



# **WYOMING SCHOOL BOARDS ASSOCIATION INSURANCE TRUST DENTAL PLANS 2024-2025**

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Dental Benefits</b>					
Preventative Care	80%	100%	100%	100%	100%
Deductible Applies	No	No	No	No	No
Plan Deductible					
Single	\$100	\$50	\$50	\$40	\$25
Family	\$300	\$150	\$150	\$120	\$75
Basic Care	50%	80%	80%	80%	80%
Deductible Applies	Yes	Yes	Yes	Yes	Yes
Major Care	50%	50%	50%	50%	50%
Deductible Applies	Yes	Yes	Yes	Yes	Yes
Orthodontia Benefit	Not Covered	50%	50%	50%	50%
Lifetime Maximum		\$1,000	\$2,000	\$3,000	\$4,000
Deductible Applies		Yes	Yes	Yes	Yes
Annual Maximum Benefit per Covered Person	\$750	\$1,000	\$1,500	\$2,000	\$3,000
<b>2024-2025 Dental Rates</b>					
Employee Only	\$32.02	\$37.68	\$39.55	\$45.21	\$52.76
Family	\$88.07	\$103.63	\$108.46	\$148.83	\$168.64
<b>2024-2025 Employee Premiums</b>					
Employee Only	\$8.32	\$13.76	\$15.56	\$21.00	\$28.26
Family	\$23.08	\$38.04	\$42.69	\$81.51	\$100.55