



# Pediatric Dental Benefit for IL HMO Medical Plans

This information only provides a summary of the benefits for this Pediatric Dental Benefit within your Medical Plan. Please refer to your Medical Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

**Note:** HMO plans where the Deductible is equal to the OPX, Pediatric Dental coverage is 100% after the Deductible is met.

## Summary of Dental Benefits

### Program Basics

Medical Deductible/OPX	Dental Benefits subject to INN Medical Deductible/OPX*
<b>Covered Services</b>	
<b>Diagnostic Evaluations</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	70%
<b>Preventive Services</b> Prophylaxis (cleanings) Topical fluoride applications (Fluoride treatment covered at 100% - deductible waived)	70%
<b>Diagnostic Radiographs</b> Full-mouth and panoramic films Bitewing films Periapical films	70%
<b>Miscellaneous Preventive Services</b> Sealants Space maintainers	70%
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	70%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	70%
<b>Non-Surgical Periodontal Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	70%
<b>Adjunctive Services</b> Palliative treatment (emergency) Deep sedation / general anesthesia	70%
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	70%

## Covered Services (continued)

<b>Oral Surgery Services</b> Surgical tooth extractions Alveoplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	70%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	70%
<b>Major Restorative Services</b> Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	70%
<b>Prosthodontic Services</b> Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants	70%
<b>Miscellaneous Restorative and Prosthodontic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	70%
<h2>Orthodontic Services</h2>	
<b>Pediatric Orthodontic Services:</b> Coverage limited to an orthodontic condition meeting Medical Necessity criteria established by the Plan (e.g., severe, dysfunctional malocclusion)	70%

**Dental implants are not covered.**

**The above is a listing of common services available through your network of Participating Dentists.**

**The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.**

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