

# Pediatric (Children's) Dental Essential Health Benefits Opt-Out Form



Complete this form only if you or your dependent(s) have coverage for the pediatric dental essential health benefits (EHB) through another qualified plan. This benefit is required by the new healthcare reform law (also called the Affordable Care Act).

Healthcare reform law states certain dental coverage benefits for children as one of 10 required "essential health benefits". All members, no matter what their age, gender (male or female), or parental status (kids or no kids), must have all 10 essential health benefits, including pediatric dental coverage.

Since you are an Anthem Blue Cross and Blue Shield (Anthem) health plan member, we will enroll you in the pediatric EHB dental plan when your coverage renews in 2014. This EHB dental plan gives you important dental coverage for children up to age 19 and includes exams, cleanings and X-rays, as well as other services like fillings and crowns. This required pediatric coverage is an important benefit because it helps children get the dental care they need for strong, healthy teeth and gums. And good dental care can also help prevent other diseases, too.

## Do you have the required dental essential health benefits under another EHB qualified health plan?

- o If no, please do not fill out this form. Since, you must have the pediatric dental EHB plan as required by law we will enroll you in the plan. There is nothing for you to do.
- o If yes, you may opt-out of our pediatric dental EHB plan. That means, you can tell us you do not need our plan. Please follow these instructions:
  1. Fill out the policy information below on this form.
  2. Sign this form and give it to your employer.
  3. Your employer will send it to us to cancel your pediatric dental plan with us. Opt out cancellations will be processed and cancelled in accordance with your employers enrollment guidelines.

Anthem information	
Group name	Group no.
Subscriber name (as it appears on your health plan ID card)	HCID or policy ID no.
Dental plan information	
Name of other dental carrier you have	Start date of your other dental plan
Signature — required	
I understand that healthcare reform law requires everyone to have coverage for the pediatric dental essential health benefits. I state that I/we have dental coverage with another qualified plan that gives coverage for the pediatric dental essential health benefits. I give Anthem permission to cancel my pediatric dental EHB coverage in agreement with my employers' cancellation guidelines.	
Subscriber signature <b>X</b>	Date
If you have any questions, please call the number on the back of your health plan ID card. Please know that you may not opt-out over the phone. Opt-out requests must be in writing through the receipt of this completed and signed form.	

## Important note for employers:

- o Please fax this completed form to Anthem at:

Colorado, Maine, Nevada, New Hampshire, Virginia	Indiana, Missouri, Ohio
855-750-2227	855-600-6848

Or

- o Please mail this completed form to:

Colorado	Indiana	Maine	Missouri
Anthem Blue Cross and Blue Shield PO Box 172405 Denver, CO 80217	Anthem Blue Cross and Blue Shield PO Box 659802 San Antonio, TX 78265-9102	Anthem Blue Cross and Blue Shield PO BOX 9423 South Portland, ME 04116-9423	Anthem Blue Cross and Blue Shield PO Box 659804 San Antonio, TX 78265-9104
Ohio	Nevada	New Hampshire	Virginia
Anthem Blue Cross and Blue Shield PO Box 659803 San Antonio, TX 78265-9103	Anthem Blue Cross and Blue Shield P.O. Box 172405 Denver, CO 80217	Anthem Blue Cross and Blue Shield 3000 Goffs Falls Rd. Manchester, NH 03111	Anthem Blue Cross and Blue Shield PO Box 27401 Richmond, VA 23279

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