Understanding Pediatric Dental Benefits



All of our medical plans for individuals and families include dental benefits for children under age 19. These benefits are one of the 10 categories called Essential Health Benefits, and all health insurance companies offer these benefits as part of healthcare reform.



BlueSolutions for HSA Direct	
Deductible The amount you have to pay each year before your plan starts paying for certain medical bills.	 Pediatric dental services apply to the BlueSolutions for HSA Direct medical deductible. Once the deductible is met all pediatric dental services are paid at 50%.
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 services are covered at 100%.
Oral exams, cleanings, X-rays (bitewing, panoramic, and individual), fluoride, sealants, and space maintainers	100% coverage after deductible is met
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 Plans for Individuals and Families 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/shop-for-plan, or call our Customer Service at 1-800-639-2227.