

- Dental care is important to overall health. That's why our dental plans include essential benefits to ensure members receive complete oral health coverage through our own dental network.
- Pediatric Dental is an Essential Health Benefit, as outlined in the Affordable Care Act. As an insurer, we are required to make our best efforts to ensure that you obtain this coverage.
- Our plan offers flexibility to see out-of-network dentists.*

Pediatric Benefits	Blue Pediatric Dental (PPO)
Deductible	N/A
Annual benefit maximum	N/A
Out-of-pocket maximum	\$350 (1 child) \$700 (2 children or more) (per plan year)
Preventive/diagnostic care (exam, cleaning, X-rays)	\$20 (copay per visit)
Basic restorative (fillings, extractions, periodontics, endodontics)	50% coinsurance (combined in- and out-of-network)
Major dental (bridges, crowns, dentures)	50% coinsurance (combined in- and out-of-network)
Orthodontics (medically necessary; routine braces not covered)	50% coinsurance (combined in- and out-of-network)
Monthly premium	\$20.46 (per child)

For plan information, please call 1-800-544-2583.

*Participating providers may not balance bill the member. Members have the option to receive dental services from a provider who does not participate in the BlueCross BlueShield of Western New York contracted network of providers. Out-of-network services are reimbursed at 100% of the in-network fee schedule and the nonparticipating provider may balance bill the member. Visit bcbswny.com to see if the dentist is participating in the network or located within our operating area.



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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-544-2583 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-544-2583 (TTY 711)。