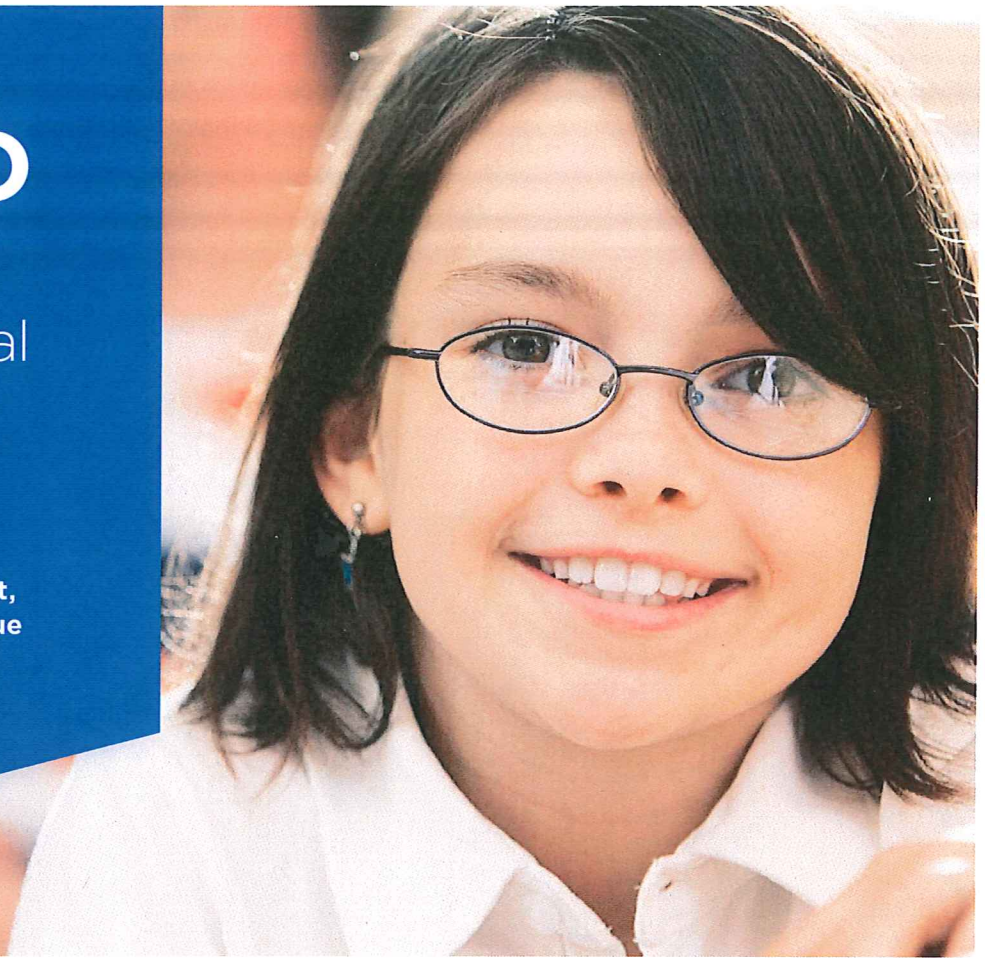




Pediatric Dental and Vision Services

Part of BlueCare, BlueDirect, BlueEssential and SimplyBlue health plans.



When you go to the dentist or eye doctor



Depending on your plan, you pay a copayment or a percentage of the cost for the visit. Check your plan for levels of coverage.



Where to go for these services?

To get coverage, you need to select a dentist or eye doctor in the BCBSND Preferred Blue PPO network. Your visit will not be covered if you go to a provider who is not affiliated with BCBSND.

To find out if a provider is part of the BCBSND network:

- Go to BCBSND.com and choose the "Find a Doctor" link
- Or -
- Call the provider

Pediatric dental and vision coverage is one of the 10 essential benefits included in the new health plans. If you have children under age 19 who are covered by BlueCare, BlueDirect, BlueEssential or SimplyBlue plans, they will enjoy the following benefits.



Pediatric Vision Services

Vision exams	Frequency
General exam w/ refraction and glaucoma screening (tonometry test)	1 per benefit period
Prescribed lenses and frames	
Lenses	1 per benefit period
Frames	1 every other benefit period
Benefits available for contact lenses in lieu of frames and/or lenses	



Pediatric Dental Services

Dental exams (or diagnostic)

Frequency

Routine oral evaluations	2 per benefit period
Bitewing x-rays	1 per benefit period (except when part of a full mouth survey)
Full mouth survey	1 every 3 years
Panoramic film	1 every 3 years
Intraoral periapical x-rays	

Preventive

Prophylaxis	4 per benefit period
Topical fluoride applications	2 per benefit period
Sealants (on unfilled, undecayed permanent molars and bicuspids)	2 per tooth lifetime max
Space maintainers	

Restorative

Fillings

Pin-retention	limit 2
Inlays, onlays and crowns (not part of a fixed partial denture)	1 every 5 years
Replace lost or defective inlays, onlays or crowns	
Veneers (other than cosmetic)	1 every 5 years

Endodontics

Pulpotomy	
Pulp capping	
Root canal therapy	
Apicoectomy	
Root amputation	
Hemisection	
Bleaching of endodontically treated anterior permanent teeth	

Periodontics

Frequency

Surgical periodontic evaluation	1 per course of treatment
Gingivectomy	1 per course of treatment
Gingival curettage	1 per course of treatment
Mucogingival surgery	1 per course of treatment
Osseous surgery	1 per course of treatment
Periodontal scaling	1 per course of treatment
Root planning	1 per course of treatment

Prosthodontics (removable)

Frequency

Dentures (complete and partial)	
Replace lost or defective dentures	1 replacement every 5 years
Tissue conditioning for relining	2 per treatment sequence
Tissue conditioning for new or duplicate dentures	2 per treatment sequence
First-year denture relining	1 during the year after insertion
Complete and partial denture relining	1 every 3 years

Prosthodontics (fixed)

Fixed partial denture	
Replacement of lost or defective fixed partial dentures	1 every 5 years

Oral and Maxillofacial Surgery

Simple or surgical extractions

Oral Maxillofacial Surgery

- Fracture and dislocation treatment
- Frenulectomy
- Cyst and abscess diagnosis and treatment

Orthodontics

Orthodontic appliances installed to treat improper tooth alignment	1 orthodontic appliance placement lifetime max; prior approval is required
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Adjunctive General Services

Palliative (emergency) dental treatment	
Anesthesia services	
Occlusal guard bruxism treatment	1 every 3 years

Maxillofacial Prosthetics

No coverage

Implant Services

No coverage

For premium rates and further details of the coverage, including definitions; exclusions; criteria for medically appropriate and necessary care; credentialing care; credentialing process; confidentiality policy; description of experimental drugs, medical devices or treatments; grievance and appeals process; provider listings; drugs eligible for coverage; reductions or limitations; and the terms under which this benefit plan may be continued, call, write or visit Blue Cross Blue Shield of North Dakota.