

## What's Included in the Illinois 2016-2017 Pediatric Dental Plans for Student Health?

Below is a list of benefits included in pediatric dental plans for student health.

### Benefits covered<sup>1</sup> up to age 19<sup>2</sup>:

#### Pediatric dental includes:

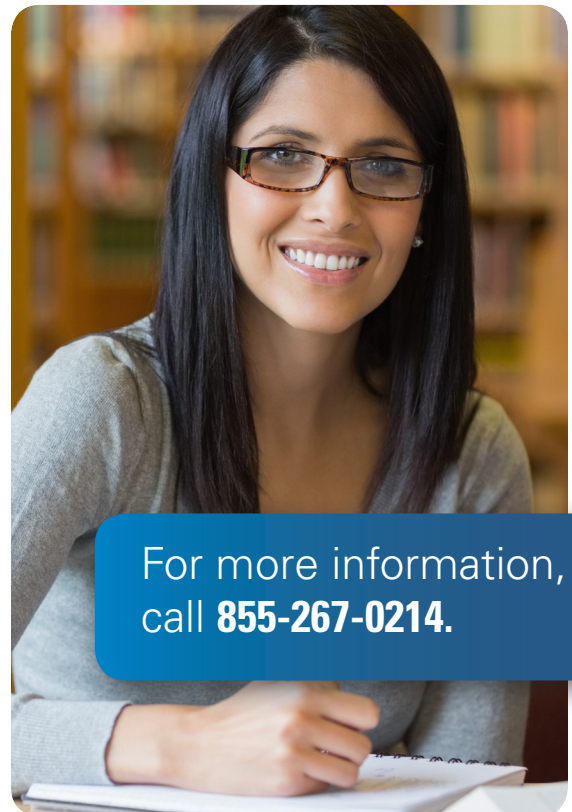
- Unlimited maximums (annual and/or orthodontia lifetime; in-network and out-of-network)
- Individual deductible \$75/family deductible \$225
- Yearly out-of-pocket maximum of \$350 for one child, \$700 for two or more children

Note: Whether a family plan is selected, or a 'child-only' plan is selected, all of these benefits are covered.

	In-network Benefit	Out-of-network Benefit
<b>Routine Dental Services</b>		
<b>Diagnostic Evaluations</b> (deductible waived)	80%	60%
<b>Diagnostic Radiographs</b> (deductible waived)	80%	60%
<b>Preventive Services</b> (deductible waived)	80%	60%
<b>Basic Dental Care</b>		
<b>Miscellaneous Preventive Services</b>	80%	60%
<b>Basic Restorative</b>	50%	30%
<b>Non-Surgical Extractions</b>	50%	30%
<b>Non-Surgical Periodontal</b>	50%	30%
<b>Adjunctive Services</b>	50%	30%
<b>Endodontics</b>	50%	30%
<b>Oral Surgery</b>	50%	30%
<b>Surgical Periodontal Services</b>	50%	30%
<b>Major Dental Care</b>		
<b>Major Restorative</b>	50%	30%
<b>Prosthodontics</b>	50%	30%
<b>Misc Restorative &amp; Prosthodontic Services</b>	50%	30%
<b>Medically Necessary Orthodontia</b> (deductible waived)	50%	30%

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information, call 855-267-0214.

2. The benefit ends the last day of the month in which the members turns 19.



For more information,  
call **855-267-0214**.