

2022 Pediatric Dental Benefit Highlights

Covered Dental Services are subject to your Health Plan's individual and family deductibles and out-of-pocket maximums. For deductible and out of pocket maximum amounts, please review your Health Plan's Summary of Benefits and Coverage.

Covered Services (In Network Only)

Preventive & Diagnostic Services	Routine (Basic) Services	Major Services	Orthodontia Services
Oral evaluations, bitewings, radiographic images, diagnostic casts, prophylaxis, topical application of fluoride, sealants, space maintainers, palliative (emergency) treatment	Fillings, prefabricated crowns, periodontal scaling and root planning, full mouth debridement, periodontal maintenance, simple extractions, consultation	Inlays, onlays, crowns, dentures/bridges and related services, implants, endodontic services, gingivectomy, osseous surgery, oral surgery, IV sedation/general anesthesia	All orthodontic treatment must be medically necessary, and treatment must be prior authorized
In Network Benefits – \$0 After Deductible			
GYM ACCESS Gold HMO 90 HSA 1745		✓	
GYM ACCESS Catastrophic HMO 1748		✓	
GYM ACCESS Bronze HMO 100 HSA 1660		✓	
Bronze HMO 100 HSA 1795		✓	

This Benefits Highlight Sheet is only a summary of the dental plan. Please see your Evidence of Coverage for a full list of dental benefits, frequencies (annual coverage limits), and limitations. Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider. AdventHealth Advantage Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.