



Important information regarding Pediatric Dental: *Member Level Attestation*

In order to comply with the Affordable Care Act, each member and dependent (enrolled in an applicable medical plan) must have pediatric dental Essential Health Benefits (EHBs) coverage even if that member or dependent is not eligible for these services. However, members or dependents who are not eligible for these services will not pay a premium for the coverage.

The dental qualified health plan (QHP) as offered by your employer, which provides pediatric dental essential health benefits, **will be added to your Blue Cross and Blue Shield of Illinois coverage at an additional premium cost** for any participants under age 21 (up to a maximum of three dependents). If you or your dependents have pediatric dental EHBs coverage through another policy, in order to **avoid having this added to your BCBS medical policy**, please complete the attestation below.

Please complete, digitally sign, and submit the Pediatric Dental EHBs Attestation Form to your employer's enrollment department, which will then submit your form to: Blue Cross Blue Shield Illinois, PO Box805107, Chicago, IL 60680-3625

Employer Name	
Subscriber Full Name (please print)	
Group number (applicable to existing BCBS membership)	
Identification Number (applicable to existing BCBS membership, refer to BCBC ID card)	
Employee Signature (e-signature)	Date

Please check one:

- I/We already have the necessary coverage. I, and each dependent, (if applicable) have obtained coverage for pediatric dental essential health benefits through another policy. (No need to provide information in the grid below.)
- I attest that family members **LISTED IN THE GRID BELOW ARE** enrolled in the applicable Blue Cross and Blue Shield medical plan(s) have obtained coverage for pediatric dental essential health benefits through another policy. Please use the grid below to list any family members that should **not** have the BlueCare Dental 4 Kids 1B pediatric dental plan added to their policy.

Member/Dependent Name	ID Number (refer to BCBS ID card)	Date of Birth (DOB)