

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

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

Benefits covered¹ up to age 19²:

Pediatric dental includes:

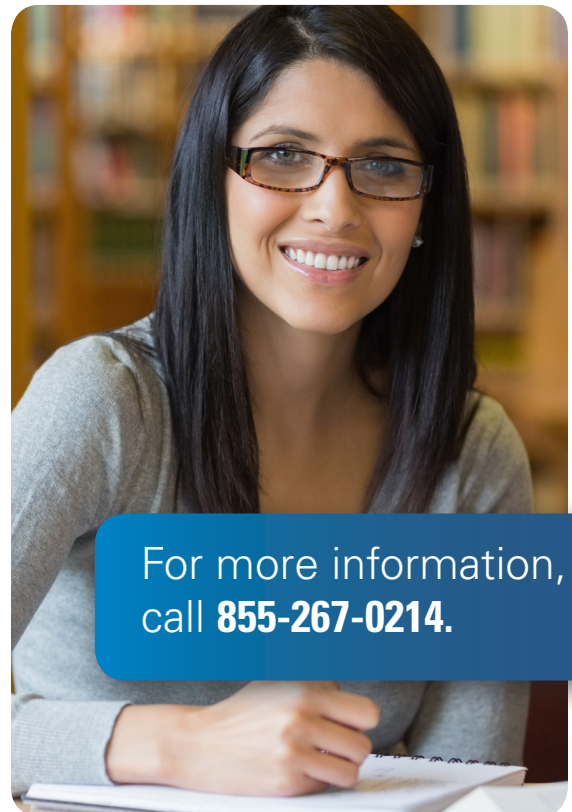
- Unlimited maximums (annual and/or orthodontia lifetime; in-network and out-of-network)
- Individual deductible \$75/family deductible \$225
- Yearly out-of-pocket maximum of \$350 for one child, \$700 for two or more children

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
Routine Dental Services		
Diagnostic Evaluations (deductible waived)	80%	60%
Diagnostic Radiographs (deductible waived)	80%	60%
Preventive Services (deductible waived)	80%	60%
Basic Dental Care		
Miscellaneous Preventive Services	80%	60%
Basic Restorative	50%	30%
Non-Surgical Extractions	50%	30%
Non-Surgical Periodontal	50%	30%
Adjunctive Services	50%	30%
Endodontics	50%	30%
Oral Surgery	50%	30%
Surgical Periodontal Services	50%	30%
Major Dental Care		
Major Restorative	50%	30%
Prosthodontics	50%	30%
Misc Restorative & Prosthodontic Services	50%	30%
Medically Necessary Orthodontia (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**.