



Wellmark **BlueDental**

Benefit Summary
7/1/2020-6/30/2021

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.

PAYMENT CATEGORY:	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
CHECK UPS AND TEETH CLEANING (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Routine Oral Examination 3. Topical Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 7. Periodontal Maintenance Therapy	waived	0%	\$1,000/per covered person maximum
CAVITY REPAIR AND TOOTH EXTRACTIONS (Routine and Restorative Services) 1. Contour of Bone 2. Emergency Treatment 3. General Anesthesia/Sedation 4. Restoration of Decayed or Fractured Teeth 5. Limited Occlusal Adjustment 6. Routine Oral Surgery	\$25 single \$75 family	20%	
ROOT CANALS (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy		20%	
GUM AND BONE DISEASES (Periodontal Services) 1. Conservative Procedures 2. Complex Periodontal		20%	
HIGH-COST RESTORATIONS (Cast Restorations) 1. Cast Restorations (Crowns, Inlays, Onlays) d. Posts and Cores		20%	
DENTURES AND BRIDGES (Prosthetics) 1. Bridges 2. Dentures		50%	
STRAIGHTER TEETH (Orthodontics) 1. Braces 2. Invisiline		50%	\$1,500/per dependent lifetime maximum (see next page)

The following dental services are broken down by category to present a detailed overview of the limitations included within each.

Check-ups and Teeth Cleaning

- Dental cleaning/prophylaxis—twice per calendar period
- Oral evaluations—twice per calendar period
- Topical fluoride applications—twice per calendar period
- X-rays
 - * Bitewing x-rays—once every 12 months
 - * Full-mouth x-rays—once every 3 years
 - * Occlusal and extraoral x-rays
 - * Periapical x-rays
- Topical sealant applications—for eligible dependent children under age 15; once per permanent first and second molars in a lifetime
- Space maintainers—only for dependant children under age 15

Cavity Repair and Tooth Extractions

- Contour of bone (alveoloplasty)
- Emergency treatment for the relief of pain or infection of dental origin
- General anesthesia/sedation
- Restoring decayed or fractured teeth
- Limited occlusal adjustment
- Routine oral surgery

Root Canals

- Apicoectomy/periradicular surgery
- Direct pulp caps
- Pulpotomy
- Retrograde fillings
- Root canal therapy

Gum and Bone Diseases

- Conservative periodontal procedures (periodontal splinting, root planing and scaling)—once every 24 consecutive months for each quadrant
- Periodontal maintenance therapy

High-cost Restorations

- Cast restorations for advanced tooth decay or fracture
 - * Crowns: covered as dentally appropriate
 - * Onlays: no frequency limitation
 - * Inlays: no frequency limitation
 - * Posts and cores

Dentures and Bridges

- Dentures and bridges—once every 5 years
- Dental implants—once per missing tooth per lifetime
- Denture relining if performed 6 months or more after initial placement

Orthodontics

- Services for proper alignment of teeth—only for unmarried dependent children under age 19 and at least age 8

Important Notes and Disclosures

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