Caring for smiles of all ages

Learn more about your pediatric dental benefits

Excellus | Everybody Benefits

Important terms to know:

Deductible

The amount of money you have to pay before the health insurance company will make any payments towards health care services. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your child's cleaning costs $100 and you've met your deductible; your coinsurance payment of 20% would be $20. The health insurance company would pay the rest, or $80.

Out-of-pocket maximum

An annual limit on the amount of money that you would have to pay for health care services (including pediatric dental), not including your monthly premium.

Schedule of allowances/fee schedule

The maximum amount the insurance company will pay for specific dental procedures or services. To obtain information on the current fee schedule, please call the Customer Care number on the back of your member card, or **1 (800) 724-1675**.

Participating dentist (in-network)

These dentists agree to accept the fee schedule as payment in full for services performed and will not bill you for an additional amount.

Non-participating dentists (out-of-network)

These dentists are not part of the dental network. **When you receive care from a non-participating dentist it will cost you more out-of-pocket.**

You can reduce your out-of-pocket costs by seeing a participating dentist. Find a participating dentist by visiting our website at **ExcellusBCBS.com** or call Customer Care at **1 (800) 724-1675**.

Find a dentist using our online search tool.

Go to **ExcellusBCBS.com**

How do pediatric dental benefits work?

Your plan provides great oral health benefits for kids up to age 19.

When you take your child to the dentist, simply show them your Excellus BCBS medical memeber card. You can reduce your out-of-pocket costs by seeing a participating dentist. Find a participating dentist by visiting our website at **ExcellusBCBS.com** or call Customer Care at **1 (800) 724-1675**.

Your child will have coverage for:

- **Preventive dental care** which provides coverage for cleanings, fluoride treatments and sealants to keep teeth healthy
- **Routine dental care** covering services such as exams, x-rays and fillings
- **Major restorative care** covering services such as dentures and treatment of a cleft palate, and root canals
- **Orthodontia care** is only covered under this plan to treat serious medical conditions such as cleft palate and cleft lip
- **Non-standard Hybrid, Deductible and Deductible HSA plans** now offer preventive dental cleanings and exams for children not subject to the deductible.

How small group pediatric dental benefits work:

Here's a few examples of how the benefits work.

Small group plan	Bronze 4	Bronze 3	Bronze 5	Standard Silver	Silver 2
Plan type	Deductible HSA*	Deductible HSA*	Deductible HSA*	Hybrid	Deductible HSA*
Preventive dental care	Covered at 100%, subject to medical deductible	Covered at100%, subject to medical deductible		$30 copay, subject to medical deductible	Covered at 100%, subject to medical deductible
Routine dental care	Covered at 100%, subject to medical deductible	Covered at 80%, subject to medical deductible		$30 copay, subject to medical deductible	Covered at 80%, subject to medical deductible
Major dental care	Covered at 100%, subject to medical deductible	Covered at 50%, subject to medical deductible		$30 copay, subject to medical deductible	Covered at 50%, subject to medical deductible
Orthodontic dental care	Covered at 100%, subject to medical deductible	Covered at 50%, subject to medical deductible		$30 copay, subject to medical deductible	Covered at 50%, subject to medical deductible

*Plan deductible does not apply to pediatric preventive dental exams or cleanings

If you have questions or are looking for a dentist, call t

Small Group products provide pediatric dental coverage for children up to age 19.

As required by the Affordable Care Act (ACA), children up to age 19 enrolled in a health plan must have pediatric dental coverage. Small Group plans that include this coverage meet the ACA pediatric dental coverage requirement.

Regular checkups and routine cleanings are simple ways to keep your child's mouth healthy and prevent major dental problems.

Gold 19	Standard Gold	Gold 5	Gold 6	Standard Platinum	Platinum 2
Hybrid	Hybrid	Copay	Deductible HSA*	Copay	Copay
Covered at 100%	$25 copay, subject to medical deductible	Covered at 100%	Covered at 100%, subject to medical deductible	$15 copay	Covered at 100%
Covered at 80%, subject to medical deductible	$25 copay, subject to medical deductible	Covered at 80%	Covered at 80%, subject to medical deductible	$15 copay	Covered at 80%
Covered at 50%, subject to medical deductible	$25 copay, subject to medical deductible	Covered at 50%	Covered at 50%, subject to medical deductible	$15 copay	Covered at 50%
Covered at 50%, subject to medical deductible	$25 copay, subject to medical deductible	Covered at 50%	Covered at 50%, subject to medical deductible	$15 copay	Covered at 50%

