

PLAN DETAILS



Blue DentalSM plan details for coverage effective dates on or after Jan. 1, 2019.

	Blue Dental 75 ¹		Blue Dental 100 ¹	
Benefit period deductible Diagnostic and preventive (check-ups and teeth cleaning) services are not subject to deductible. Benefit period is based on the calendar year.	\$75 In-network	\$150 Out-of-network	\$100 In-network	\$200 Out-of-network
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	
Dental services / coinsurance	In-network plan pays:	Out-of-network plan pays:²	In-network plan pays:	Out-of-network plan pays:²
Diagnostic and preventive <ul style="list-style-type: none"> Preventive evaluation — check-ups Dental cleaning X-rays Periodontal maintenance therapy Space maintainers Fluoride treatments 	80%	60%	100%	60%
Basic restorative <ul style="list-style-type: none"> Cavity repair and tooth extraction Contour of bone Local anesthesia Routine oral surgery 	50%	40%	80%	60%
Endodontics <ul style="list-style-type: none"> Root canals Apicoectomy/periradicular surgery Direct pulp caps Pulpotomy Retrograde fillings Root canal therapy 	50%	40%	50%	30%
Periodontics <ul style="list-style-type: none"> Gum and bone disease treatment 	No coverage		50%	30%
Major restorative <ul style="list-style-type: none"> Crowns Onlays Inlays Posts and cores 	No coverage		50%	30%
Prosthodontics <ul style="list-style-type: none"> Crowns Dentures Bridges Partials 	No coverage		50%	30%
Benefit exclusion periods (also called waiting period)	Basic restorative — 6 months Endodontics — 12 months		Basic restorative — 6 months Endodontics, periodontics, major restorative, and prosthodontics — 12 months	
Monthly premium	\$21.60		\$33.50	

	Blue Dental 75	Blue Dental 100
Diagnostic and preventive dental services	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Basic restorative (cavity repair and tooth extractions) Endodontics (root canals and pulp extractions) 	Pretreatment notification and estimate program applies to: <ul style="list-style-type: none"> 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)

¹ Blue Dental (Grid+) network

² Payment level for services provided by an out-of-network provider will be based on maximum allowable fee.

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.



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