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 and search for an in-network dentist through the Anthem Dental Prime network or call (877) 567-1804.

CalCPA Health Pediatric Dental Benefits through Anthem Dental Prime network		
Benefit	**In-Network**	**Out-of-Network**
Insured Age Limit	End of month in which insured turns age 19	
Annual Deductible (per insured child up to age 19)	$60	
Annual Benefit Maximum	No maximum	No maximum
Annual Out-of-Pocket Maximum (per insured child/all children total)	$1,000/$2,000	No maximum
Diagnostic & Preventive Services (Periodic oral exam, Teeth cleaning, Bitewing X-rays)	No charge	No charge
Basic Services	50%	50%
Endodontic Services	50%	50%
Periodontal Services	50%	50%
Oral Surgery Services	50%	50%
Major Services	50%	50%
Prosthodontic Services	50%	50%
Dentally Necessary Orthodontic Services*	50%	50%
Dentally Necessary Orthodontic Maximum	No maximum	No maximum
Cosmetic Orthodontic Services	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 utilize the Anthem Blue View network. Members can log into their Anthem Member Care account at www.anthem.com/ca and search for an in-network provider through the Anthem Blue View network or call (866) 723-0515.

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

See the Summary Plan Description for complete coverage details. 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.