

**Rider**  
**Preventive Dental Care for Children**

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This *rider* modifies the terms of your health plan. Please keep this *rider* with your Benefit Description for easy reference.

The preventive dental care benefits described in your Benefit Description have been changed to include additional coverage for enrolled children who are under age 12.

This additional coverage includes:

- One complete initial oral exam by the child's dentist.
- One periodic oral exam every six months.
- One cleaning every six months.
- One fluoride treatment every six months.
- Bitewing x-rays once every six months.

These services do not need a referral from the child's PCP. But, to receive this coverage, the *covered services* must be furnished by a dentist that has a payment agreement with Blue Cross and Blue Shield of Massachusetts, Inc.

You must file a claim for repayment when your child receives services furnished by a dentist outside Massachusetts. Payment to you will be based on the dentist's actual charge or the allowed charge, whichever is less. The allowed charge is the 90<sup>th</sup> percentile of the Dental Prevailing Health Care Charges in the zip code region where the services are furnished. You may have to pay an additional charge.

(A *deductible*, *copayment*, or *coinsurance* does not apply for these *covered services*.)

All other provisions remain as described in your Benefit Description.