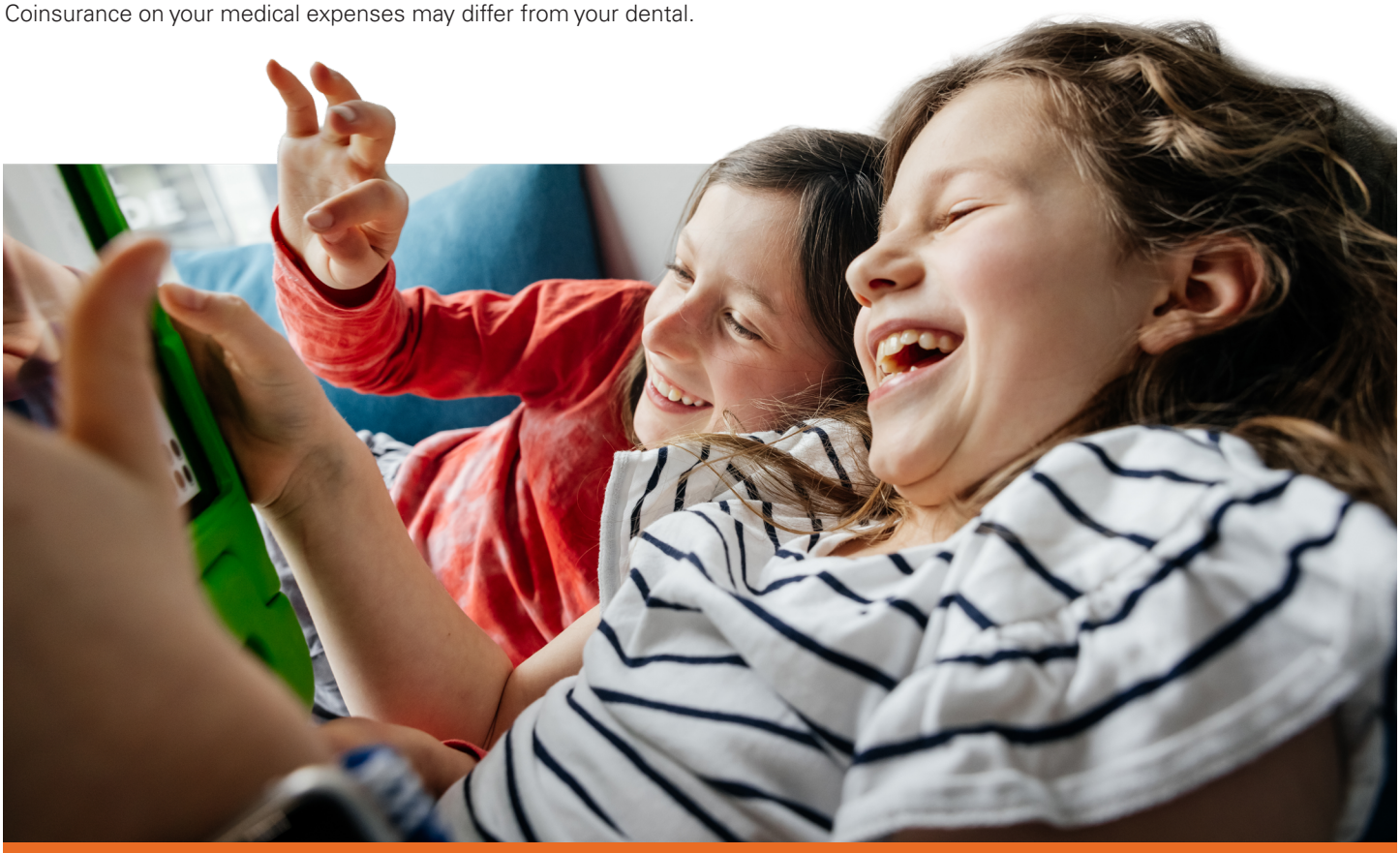
the number on your member card or 1 (800) 724-1675.

Below are a few examples of how a Hybrid plan would work.

Let's say you're enrolled in a hybrid plan with a $2,250 deductible and 20% coinsurance. This is how your plan use may progress throughout the year.

Your child has a cleaning at a participating dentist office	Your child needs a minor medical surgical procedure done in an outpatient setting	Your child has a cavity and has a filling with a participating dentist	Your child has an oral exam, x-rays and a cleaning with a participating dentist
Actual cost: $100	Actual cost: $2,250	Actual cost: $150	Actual cost $250
You pay $0 on preventive care and it is not subject to your deductible	Medical surgical procedures are subject to the deductible and then are covered at 80%. So you will pay toward your child's plan deductible	Fillings are routine care so you will pay 20% of the $150	These services are routine care, so you will pay 20% of the $250
You pay out-of-pocket: $0	**You pay out-of-pocket: $2,250 Your child's deductible is now met**	**You pay out-of-pocket: $30**	**You pay out-of-pocket: $50**
Plan pays: $100	**Plan pays: $0**	**Plan pays: $120**	**Plan pays: $200**

In-network cost sharing shown, out-of-network benefits may be subject to balance billing and accumulate separately. This is not a contract. This is intended to highlight the coverage of this plan. Benefits are determined by the terms of the member contract. Coinsurance on your medical expenses may differ from your dental.



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