

# Pediatric dental and vision FAQs

For Off Exchange health plans for small businesses with 1-100 eligible employees

January 2016

Pediatric services – including oral and vision care for children up to age 19 – are among the benefits that the Affordable Care Act (ACA) says must be included in all health plans offered to small businesses as **essential health benefits**.

At Blue Shield, for businesses of one to 100 employees, pediatric dental and vision coverage are embedded benefits within our small business medical plans.

This Q&A answers the most frequent questions about Blue Shield pediatric dental and vision coverage and processes.

## General member and plan eligibility – dental and vision coverage

**Q: Who is eligible for pediatric benefits?**

A: Anyone newborn to age 19, whether employee or dependent, is eligible for pediatric dental and pediatric vision benefits.

**Q: Can an employer or employee waive pediatric dental or vision coverage for any reason?**

A: No, if a member is enrolled in a Blue Shield small business medical plan, they are automatically enrolled in the pediatric dental and pediatric vision coverage embedded within their medical plan.

**Q: How will enrollment work for newborns?**

A: As soon as the newborn is added to the medical plan (based on medical enrollment guidelines), the newborn will automatically be enrolled in pediatric dental and pediatric vision benefits.

**Q: What is the “age-out” process for pediatric dental and vision coverage?**

A: Eligibility ends the first day of the month following the member’s 19<sup>th</sup> birthday. Aging out is considered a qualifying event for Blue Shield enrollment into a small business group dental or vision plan; enrollment in the dental plan would be required within 31 days of the date of the loss of pediatric benefits. A HIPAA certificate will not be issued on behalf of the member by Blue Shield with age out benefit ineligibility.

**Q: Are aging-out dependents eligible for COBRA or Cal-COBRA coverage?**

A: No.

**Q: Is a disabled dependent age 19 or older eligible for pediatric dental and pediatric vision benefits?**

A: No.

**Q: Will an employee be charged separate premiums for pediatric benefits if they or their dependents are age eligible for benefits?**

A: No.

**Q. May an employer select a stand-alone pediatric dental or vision plan?**

A. No. Pediatric benefits, defined as essential health benefits by the ACA, are embedded within the medical plan.

**Q. How does a member know what pediatric dental and vision benefits are covered?**

A. The medical plan *Evidence of Coverage* specifies which pediatric dental and pediatric vision benefits are covered. Members can also access benefit information online at the member portal of [www.blueshieldca.com](http://www.blueshieldca.com).

## Pediatric dental Q&A

### Plans

**Q: Is the dental out-of-pocket (OOP) maximum combined with the medical OOP maximum?**

A: Yes. Once an employee or dependent satisfies the combined medical and pediatric dental out of pocket maximum, covered dental benefits will be paid at 100% for the remainder of the calendar year.

**Q: What is the out-of-network reimbursement schedule for the pediatric dental PPO plan?**

A: The out-of-network reimbursement schedule is a MAC (Maximum Allowable Charge) schedule. This schedule is the same MAC schedule as our small business dental PPO MAC plans.

**Q: Are pediatric dental members subject to the medical calendar-year deductible?**

A: As an essential health benefit, pediatric dental is a first-dollar benefit not subject to any deductibles.

**Q: Do members enrolled in an HMO medical plan have access to out-of-network dental providers for pediatric dental benefits?**

A: No, out-of-network dental benefits are not available to medical HMO plan members.

**Q: For pediatric dental "coordination of benefits" who is the primary payer?**

A: The pediatric dental plan will be the primary payer.

### Availability

**Q: Where would a subscriber/member go to look for a dental provider?**

A: Go to [www.blueshieldca.com](http://www.blueshieldca.com), click on *Member, Find a Provider, Dentists, Select your plan-Dental Plans (Dental PPO Group plans)*, and enter city, state or ZIP code. There is an *Edit Location* feature to set a different distance from the default of five miles.

**Q: Are all pediatric dental plans available in all areas?**

A: All embedded pediatric dental plan networks are available in all network areas for the selected medical plan.

**Q: What network is available to pediatric-eligible members outside the state of California?**

A: The dental PPO network is available for members not residing in California.

**Q: Will a member ID card be issued for pediatric dental benefits?**

A: Yes, all eligible enrolled subscribers and dependents will receive a dental ID card.

**Q: What information and services are available to dental plan members online?**

A: Members have access to our dental website at [www.yourdentalplan.com/bsca](http://www.yourdentalplan.com/bsca). Members can look up benefits, providers, claims information, explanation of benefit information, and print or order new dental ID cards, among many other features and capabilities.

## Pediatric vision Q&A

**Q. Is a member ID card issued for pediatric vision benefits?**

A. No, a vision ID card is not issued. However, a "generic" Vision Plan Information Card can be accessed online to assist in accessing care, or members can call (877) 601-9083 for assistance.

**Q. Where would a subscriber/member go to look for a vision provider?**

A: Go to [www.blueshieldca.com](http://www.blueshieldca.com), click on *Member, Find a Provider, Vision Care, Select your plan-Vision Plans (Individual and Family or Group plans)*, and enter city, state or ZIP code. There is an *Edit Location* feature to set a different distance from the default of five miles.

**Q: Are all pediatric vision plans available in all areas?**

A: All embedded pediatric vision plan networks are available in all network areas for the selected medical plan.

**Q. What network is available to pediatric-eligible members outside the state of California?**

A. The vision PPO network is available for members not residing in California.

**Q: For pediatric vision "coordination of benefits" who is the primary payer?**

A: There is no coordination of benefits for pediatric vision plans.

**Q: Are pediatric vision members subject to the medical calendar-year deductible?**

A: As an essential health benefit, pediatric vision is a first-dollar benefit not subject to any deductibles.

**Q. Is the vision out-of-pocket (OOP) maximum combined with the medical OOP maximum?**

A. No. There is no vision out-of-pocket maximum. All vision plan benefits are covered at 100% within benefit type coverage designated amount maximums and frequencies.

**Q: Do members enrolled in an HMO medical plan have access to out-of-network vision providers for pediatric vision benefits?**

A: No, out-of-network vision benefits are not available.