

# Understanding Pediatric Essential Benefits

As part of healthcare reform, insurers must offer 10 categories of Essential Health Benefits (EHBs) to most individuals and small employers (both on and off the state’s health insurance exchange, HealthSource RI), unless their health plan is grandfathered. Pediatric benefits for vision and dental are included in all small employer health plans for dependents under 19. These benefits apply to the medical out-of-pocket maximum.



## Pediatric Vision:

Benefit	Coverage
Deductible	<ul style="list-style-type: none"> <li>No deductible for VantageBlue, Network Blue New England, Blue Choice New England, and BlueCHiP Advance plans</li> <li>See medical deductible for BlueSolutions and BasicBlue plans</li> </ul>
Out-of-pocket maximum	See medical out-of-pocket maximum
For glasses, you can choose from: <ul style="list-style-type: none"> <li>Frames: Pediatric prescription frame collection</li> <li>Lenses: Standard lenses and lens options</li> </ul> OR For contact lenses, you can choose from our pediatric prescription contact lens collection.	<ul style="list-style-type: none"> <li>\$0 for VantageBlue, Network Blue New England, Blue Choice New England, and BlueCHiP Advance plans</li> <li>\$0 after deductible for BlueSolutions and BasicBlue plans</li> </ul>



## Pediatric Dental:

Benefit	Coverage
Deductible	<ul style="list-style-type: none"> <li>No deductible for VantageBlue, Network Blue New England, Blue Choice New England, and BlueCHiP Advance plans</li> <li>See medical deductible for BlueSolutions and BasicBlue plans</li> </ul>
Out-of-pocket maximum	See medical out-of-pocket maximum
Oral exams, cleanings, X-rays (bitewing, panoramic, and individual), fluoride treatments, sealants, and space maintainers	<ul style="list-style-type: none"> <li>\$0 for VantageBlue, Network Blue New England, Blue Choice New England, BasicBlue, and BlueCHiP Advance plans</li> <li>\$0 after deductible for BlueSolutions</li> </ul>
All other covered dental services: <ul style="list-style-type: none"> <li>Basic services</li> <li>Major dental</li> <li>Periodontics</li> <li>Orthodontics</li> <li>Night guards</li> </ul>	<ul style="list-style-type: none"> <li>50% for VantageBlue, Network Blue New England, Blue Choice New England, and BlueCHiP Advance plans</li> <li>0%-50% after deductible for BlueSolutions and BasicBlue plans</li> </ul>

*This is a high-level summary of the 2018 SG pediatric benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the subscriber agreement or ask your BCBSRI account executive.*