

BENEFIT SUMMARY

Premium Blue Dental w/ Ortho PPO

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 enroll and the enrollment regulations in force when the certificate or manual becomes effective. Certain exclusions and limitations apply.

DENTAL PLAN BASICS	PPO	NON-PPO
Benefit year deductible single/family The fixed amount you pay for covered services before Wellmark makes a benefit payment; maximum of three deductibles per family per year.		
Benefit year maximum The maximum amount each covered family member is eligible to receive for covered services in one benefit year.		
Lifetime orthodontics maximum The maximum amount each dependent is eligible to receive for covered orthodontia services.		

COVERED SERVICES	PPO	NON-PPO
Diagnostic and preventive Cleaning* (prophylaxis and periodontal maintenance), fluoride (under age 19), X-rays, topical sealant (under age 15) and space maintainers (under age 15)		
Basic restorative Cavity repair, general anesthesia/sedation, emergency pain/infection relief		
Oral surgery Basic and complex extractions, complex surgical procedures		
Endodontics Root canals, retrograde filings, apicoectomy/periradicular, direct pulp caps		
Periodontics Gum & bone disease, non-surgical and complex surgical procedures		
Major restorative Crowns, posterior composites, onlays, inlays, posts and cores		

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.

COVERED SERVICES	PPO	NON-PPO
Prosthodontics Dentures, partials, bridges, implants, repairs and adjustments		
Orthodontics Braces for unmarried dependent children under age 19		

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



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