

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 percent. 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 dental exam 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 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



A HEALTHY MOUTH IS A HAPPY MOUTH



Information about your
Pediatric Dental Benefits



National strength. Local focus. Individual care.SM

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

How Do Pediatric Dental Benefits Work?

Your new plan provides great oral health benefits for kids up to age 19. These benefits are included in your medical health plan.

If your medical plan includes a deductible, you may have to pay it first before you begin paying at the copay or coinsurance amount. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

When you take your child to the dentist, simply show them your Excellus BCBS medical ID 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

How your pediatric dental benefits work with your medical plan:

| Find your plan and see how your pediatric dental benefits work | | | | | | | | | | | |
|--|--|--|----------|---|--|---|---|--|--|-------------------|-----------------|
| SimplyBlue Plus Plan | Standard Bronze | Bronze 1 | Bronze 3 | Standard Silver | Silver 3 | Silver 5 | Standard Gold | Gold 9 | Gold 6 | Standard Platinum | Platinum 2 |
| Plan Type | HDHP | HDHP | HDHP | Copay + deductible (hybrid) | HDHP | Copay + deductible (hybrid) | Copay + deductible (hybrid) | HDHP | HDHP | Copay | Copay |
| Preventive Dental Care | Covered at 50% coinsurance in-network, subject to deductible | Covered at 100%, subject to medical deductible | | \$30 copay, subject to medical deductible | Covered at 100%, subject to medical deductible | Covered at 100% | \$25 copay, subject to medical deductible | Covered at 100%, subject to medical deductible | Covered at 100%, subject to medical deductible | \$15 copay | Covered at 100% |
| Routine Dental Care | Covered at 50% coinsurance in-network, subject to deductible | Covered at 80%, subject to medical deductible | | \$30 copay, subject to medical deductible | Covered at 80%, subject to medical deductible | Covered at 80%, subject to medical deductible | \$25 copay, subject to medical deductible | Covered at 80%, subject to medical deductible | Covered at 80%, subject to medical deductible | \$15 copay | Covered at 80% |
| Major Dental Care | Covered at 50% coinsurance in-network, subject to deductible | Covered at 50%, subject to medical deductible | | \$30 copay, subject to medical deductible | Covered at 50%, subject to medical deductible | Covered at 50%, subject to medical deductible | \$25 copay, subject to medical deductible | Covered at 50%, subject to medical deductible | Covered at 50%, subject to medical deductible | \$15 copay | Covered at 50% |
| Orthodontic Dental Care | Covered at 50% coinsurance in-network, subject to deductible | Covered at 50%, subject to medical deductible | | \$30 copay, subject to medical deductible | Covered at 50%, subject to medical deductible | Covered at 50%, subject to medical deductible | \$25 copay, subject to medical deductible | Covered at 50%, subject to medical deductible | Covered at 50%, subject to medical deductible | \$15 copay | Covered at 50% |

Pediatric dental coverage is available only when purchasing directly through Excellus BCBS.

| 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 filling with a participating dentist |
|---|---|---|--|
| Actual Cost: \$200 | Actual Cost: \$2,500 | Actual cost: \$150 | Actual cost \$250 |
| Because you must reach your child's deductible first, the Plan pays: \$0* | You must pay the child's deductible balance, which is: \$300 | Fillings are "routine care" so you will pay 20% of the \$150 or \$30. | These services are "routine care," so you will pay 20% of the \$250 or \$50. |
| Child's deductible: \$500 | For outpatient surgical care, you have a copay of \$250 | | |
| You pay out-of-pocket: \$200 | You pay out-of-pocket: \$550 | You pay out-of-pocket: \$30 | You pay out-of-pocket: \$50 |
| | Plan pays: \$1,950 | Plan pays: \$120 | Plan pays: \$200 |
| Leaving a balance of: \$300 | Your child's deductible is now met for both medical and dental care. | | |

The example shown is based on a plan with a \$500 single deductible. 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. *Some plans waive the deductible on preventive pediatric dental services. Please see plan details for more information.



In-network cost sharing shown, out-of-network benefits may be subject to balance billing and accumulate separately.

If you have questions or are looking for a dentist, call the number on your ID card or 1 (800) 724-1675.