

What's Included in the Illinois 2017-2018 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:

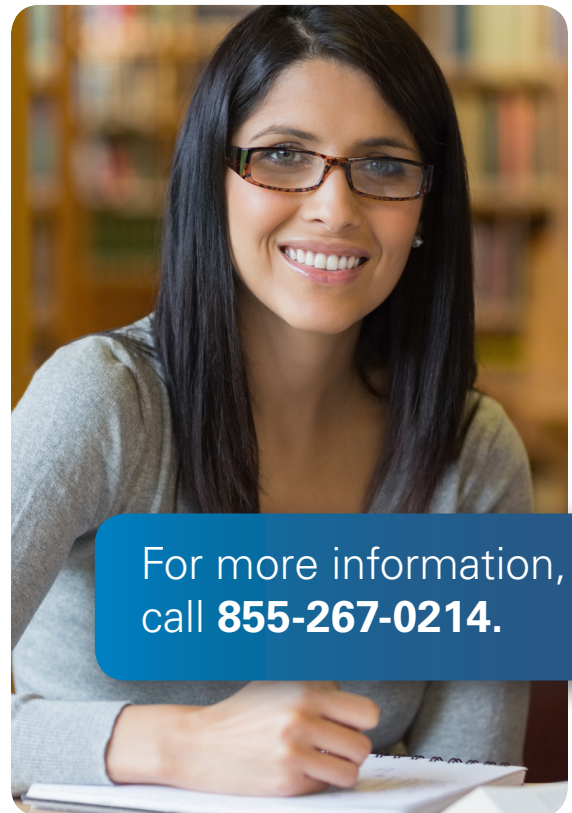
- Unlimited maximums (annual and/or orthodontia lifetime; in-network and out-of-network)
- Individual deductible \$75/family deductible \$225
- Yearly out-of-pocket maximum of \$350 for one child, \$700 for two or more children

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

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

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**.