

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.

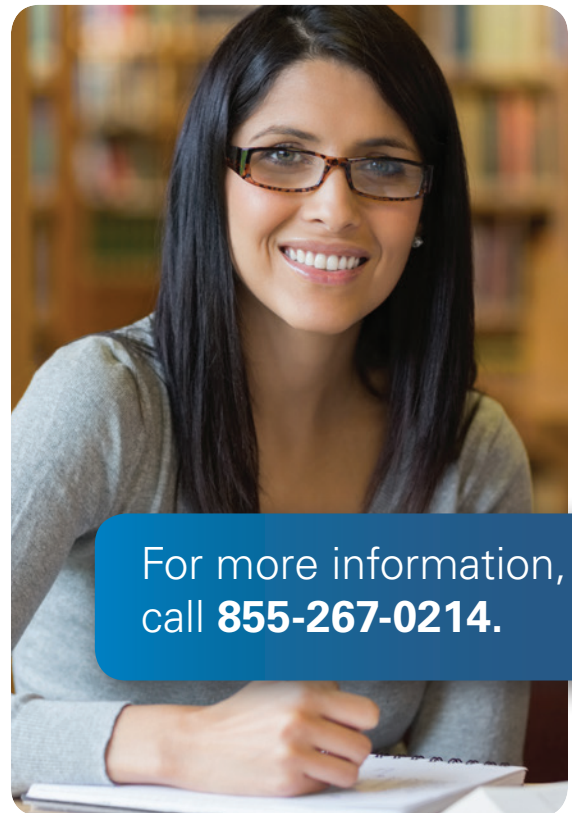
2. The benefit ends the last day of the month in which the members turns 19.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-710-6984 (TTY: 711).



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