

Pediatric Dental for Student Health



PEDIATRIC DENTAL 1B

Benefits covered¹ up to age 19² include:

- Unlimited maximums (annual and/or orthodontia lifetime; in network and out of network)
- \$75 individual deductible/
\$225 family deductible
- 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.

For more information, call 855-267-0214.

2021 - 2022 Student Health Pediatric Dental Plan

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%
Surgical Periodontal Services	50%
Major Dental Care	
Major Restorative	50%
Prosthodontics	50%
Miscellaneous 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.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

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