

**Pediatric Dental and Vision Benefits**

This overview provides an outline of the built-in pediatric dental and vision benefits offered through the CalCPA Health PPO, EPO and Select PPO medical plans. All active CalCPA Health PPO, EPO or Select PPO members under the age of 19 are automatically enrolled in pediatric dental and vision benefits through their CalCPA Health medical plan.

Pediatric dental benefits utilize the Anthem Dental Prime network. Members can log into their Anthem Member Care account at [www.anthem.com/ca](http://www.anthem.com/ca) and search for an in-network dentist through the Anthem Dental Prime network or call (877) 567-1804. Members looking for an in-network vision provider should call (866) 723-0515.

Pediatric Dental Benefits		
Benefit	In-Network	Out-of-Network
<b>Insured Age Limit</b>	End of month in which insured turns age 19	
<b>Annual Deductible</b> (per insured child up to age 19)	\$60	
<b>Annual Benefit Maximum</b>	No maximum	No maximum
<b>Annual Out-of-Pocket Maximum</b> (per insured child/all children total)	\$1,000/\$2,000	No maximum
<b>Diagnostic &amp; Preventive Services</b> (Periodic oral exam, Teeth cleaning, Bitewing X-rays)	No charge	No charge
<b>Basic Services</b>	50%	50%
<b>Endodontic Services</b>	50%	50%
<b>Periodontal Services</b>	50%	50%
<b>Oral Surgery Services</b>	50%	50%
<b>Major Services</b>	50%	50%
<b>Prosthodontic Services</b>	50%	50%
<b>Dentally Necessary Orthodontic Services*</b>	50%	50%
<b>Dentally Necessary Orthodontic Maximum</b>	No maximum	No maximum
<b>Cosmetic Orthodontic Services</b>	Not covered	Not covered

\*Child orthodontic coverage begins at age eight, child must have been banded after age eight to receive coverage.

Pediatric Vision Benefits		
Benefit	In-Network	Out-of-Network
<b>Insured Age Limit</b>	End of month in which insured turns age 19	
<b>Routine Vision Exam</b> (1 visit per calendar year)	No charge	No charge; \$30 benefit max
<b>Contact Lens</b> (1 occurrence per calendar year; in lieu of frames)	No charge	No charge; \$60 benefit max
<b>Frames</b> (1 occurrence per calendar year; in lieu of contact lens)	No charge	No charge; \$45 benefit max
<b>Single Vision</b> (per 12 months)	No charge	No charge; \$25 benefit max
<b>Bifocal</b> (per 12 months)	No charge	No charge; \$40 benefit max
<b>Trifocal</b> (per 12 months)	No charge	No charge; \$55 benefit max
<b>UV Coating, Factory Scratch Coating, Polycarbonate, Transition and Progressive Lens</b>	No charge	Not covered
<b>Non-elective Contact Lens</b>	No charge	No charge; \$210 benefit max

Please note that these pediatric benefits are separate from the benefits offered through the CalCPA Health dental and/or vision plans offered through your employer. CalCPA Health Dental plans are offered through Delta Dental. CalCPA Health Vision plans are offered through VSP. For more information, please contact Banyan Administrators at (877) 480-7923 or visit [www.CalCPAHealth.com](http://www.CalCPAHealth.com).

**See the Summary Plan Description for complete coverage details located on [www.calcpahealth.com](http://www.calcpahealth.com).**

**In the event of a conflict between this information and the Summary Plan Description, the benefits detailed in the Summary Plan Description will be binding.**