

# Pediatric Dental for Student Health



## PEDIATRIC DENTAL 1B

### Benefits covered<sup>1</sup> up to age 19<sup>2</sup> 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
<b>Diagnostic Evaluations</b> (deductible waived)	<b>80%</b>
<b>Diagnostic Radiographs</b> (deductible waived)	<b>80%</b>
<b>Preventive Services</b> (deductible waived)	<b>80%</b>
<b>Basic Dental Care</b>	
<b>Miscellaneous Preventive Services</b>	<b>80%</b>
<b>Basic Restorative</b>	<b>50%</b>
<b>Non-Surgical Extractions</b>	<b>50%</b>
<b>Non-Surgical Periodontal</b>	<b>50%</b>
<b>Adjunctive Services</b>	<b>50%</b>
<b>Endodontics</b>	<b>50%</b>
<b>Oral Surgery</b>	<b>50%</b>
<b>Surgical Periodontal Services</b>	<b>50%</b>
<b>Major Dental Care</b>	
<b>Major Restorative</b>	<b>50%</b>
<b>Prosthodontics</b>	<b>50%</b>
<b>Miscellaneous Restorative &amp; Prosthodontic Services</b>	<b>50%</b>
<b>Medically Necessary Orthodontia</b> (deductible waived)	<b>50%</b>

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).