PEDIATRIC DENTAL AND VISION FAQS

For off-exchange health plans for small businesses with 1-100 eligible employees

2022 and 2023

Pediatric services – including oral and vision care for children up to age 19 – are among the benefits that the Affordable Care Act (ACA) mandated to 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 is an embedded benefit within our small business medical plans.

Below are the most frequently asked questions about Blue Shield pediatric dental and vision coverage.

General member and plan eligibility – dental and vision coverage

Q. Who is eligible for pediatric benefits?

A. Newborns to age 19 are 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, all members enrolled in a Blue Shield small business medical plan 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. Are aging-out dependents eligible for COBRA or Cal-COBRA coverage?

A. No.

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 19th 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. Is a disabled dependent age 19 or older eligible for pediatric dental and pediatric vision benefits?

A. No.

Q. Will employees 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. However, an employer may offer a stand alone dental and vision plan in addition to the medical plan that includes pediatric dental and vision benefits. Employees' dependents can be covered by the embedded benefits and the stand alone plan's benefits simultaneously, if purchased.

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 **blueshieldca.com.**

Pediatric dental Q&A

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 an 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. Select Medical HMO plans use the dental PPO network for services.

Q. For pediatric dental "coordination of benefits,"who is the primary payer?

A. The pediatric dental plan will be the primary payer. When a member is covered under pediatric dental benefits as well as a stand alone dental plan from Blue Shield, benefits will be automatically coordinated between the two plans. If a member has a medical plan and a stand alone dental plan from two different carriers, it's the provider's responsibility to submit eligible claims to both carriers.

Availability

Q. Where would a subscriber or member go to look for a dental provider?

A. Go to **blueshieldca.com**, click on *Member, Find a Provider, Dentists, Select your plan-Dental Plans (Dental PPO Group plans)*, and enter city and 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 their dental coverage information when they log in to their member profile at **blueshieldca.com**. 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 or member go to look for a vision provider?

A. Go to **blueshieldca.com**, click on *Member, Find a Provider, Vision Care, Select your plan-Vision Plans (Individual and Family or Group plans)*, and enter city and 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% for eye examinations, standard eyeglasses, and collection frames, or contact lenses in lieu of eyeglasses. Member should review their Summary of Benefits for any out-of-pocket cost for additional services.

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.