150 per family</b>

\*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means you are responsible for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, co-insurance, or non-approved charge.

*This is a brief description of benefits and limitations. Please see your policy booklet for full descriptions.*

## Wyoming Chambers Health Benefit Plan 2

### Summary of Benefits

Benefits	Premier Network	Out of Network*
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>✓ Routine periodic examinations, including bitewing x-rays once every six months.</li> <li>✓ Dental prophylaxis (cleaning) once every six months.</li> <li>✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19).</li> <li>✓ Space maintainers, fixed. (Dependents under the age of 19).</li> </ul>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>✓ Extractions and other oral surgery.</li> <li>✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).                             <ul style="list-style-type: none"> <li>○ Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.</li> </ul> </li> <li>✓ Endodontics.</li> <li>✓ Periodontics,</li> <li>✓ Sealants. (Dependents under the age of 19).</li> <li>✓ Full mouth x-rays once every five years.</li> </ul>	<b>80%</b>	<b>80%</b>
<b>Major Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ Crowns when teeth cannot be restored with a filling material.</li> <li>✓ Prosthetics - provides bridges, partial dentures and complete dentures.</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ For dependent children. (under the age of 19.)</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Annual Maximum (Calendar Year)</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Deductible</b>  <ul style="list-style-type: none"> <li>✓ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.</li> </ul>	<b>\$50 per person per calendar year/\$150 per family</b>	<b>\$50 per person per calendar year/\$150 per family</b>
<b>Orthodontic Lifetime Maximum</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>

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## Wyoming Chambers Health Benefit Plan 3

### Summary of Benefits

Benefits	Premier Network	Out of Network*
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>✓ Routine periodic examinations, including bitewing x-rays once every six months.</li> <li>✓ Dental prophylaxis (cleaning) once every six months.</li> <li>✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19).</li> <li>✓ Space maintainers, fixed. (Dependents under the age of 19).</li> </ul>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>✓ Extractions and other oral surgery.</li> <li>✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).                             <ul style="list-style-type: none"> <li>○ Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.</li> </ul> </li> <li>✓ Endodontics.</li> <li>✓ Periodontics.</li> <li>✓ Sealants. (Dependents under the age of 19).</li> <li>✓ Full mouth x-rays once every five years.</li> </ul>	<b>80%</b>	<b>80%</b>
<b>Major Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ Crowns when teeth cannot be restored with a filling material.</li> <li>✓ Prosthetics - provides bridges, partial dentures and complete dentures.</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Annual Maximum (Calendar Year)</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>
<b>Deductible</b> <ul style="list-style-type: none"> <li>✓ Deductible does NOT apply to Diagnostic and Preventive Services.</li> </ul>	<b>\$50 per person per calendar year/\$150 per family</b>	<b>\$50 per person per calendar year/\$150 per family</b>

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## Wyoming Chambers Health Benefit Plan 4

### Summary of Benefits

Benefits	Premier Network	Out of Network*
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>✓ Routine periodic examinations, including bitewing x-rays once every six months.</li> <li>✓ Dental prophylaxis (cleaning) once every six months.</li> <li>✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19).</li> <li>✓ Space maintainers, fixed. (Dependents under the age of 19).</li> </ul>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>✓ Extractions and other oral surgery.</li> <li>✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).                             <ul style="list-style-type: none"> <li>○ Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.</li> </ul> </li> <li>✓ Endodontics.</li> <li>✓ Periodontics,</li> <li>✓ Sealants. (Dependents under the age of 19).</li> <li>✓ Full mouth x-rays once every five years.</li> </ul>	<b>80%</b>	<b>80%</b>
<b>Major Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ Crowns when teeth cannot be restored with a filling material.</li> <li>✓ Prosthetics - provides bridges, partial dentures and complete dentures.</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services (Six-Month Waiting Period for New Enrollees)</b> <ul style="list-style-type: none"> <li>✓ For dependent children. (under the age of 19.)</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Annual Maximum (Calendar Year)</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>
<b>Deductible</b>  <ul style="list-style-type: none"> <li>✓ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.</li> </ul>	<b>\$50 per person per calendar year/\$150 per family</b>	<b>\$50 per person per calendar year/\$150 per family</b>
<b>Orthodontic Lifetime Maximum</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>

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