Understanding
Pediatric Dental Benefits

Blue Cross Blue Shield of Rhode Island

All of our Individual Market medical plans for individuals and families include dental benefits for enrolled children under age 19.

BasicBlue/BlueCHiP/BlueCHiP Direct Advance

Deductible *The amount you have to pay each year before your plan starts paying for certain medical bills.*	• Some pediatric dental services apply to the medical deductible.
Out-of-pocket maximum *The maximum amount you might have to pay for healthcare each year. This does not include your monthly premium.*	• All pediatric dental services apply to the medical out-of-pocket maximum. • Once the medical out-of-pocket maximum is met, all pediatric dental services are covered at 100%.
Oral exam, cleanings, X-rays (bitewing, panoramic, and individual), fluoride, sealants, and space maintainers	• 100% coverage pre-deductible
All other covered dental services: • Basic services • Major dental services • Periodontics • Medically necessary orthodontics • Night guards	• 50% coverage after deductible is met

This is a high-level summary of the plan's pediatric dental benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the health plan's subscriber agreement at ***bcbsri.com/individual/member/medical****, or call our Customer Service at* ***1-866-567-0015****.*

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