

Thank you for allowing Anthem to assist you with your benefit needs. Your policy with the Purdue University Student Health plan includes a pediatric dental and vision benefit. If you or your covered dependents are younger than age 19, there are pediatric benefits for both dental and vision services. A brief highlight of those services is below, and a full summary of benefits for pediatric vision (including out-of-network reimbursement levels) and pediatric dental can be downloaded by clicking on the links below.

Pediatric Vision Benefits

[Click here to download a full summary of the pediatric vision benefits.](#)

- Eye Exam - \$0 copay in-network once per calendar year
- Eyeglass Frames - \$0 copay (formulary) in-network once per calendar year
- Eyeglass Lenses - \$0 copay in-network once per calendar year
- Lens Enhancements - \$0 copay in-network (with covered eyeglass lenses), including Transitions, Standard Polycarbonate, Factory Scratch Coating, UV Coating, and Anti-reflective coating
- Contact Lenses (instead of eyeglass lenses) - \$0 copay in-network once per calendar year

For you or covered dependents over the age of 19, your vision benefits include only discounts for certain services. These discounts include the following. Please see the discount summary for a complete listing.

- 35% Off Retail Price
- Single Vision lenses: \$50 Member Cost
- Bifocal lenses: \$70 Member Cost
- Trifocal lenses: \$105 Member Cost
- Lenticular lenses: 20% off Retail Price

Pediatric Dental Benefits

[Click here to download a full summary of the pediatric dental benefits.](#)

- \$0 Deductible
- 100% Coinsurance (no member cost) for all covered services, including Exams/Cleanings/X-Rays, Fillings/Extractions, Root Canal/Oral Surgery/Crowns/Dentures/Bridges, and Orthodontic Services