Pediatric Dental and Vision Benefits

Benefit	AllKids	FEDVIP Met Life Dental	FEDVIP FEP Blue Vision
Vision	Eye exams limited to 1 per year to age 19. Reimbursement limited to \$48 for a new patient and \$37 for an established patient. Lenses and frames limited to \$180 single vision, \$230 for bifocal, and \$250 for trifocal and one pair/year	N/A	Standard Option: One routine eye examination per year; one pair of standard eyeglass lenses or contact lenses per year; one frame every other year. (Contact lens benefit available in lieu of eyeglasses.) High Option: same except: one frame every year.
Dental – diagnostic and preventive	Exams; cleanings and bitewing x-rays twice per year. Full mouth x-rays once every 36 months. Fluoride twice per year. Sealants once per year. Covers, bridges, fillings, root canals, caps, denture repair and tooth extractions.	Evaluations, bitewing x-rays and cleanings every 6 months from last service date. Fluoride limited to two every 12 months. Covers fillings, bridges (1 every 60 months), root canals, caps, denture rebase and tooth extractions.	N/A
Dental – basic			N/A
Dental - major	Dental benefit does include oral surgery, i.e., to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses and for tooth extraction and impacted teeth. Limited orthodontia coverage under health, not dental benefit; limited to specific conditions.	Plan limits apply for restorative, periodontics, endodontics, implants and orthodontia. 24- month waiting period from the effective date of coverage for orthodontia, which is offered to dependent children only up until the end of the month of their 19th birthday.	N/A