Wellmark Iowa

Dental plan details for
Wellmark Medicare Supplement Members

Blue Dental℠ plan details for effective dates on or after Jan. 1, 2024.

Cost details	Blue Dental 75[1]	Blue Dental 100[1]
Monthly premium	$22.50	$39.50
Benefit period deductible Diagnostic and preventive (check-ups and a teeth cleaning) services are not subject to deductible. Benefit period is based on the calendar year.	**In-network you pay:** $75 **Out-of-network you pay:** $150	**In-network you pay:** $100 **Out-of-network you pay:** $200
Benefit period maximum Benefit period is based on the calendar year.	$1,000	$1,000
Lifetime maximum	Lifetime maximum does NOT apply	Lifetime maximum does NOT apply
Diagnostic and preventive • Preventive evaluation – check-ups • Dental cleaning • X-rays • Periodontal maintenance therapy • Space maintainers • Fluoride treatments	**In-network plan pays:** 80% **Out-of-network plan pays:**[2] 60%	**In-network plan pays:** 100% **Out-of-network plan pays:**[2] 60%
Basic restorative • Cavity repair and tooth extraction • Contour of bone • Local anesthesia • Routine oral surgery	**In-network plan pays:** 50% **Out-of-network plan pays:** 40%	**In-network plan pays:** 80% **Out-of-network plan pays:** 60%
Endodontics • Root canals • Apicoectomy/periradicular surgery • Direct pulp caps • Pulpotomy • Retrograde fillings • Root canal therapy	**In-network plan pays:** 50% **Out-of-network plan pays:** 40%	**In-network plan pays:** 50% **Out-of-network plan pays:** 30%
Periodontics • Gum and bone disease treatment	No coverage	**In-network plan pays:** 50% **Out-of-network plan pays:** 30%
Major restorative • Crowns • Onlays • Inlays • Posts and cores	No coverage	**In-network plan pays:** 50% **Out-of-network plan pays:** 30%
Prosthodontics • Crowns • Dentures • Bridges • Partials	No coverage	**In-network plan pays:** 50% **Out-of-network plan pays:** 30%
Benefit exclusion periods (also called waiting period) Full or partial credit is applied for any prior dental coverage without a lapse of more than 63 days.	Basic restorative – 6-month waiting period Endodontics – 12-month waiting period	Basic restorative – 6-month waiting period Endodontics, periodontics, major restorative, and prosthodontics – 12-month waiting period

[1] Blue Dental (Grid+) network
[2] Payment level for services provided by an out-of-network provider will be based on maximum allowable fee.

Plan details continued on next page

Plan details	Blue Dental 75[1]	Blue Dental 100[1]
Diagnostic and preventive dental services	• Dental cleanings (prophylaxis) and oral evaluations are covered twice per benefit period. • Periodontal maintenance therapy is available up to four treatments per benefit period. • An additional dental cleaning (prophylaxis) or an extra periodontal maintenance procedure is available for diabetic members with the submission of a completed Extra Dental Cleaning Enrollment Form. • Topical fluoride applications are covered. • Sealant applications are covered once in a lifetime per permanent first and second molars. • Bitewing X-Rays are covered once every 12 months.[3] • Full mouth X-Rays are covered once every five years. • Occlusal, extraoral, and periapical X-rays are covered without a frequency limitation. • Space maintainers are covered.	• Dental cleanings (prophylaxis) and oral evaluations are covered twice per benefit period. • Periodontal maintenance therapy is available up to four treatments per benefit period. • An additional dental cleaning (prophylaxis) or an extra periodontal maintenance procedure is available for diabetic members with the submission of a completed Extra Dental Cleaning Enrollment Form. • Topical fluoride applications are covered. • Sealant applications are covered once in a lifetime per permanent first and second molars. • Bitewing X-Rays are covered once every 12 months.[3] • Full mouth X-Rays are covered once every five years. • Occlusal, extraoral, and periapical X-Rays are covered without a frequency limitation. • Space maintainers are covered.
Basic restorative	Cavity repair and tooth extractions are covered, including amalgam, silicate, acrylic and synthetic porcelain, and composite filling restorations. Posterior composites are limited to the allowance of a silver filling restoration. A six-month waiting period applies.	Cavity repair and tooth extraction services are covered, including amalgam, silicate, acrylic and synthetic porcelain, and composite filling restorations. Posterior composites are limited to the allowance of a silver filling restoration. A six-month waiting period applies.
Endodontics	Root canals and pulp treatments are covered. A 12-month waiting period applies.	Root canals and pulp treatments are covered. A 12-month waiting period applies.
Periodontics	Gum and bone disease treatment is NOT covered.	Gum and bone disease treatment is covered. Surgical periodontal procedures are covered once every three years for each quadrant. Non-surgical periodontal procedures are covered once every 24 months for each quadrant. A 12-month waiting period applies.
Major restorative	High-cost restorations are NOT covered.	Crowns, inlays and onlays are covered. Cast restorations for complicated tooth decay or fracture are covered once every five years beginning from date the cast restorations is cemented in place. Crowns limited to teeth that cannot be restored with a routine filling. A 12-month waiting period applies.
Prosthodontics	Dentures and bridges are NOT covered.	Dentures, bridges and implants are covered. Dentures (complete and partial) are covered once every five years. Denture relining is covered if performed six months or more after initial denture placement and limited to once every two years thereafter. Dental implants once in a lifetime per missing tooth. A 12-month waiting period applies.
Orthodontics	Orthodontics are NOT covered.	Orthodontics are NOT covered.
Pretreatment notification and estimate program	Pretreatment notification and estimate program applies to: • Basic restorative (cavity repair and tooth extractions) • Endodontics (root canals and pulp extractions)	Pretreatment notification and estimate program applies to: • Basic restorative (cavity repair and tooth extractions) • Endodontics (root canals and pulp extractions) • Periodontics (gum and bone disease) • Major restorative (crowns, inlays, onlays) • Prosthodontics (dentures, bridges, implants)

[3] Based on the calendar year.

Call Wellmark customer service at 800-524-9242 with any questions.

Members will receive their dental ID card within two weeks of enrollment. Please read the benefits document for complete coverage details.

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M-5319359 10/23 A