

## Pediatric Dental and Vision Plan Filing Guidance – FORM REVIEW REQUIREMENTS

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- Medical Plan with pediatric dental benefits – Sections A (Vision) and B (Dental)
- Medical Plan with pediatric dental benefits carved out – Section A (Vision) only

This guidance provides a list of state and federal laws to be considered when creating a Pediatric Dental and Vision Plan. The guidance also includes a description of Review Requirements. Complete details regarding benefits can be found in the Plan Management Toolkit on the Ohio Department of Insurance website.

### **SECTION A - Pediatric Vision**

Benchmark Plan: Federal Employee Dental and Vision Benefits Enhancement

[http://insurance.ohio.gov/Company/Documents/FEDVIP\\_Vision.pdf](http://insurance.ohio.gov/Company/Documents/FEDVIP_Vision.pdf)

REVIEW REQUIREMENT	AUTHORITY	DESCRIPTION
<b>FEDVIP High Option Vision Benefits</b>	45 CFR 146 Appendix	Benefits described in the Benchmark Plan: <a href="http://insurance.ohio.gov/Company/Documents/FEDVIP_Vision.pdf">http://insurance.ohio.gov/Company/Documents/FEDVIP_Vision.pdf</a>  Coverage for children up to age 19.  Refer to Benchmark plan for all benefits requirements, partial benefits further described below.
<b>One routine eye examination, including dilation if professional indicated, each year</b>		
<b>One pair of prescription eyeglass lenses each year</b> <input type="checkbox"/> One frame each year <input type="checkbox"/> In lieu of eyeglasses, one pair of contact lenses each year		

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REVIEW REQUIREMENT	AUTHORITY	DESCRIPTION
Low vision services, including one comprehensive low vision evaluation every 5 years, 4 follow-up visits in any 5-year period, and prescribed optical devices, such as high-power spectacles, magnifiers and telescopes	45 CFR 146 Appendix	

### SECTION B - Pediatric Dental

Benchmark Plan: The MetLife Federal Dental Plan – High Option,  
[http://insurance.ohio.gov/Company/Documents/FEDVIP\\_Dental.pdf](http://insurance.ohio.gov/Company/Documents/FEDVIP_Dental.pdf)

REVIEW REQUIREMENT	AUTHORITY	DESCRIPTION
FEDVIP High Option Pediatric Dental Benefits	45 CFR 146 Appendix, PHSA §2707	Benchmark Plan: <a href="http://insurance.ohio.gov/Company/Documents/FEDVIP_Dental.pdf">http://insurance.ohio.gov/Company/Documents/FEDVIP_Dental.pdf</a>  Coverage for children up to age 19.  Refer to Benchmark plan for all specific benefits requirements
General Services		Benefits include: Anesthesia Services, Intravenous Sedation, Medication, Post-Surgical Services

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REVIEW REQUIREMENT	AUTHORITY	DESCRIPTION
<b>Class A (Basic) Services – preventive and diagnostic</b>	45 CFR 146 Appendix, PHSA §2707	Benefits include: Preventive/Basic Services 100% covered e.g. Cleanings, X-rays, Sealants, Space Maintainer and Fluoride
<b>Class B (Intermediate) Services – include minor restorative services</b>		Benefits include: Fillings, Therapeutic Pulpotomy, Uncomplicated Extractions, Periodontal Scaling, Denture Adjustment and Repair
<b>Class C (Major) Services – includes major restorative, endodontic, periodontal, prosthodontic services</b>		Benefits include: Inlays, Onlays, Crowns, Root Canal, Full & Partial Dentures, Pontics
<b>Class D Services - orthodontic</b>		Benefits include: Pre-orthodontic Treatment, Orthodontic Treatment, Appliance Therapy, Orthodontic Retention