

# PEDIATRIC BENEFITS

Included as part of the Essential Health Benefits (EHB) for our Qualified Health Plans (QHP), dental & vision benefits are available for members up to age 21\*



## PEDIATRIC DENTAL:

### Benefits include:

1. Class I services include semi-annual exams and cleanings every 180 days, X-rays, and diagnosis.
2. Class II (basic) services including fillings, crowns, and jackets, repair of crowns, wisdom tooth removal, extractions, and root canals.
3. Class III (major) services including dentures, bridges, replacement of bridges and dentures, and medically necessary orthodontia.

You must use a provider in our pediatric dental network.

For a complete list of dentists, please visit [bluecrossvt.org/find-doctor](https://bluecrossvt.org/find-doctor) or call (800) 310-5249.

## PEDIATRIC VISION:

### Benefits include:

- One routine vision exam each plan year
- Vision materials include:
  - One pair of frames and/or lenses for prescription glasses and related professional services each plan year; or
  - One pair of contact lenses and related professional services each plan year.
  - One pair of frames from those on our network provider list of covered frames.

Vision benefits are administered by VSP. To receive the best benefits for vision care, you must obtain services and materials through a VSP network provider. For a list of VSP eye doctors, visit [VSP.com/eye-doctor](https://VSP.com/eye-doctor) or call VSP at (800) 877-7195.

For cost-sharing details, limitations, and exclusions, please refer to your member Outline of Coverage and Certificate of Coverage plan documents.

\*Benefits are available for members through the end of the calendar year in which they turn 21.