Bright Health provides pediatric dental and vision coverage for plan members who are under 19 years of age.

**TRADITIONAL GOLD, SILVER, SILVER PLUS, BRONZE & BRONZE PLUS**

**Pediatric Dental:**
- First-dollar coverage within the Delta Dental PPO Network
- Benefits include two free cleanings per year
- Find providers at deltadentalco.com

**Pediatric Vision:**
- Annual eye exam
- One pair of glasses every two years
- Find providers at brighthealthplan.com

**SILVER HSA**

**Pediatric Dental:**
- 20% after deductible with any licensed dental provider

**Pediatric Vision:**
- Annual eye exam
- One pair of glasses every two years
- Find providers at brighthealthplan.com

**SILVER PLUS HSA**

**Pediatric Dental:**
- 15% after deductible with any licensed dental provider

**Pediatric Vision:**
- 15% after deductible within the Bright Health Network
- Annual eye exam
- One pair of glasses every two years
- Find providers at brighthealthplan.com

**CATASTROPHIC, BRONZE HSA & BRONZE PLUS HSA**

**Pediatric Dental:**
- 0% after deductible within any licensed dental provider

**Pediatric Vision:**
- 0% after deductible within the Bright Health Network
- Annual eye exam
- One pair of glasses every two years
- Find providers at brighthealthplan.com

**Pediatric Dental Details:**

Covered health services for pediatric dental include the following:

- Diagnostic and preventive procedures, which include: oral exams and evaluations, x-rays (full mouth, intra-oral, and panoramic), bitewing x-rays, routine cleanings, fluoride treatments, space maintainers, sealants, and palliative treatment.

- Basic restorative services, which include: amalgam fillings, resin and composite filings, crowns, pin retention, and sedative fillings.

- Extraction surgery

- Endodontics, including: surgical periodontal services, and root canal therapy.

- Medically necessary orthodontia and prosthodontics for cleft lip and cleft palate treatment.

Non-covered services include: implants, denture repair and realignment, dentures and bridges, non-medically necessary orthodontia, and periodontics.

Please note that certain plans require in-network providers in order for Bright Health to cover this benefit, while others allow any licensed dental provider. The number and frequency of each of these services are limited. Please see the Schedule of Benefits for subsidy-eligible benefits, network requirements, and for more details on the limitations and reimbursement levels.

For more information, please ask your agent, visit brighthealthplan.com, or call (844) 426-4567

IND-LTR-126