

# Pediatric Dental for Student Health



**PEDIATRIC DENTAL 1B**

## Benefits covered up to age 19<sup>2</sup> include:

- Unlimited maximums (annual and orthodontia lifetime; in-network and out-of-network providers)
- \$75 individual deductible/ \$225 family deductible
- Yearly out-of-pocket maximum of \$400 for one child, \$800 for two or more children

**You can save money by choosing an in-network dentist from our statewide provider network.**

**For more information, call 855-267-0214.**

## 2024-2025 Student Health Pediatric Dental Plan<sup>1</sup>

Routine Dental Services	Plan Pays
<b>Diagnostic Evaluations</b> (deductible waived)	<b>80%</b>
<b>Diagnostic Radiographs</b> (deductible waived)	<b>80%</b>
<b>Preventive Services</b> (deductible waived)	<b>80%</b>
<b>Basic Dental Care</b>	
<b>Miscellaneous Preventive Services</b>	<b>80%</b>
<b>Basic Restorative</b>	<b>50%</b>
<b>Non-Surgical Extractions</b>	<b>50%</b>
<b>Non-Surgical Periodontal</b>	<b>50%</b>
<b>Adjunctive Services</b>	<b>50%</b>
<b>Endodontics</b>	<b>50%</b>
<b>Oral Surgery</b>	<b>50%</b>
<b>Surgical Periodontal Services</b>	<b>50%</b>
<b>Major Dental Care</b>	
<b>Major Restorative</b>	<b>50%</b>
<b>Prosthodontics</b>	<b>50%</b>
<b>Miscellaneous Restorative &amp; Prosthodontic Services</b>	<b>50%</b>
<b>Medically Necessary Orthodontia</b> (deductible waived)	<b>50%</b>

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. Please refer to the dental plan policy for additional details, as the policy will govern benefits. For more information, call 855-267-0214.

2. The benefit ends the last day of the month in which the members turns 19.

Blue Cross and Blue Shield of Montana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-710-6984 (TTY: 711).



**Health care coverage is important for everyone.**

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35<sup>th</sup> Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

**To receive language or communication assistance free of charge, please call us at 855-710-6984.**

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.