

## Dental Care



Applies to:

☒ **Essential, Enhanced & Entrust PPO**

## Dental Care

Dental care includes items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth. Structures directly supporting the teeth mean the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth, and alveolar process.

## Original Medicare

Original Medicare will pay for dental services that are an integral part either of a covered procedure, such as reconstruction of the jaw following accidental injury, or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Original Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. Such an examination would be covered under Part A if performed by a dentist on the hospital's staff or under Part B if performed by a physician.

## Statutory Dental Exclusion

Section 1862 (a)(12) of the federal Social Security Act prohibits payment under Medicare Parts A and B for expenses incurred by a Medicare member "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under Part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his or her underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services."

## Services Excluded Under Part B

These two categories of services are excluded from coverage under Medicare Part B:

- A primary service, regardless of cause or complexity, provided for the care, treatment, removal, or replacement of teeth or structures directly supporting teeth, such as preparation of the mouth for dentures or removal of diseased teeth in an infected jaw.
- A secondary service related to the teeth or structures directly supporting the teeth unless it's incident to and an integral part of a covered primary service necessary to treat a non-dental condition, such as tumor removal.
  - This service must be performed at the same time as the covered primary service and by the same physician or dentist. For cases in which these requirements are met, and the secondary services are covered, the Medicare payment amount should not include the cost of dental appliances, such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures or the cost of directly repairing teeth or structures directly supporting teeth, such as alveolar process.

## Exceptions to Excluded Services

- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.
- An oral or dental examination performed on an inpatient basis as part of comprehensive workup prior to renal transplant surgery or performed in a rural health clinic and federally qualified health center prior to a heart valve replacement.

## WyoBlue Advantage PPO Enhanced Benefit

WyoBlue Advantage plans are Medicare Advantage plans that provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows WyoBlue Advantage to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

No additional preventive or comprehensive dental services beyond Original Medicare are covered by our plan. WyoBlue Advantage has contracted with Nations Benefits to provide an allowance toward dental services through a Supplemental Benefits Flex Card.

## Conditions for Payment

This table below specifies payment conditions for dental care. Providers should confirm coverage prior to administering services.

Conditions for Payment	
Eligible provider	Dentist
Diagnosis or age restrictions	No restrictions
Payable location	No restrictions

## Reimbursement

If member services or purchases cost more than the available allowance, members are responsible for the difference. If they cost less than the allowance, members can use the remainder for another qualifying purchase during the plan year.

The Supplemental Benefits Flex card will be programmed to allow for purchases through licensed providers whose official business is primarily focused on delivering dental services. Members can view a list of providers by visiting the Nations member portal at [WyoBlueAdvantage.NationsBenefits.com](https://WyoBlueAdvantage.NationsBenefits.com).

## WyoBlue Essential PPO, Enhanced PPO, Entrust PPO Coverage

- Members can see any dental provider. No network restrictions.
- Please reference Chapter 4 of your *Evidence of Coverage* for specific dental allowances.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- Costs incurred by the member under this benefit do not count toward the plans medical combined maximum-out-of-pocket limit as listed in the *Evidence of Coverage* or *Medical Benefits Chart*.
- To view a list of providers by visiting the Nations member portal at [WyoBlueAdvantage.NationsBenefits.com](https://WyoBlueAdvantage.NationsBenefits.com).

## Billing Instructions for Providers

Members present Supplemental Benefits Flex Card at point of service.

## Revision History

Plan policy numbers: WYO PPO 001, 002, 003

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