

Pediatric coverage

Dental and vision options to keep your children healthy and happy

Dental care and regular checkups go hand-in-hand with your overall health. All BlueCare plans include affordable pediatric dental benefits for members up to age 19. So you and your family can smile knowing that we've got you covered!

Preventive services

- Cleanings – Covered 100%, once every six months
- Fluoride treatments – Up to three times yearly
- Sealants – One time a year per tooth¹
- Space maintainers – One time per year²



Diagnostic services

- Periodic dental evaluation – Covered 100%, once every six months
- Comprehensive evaluation – One per insured, per dentist per lifetime

X-rays

- Bitewing
- Full mouth and panoramic – Once every three years

Treatment services

Fillings

- Silver amalgam
- Tooth colored composite

Crowns³

- Stainless steel – Once per 24 months per tooth
- Metal only, metal/porcelain or porcelain only – Once per 60 months per tooth

Root canals

- Root canals on baby teeth – One per tooth per lifetime
- Root canals on permanent teeth – One per tooth per lifetime

The treatment services listed below also require prior authorization to be considered for payment.

- Periodontal therapy
- Full and partial dentures (once every 60 months)
- Orthodontics

¹ Limitations include occlusal surface only, teeth must be free of caries (tooth decay), not covered when placed over restoration.

² Covered when medically indicated due to premature loss of posterior primary tooth; recementation not covered within six months of initial placement.

³ An approval process (known as "prior authorization") for determining if services will be considered for payment is required for all crowns except stainless steel.

Annual eye exams are important to ensure a child's vision and academic development. Your BlueCare plan includes pediatric vision coverage for members up to age 19.

Eye exams

- Basic exams are covered as needed when provided by ophthalmologists and optometrists
- Two exams per month to detect and/or follow medical conditions
- As needed up to one year following cataract surgery

Eyeglasses (standard frames)

- Frames must include a one-year warranty
- Up to three pairs of frames per 365 days
- Up to three sets of lenses per 365 days
- Eyeglasses provided for post cataract surgery within one year of surgery

Contact lenses

Contact lenses require prior authorization. Contact lens fitting is allowed once per lifetime when contacts are first prescribed and fitted. Subsequent fittings will be considered if a new type of contact lens is being prescribed and fitted.

Blepharoplasty and blepharoptosis

Surgery for the correction of eyelid defects requires prior authorization.



Exclusions

Although this is not a complete list, your pediatric vision coverage excludes items such as LASIK surgery, sunglasses, safety glasses, athletic glasses, backup eyeglasses and contact lenses for cosmetic purposes.

Additional dental coverage may be available if you have a separate dental plan. Dental and vision services are subject to applicable deductible, coinsurance or annual out-of-pocket maximum. This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.

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