Wellmark® Blue Dental℠

Benefit summary
Blue Dental 1500 with orthodontia

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the benefits certificate or coverage manual you will receive after you're enrolled in the plan. Eligibility rules in place at the time of enrollment will be enforced. Certain exclusions and limitations apply.

DENTAL PLAN BASICS	
Benefit year deductible single/family The fixed amount you pay for covered services before Wellmark® Blue Cross® and Blue Shield® makes a benefit payment; maximum of three deductibles per family, per year.	$25/$75 No deductible for diagnostic and preventive care
Benefit year maximum The maximum amount each covered family member is eligible to receive under this plan for covered services in one benefit year. Diagnostic and preventive services do not accumulate to the benefit year maximum.	$1,500
Lifetime orthodontics maximum The maximum amount each unmarried dependent child under age 19 is eligible to receive for covered orthodontia services.	$1,000

COVERED SERVICES	YOU PAY AFTER DEDUCTIBLE
Diagnostic and preventive Cleaning[1] (prophylaxis and periodontal maintenance), fluoride (under age 19), X-rays, topical sealant (under age 15) and space maintainers (under age 15)	20% deductible does not apply
Basic restorative Cavity repair[2], general anesthesia/sedation, emergency pain/infection relief	50%
Endodontics Root canals, retrograde fillings, apicoectomy/periradicular, direct pulp caps	50%
Periodontics Gum and bone disease, non-surgical and complex surgical procedures	50%
Major restorative Crowns, onlays, inlays, posts and cores	50%
Prosthodontics Dentures, partials, bridges, implants, repairs and adjustments	50%
Orthodontics Braces for unmarried dependent children under age 19	50%

[1] Extra cleanings are available for members with certain conditions. Forms must be submitted in advance, and can be found at Wellmark.com.

[2] Tooth colored (composite) filling performed on a posterior tooth is standardly covered.

Deductible waived for diagnostic and preventive services. Maximum of three deductibles per family per calendar year.

Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.

Resources

Wellmark has convenient tools and resources available to help you manage your health and dental care — and make the most of your coverage.

myWellmark®:
Personalized and secure access to your health and dental plan information can be found at myWellmark.com.

Wellmark mobile app:
Locate a doctor or dentist while on the go, available to download at myWellmark.com, the App Store® or Google Play®.

BeWell 24/7®:
Call 844-84-BEWELL (844-842-3935) and get answers to your health concerns. It's real people. Real help. 24/7.

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