



ESSENTIAL PEDIATRIC DENTAL COVERAGE ATTESTATION FORM

For Small Group Employers

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

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

ATTESTATION

If all the members enrolled in your Excellus BCBS plan and each of their covered dependents have pediatric dental coverage from another plan not offered by Excellus BCBS, you have the option to decline the pediatric coverage offered through us.

By signing below, you are attesting that your group is already meeting the pediatric dental Essential Health Benefits requirements through another dental plan and you are requesting that Excellus BCBS remove the pediatric dental coverage embedded in your Excellus BCBS medical plan.

Excellus Group # _____

Employer Name _____

Name of the carrier issuing the
standalone dental coverage _____

Effective date of plan _____

I certify that all of the members enrolled in our applicable Excellus BCBS plan and each of their covered dependents have (for the applicable plan year) coverage for pediatric dental EHBs through a NY State of Health™-certified standalone dental plan offered outside of the NY State of Health™ Marketplace.

Signature, Employer Representative: _____

Date: _____

Print Name: _____

Title: _____

Please return completed form via email to your dedicated account consultant or mail to:

[Rochester:

Excellus Health Plan, Inc.
Attn: Small Business Sales Department
165 Court Street
Rochester, NY 14647

Elmira:

Excellus Health Plan, Inc.
Attn: Small Business Sales Department
150 N Main Street
Elmira, NY 14901

Utica:

Excellus Health Plan, Inc.
Attn: William Virkler
12 Rhoads Drive
Utica, NY 13502]