

## For Individual and Family Plan Members

# Smile

## Pediatric dental benefits are included

AdventHealth Advantage Plans supports children's health by offering dental coverage with Individual and Family Plans.\* Under these qualifying plans, dental benefits described below are provided to all members through the end of the birth month in which they turn 19.

Your health plan automatically includes the following pediatric dental benefits with:

- No additional premium
- No cost-share for covered benefits
- No annual maximum benefit

## Your choice of DHMO (Dental HMO) network dentists

When you enroll, a primary dentist will automatically be assigned to you to ensure you can get care when you need it. If you ever prefer a different dentist, it's easy to make a change. Your plan's large network of providers with tenure means you can enjoy a longterm relationship with your network dentist.

## For more information

For more information about pediatric dental benefits included with qualifying plans:

- Call AdventHealth Advantage Plans weekdays from 8am to 6pm at **1-844-522-5279**; or
- For assistance locating a Liberty Dental Provider, please contact **1-844-522-5279**.
- Visit [libertydentalplan.com](http://libertydentalplan.com)
- Contact your broker directly

If you are enrolled in a high-deductible plan and are eligible for a Health Savings Account (HSA), you must meet your plan's deductible before pediatric dental benefits are covered without a cost-share.

Covered dental services**	Your cost
<b>Office visit</b>	\$0
<b>Diagnostic and preventive services</b> (X-rays, exams, cleanings, sealants on permanent molars)	\$0
<b>Basic services</b> (basic restorative, palliative care for emergency treatments, periodontal maintenance)	\$0
<b>Major services</b> (crowns and casts, prosthodontics, endodontics, periodontics, oral surgery)	\$0
<b>Medically necessary orthodontics</b> (24-month waiting period)	\$0

Note: Members with HSA or Catastrophic plan coverage must meet their deductible first prior to experiencing zero cost share covered services.

[myAHplan.com](http://myAHplan.com)

\*The Affordable Care Act requires pediatric dental coverage to be provided with Individual/Family plans that begin on or after January 1, 2014.

\*\*Services must be obtained from a participating dentist. Exclusions and limitations may apply. This is only a benefit summary and does not replace or serve as a plan contract or policy. For more information, contact us or your broker, or see your plan documents.

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## For Individual and Family Plan Members

# Look

## Pediatric dental benefits are included

AdventHealth Advantage Plans offers pediatric vision coverage with Individual/Family plans.\* Under these qualifying plans, vision benefits described below are provided to all members through the end of the birth month in which they turn 19.

Your health plan automatically includes the following pediatric dental benefits with:

- No additional premium
- No cost-share for covered benefits
- No annual maximum benefit

## For more information

For more information about vision benefits included with qualifying plans:

- Contact your broker;
- Call AdventHealth Advantage Plans weekdays from 8am to 6pm at **1-844-522-5279**; or
- Visit us at **myAHplan.com**
- Visit [davisvision.com](http://davisvision.com)
- Contact your broker directly

Covered services**	Your cost
<b>One routine vision exam per calendar year</b>	\$0

**Frames:** One pair of Davis collection standard frames, or \$150 allowance for non- Davis collection frames, and one pair of spectacle lenses each calendar year, or;

**Contact Lenses:** Two prescription fills of standard contact lenses once per calendar year.

Note: Members with HSA or Catastrophic plan coverage must meet their deductible first prior to experiencing zero cost share covered services.

[myAHplan.com](http://myAHplan.com)

\*The Affordable Care Act requires pediatric vision coverage to be provided with Individual/Family plans that begin on or after January 1, 2014.

\*\*Services must be obtained from a participating provider. Exclusions and limitations may apply. This is only a benefit summary and does not replace or serve as a plan contract or policy. For more information, contact us or your broker, or see your plan documents.

If you are enrolled in a high-deductible plan and are eligible for a Health Savings Account (HSA), you must meet your plan's deductible before pediatric vision benefits are covered with no cost-share.