EMBEDDED PEDIATRIC DENTAL BENEFITS DETAILS

Embedded pediatric dental benefits are included with all of our medical plans for members until the end of the month in which they turn 19. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia.

- Shared deductible for medical and dental services
- Shared out-of-pocket maximum for medical and dental services

	Non-standard medical plans[1]	**Standard medical plans**[2]	**Minimum coverage medical plans**
	in network / out of network[3]	***in network / out of network***[3]	***in network / out of network***[3]
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible[4]	All dental services subject to the medical deductible	No deductible	Dental services subject to the medical deductible except diagnostic and preventative services[5]
Annual maximum (per person)	None	None	None
Annual out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical
Diagnostic and preventive	*No waiting period*	*No waiting period*	*No waiting period*
Cleaning, exams, x-rays	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Basic services	*No waiting period*	*No waiting period*	*No waiting period*
Fillings	50% / 50% coinsurance	20% / 20% coinsurance	0% / 20% coinsurance
Complex and major services	*No waiting period*	*No waiting period*	*No waiting period*
Endodontic/periodontic/oral surgery	50% / 50% coinsurance	50% / 50% coinsurance	0% / 50% coinsurance
Major services	50% / 50% coinsurance	50% / 50% coinsurance	0% / 50% coinsurance
Medically necessary orthodontia[6]	50% / 50% coinsurance	50% / 50% coinsurance	0% / 50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered

1 Non-standard plans are based on the Standard Benefit Plan Designs, but differ in some ways to provide more options for cost sharing and deductibles. These are offered only off the Marketplace (Covered California).

2 Standard plans follow the Standard Benefit Plan Designs from Covered California. These are offered both on and off Covered California.

3 The out of network pediatric dental benefits displayed only apply if the medical plan provides for out of network coverage.

4 For medical plans where the deductible equals the out-of-pocket maximum, any services subject to the deductible have coinsurance of 0% after deductible.

5 Non-Standard Minimum Coverage (Catastrophic) plans have all dental services subject to the medical deductible.

6 Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when they try to bite down.

EMBEDDED PEDIATRIC VISION BENEFITS DETAILS

The following vision care services are covered for members until the end of the month in which they turn 19. Coverage may include eye exams, eye glass lenses, frames and contact lenses. The benefit period is the calendar year (January 1 through December 31).

- If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.
- providers may bill you for any charges that exceed the plan's maximum allowed amount.
- pediatric vision benefits displayed only apply if the medical plan provides for out of network coverage.

	Benefit frequency	**Cost share** *in network / out of network*
Eye exam	Once every benefit period	$0 copay / $0 copay up to maximum allowed amount
Lenses (single, biofocal, trifocal and standard progressive)	Once every benefit period	$0 copay / $0 copay up to maximum allowed amount
Frames	Once every benefit period	Anthem formulary[1] / $0 copay up to maximum allowed amount
Contact lenses (Non-elective)	Once every benefit period[2]	Covered in full / $0 copay up to maximum allowed amount
Contact lenses (Elective/disposable)	Once every benefit period[2]	Anthem formulary[1] / $0 copay up to maximum allowed amount
Low vision services (reading and computer glasses)	Once every benefit period	$0 copay / Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.