



# ESSENTIAL PEDIATRIC DENTAL COVERAGE ATTESTATION FORM

## For members enrolled in off-exchange Direct Pay dental insurance plans

In an effort to make health care more accessible, the Affordable Care Act requires that all health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care for dependents to age 19.

To ensure our members have this essential coverage, Excellus BlueCross BlueShield has included pediatric dental coverage as part of your medical plan.

### ATTESTATION

If you and/or your dependents enrolled in your Excellus BCBS medical plan already have coverage from another dental plan, not offered by Excellus BCBS, that provides a pediatric dental essential health benefit, you have the option to decline the pediatric dental coverage offered through your Excellus BCBS medical plan.

By signing below, you are attesting that you already meet the pediatric dental EHBs requirement through another dental plan and are requesting that Excellus BCBS remove the pediatric dental coverage embedded in your Excellus BCBS medical plan.

Subscriber Name: \_\_\_\_\_

Excellus BCBS Subscriber ID: \_\_\_\_\_

Name of the carrier issuing the stand-alone dental coverage: \_\_\_\_\_

Effective date of dental plan: \_\_\_\_\_

*Please list the applicable subscriber and/or dependents that have obtained standalone dental coverage:*

Name	Relationship to Subscriber

*I certify that I, and/or any of the dependent(s) named above, have obtained stand-alone pediatric dental coverage that provides a pediatric dental essential health benefit through a NY State of Health™-certified stand-alone dental plan offered outside of the NY State of Health™ Marketplace.*

Subscriber Name: \_\_\_\_\_

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:**  
Excellus BlueCross BlueShield  
PO Box 22999  
Rochester, NY 14692

**Questions?**  
Call 1-877-626-9298