

2022 Pediatric Dental Benefit Highlights

Covered Dental Services are subject to your Health Plan's individual and family out-of-pocket maximums. For out of pocket maximum amounts, please review your Health Plan's Summary of Benefits and Coverage.

Covered Services (In Network Only)

Preventive & Diagnostic Services	Routine (Basic) Services	Major Services	Orthodontia Services
Oral evaluations, bitewings, radiographic images, diagnostic casts, prophylaxis, topical application of fluoride, sealants, space maintainers, palliative (emergency) treatment	Fillings, prefabricated crowns, periodontal scaling and root planning, full mouth debridement, periodontal maintenance, simple extractions, consultation	Inlays, onlays, crowns, dentures/bridges and related services, implants, endodontic services, gingivectomy, osseous surgery, oral surgery, IV sedation/general anesthesia	All orthodontic treatment must be medically necessary, and treatment must be prior authorized
In Network Benefits – \$0 Not Subject to Deductible			
Bronze HMO 100 1776			✓
Bronze HMO 60 1752			✓
Bronze VALUE RX 50 1820			✓
Gold HMO 80 1772			✓
Gold VALUE RX 75 1825			✓
GYM ACCESS Bronze HMO 50 1797			✓
GYM ACCESS Bronze HMO 60 1657			✓
GYM ACCESS Gold HMO 100 1738			✓
GYM ACCESS Gold HMO 70 1743			✓

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In Network Benefits – \$0 Not Subject to Deductible	
GYM ACCESS Gold HMO 80 1741	✓
GYM ACCESS Silver AV73 HMO 100 1669	✓
GYM ACCESS Silver AV73 HMO 80 1697	✓
GYM ACCESS Silver AV87 HMO 100 1670	✓
GYM ACCESS Silver AV87 HMO 80 1698	✓
GYM ACCESS Silver AV94 HMO 100 1671	✓
GYM ACCESS Silver AV94 HMO 80 1699	✓
GYM ACCESS Silver HMO 100 1668	✓
GYM ACCESS Silver HMO 70 3712	✓
GYM ACCESS Silver HMO 80 1696	✓
Silver AV73 HMO 65 1811	✓
Silver AV87 HMO 65 1812	✓
Silver AV94 HMO 65 1813	✓
Silver HMO 65 1810	✓
Silver VALUE RX 80 1821	✓
Silver VALUE RX AV73 80 1822	✓
Silver VALUE RX AV87 80 1823	✓
Silver VALUE RX AV94 80 1824	✓

This Benefits Highlight Sheet is only a summary of the dental plan. Please see your Evidence of Coverage for a full list of dental benefits, frequencies (annual coverage limits), and limitations. Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider. AdventHealth Advantage Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.