

CareFirst BlueCross BlueShield Enhanced Dental Benefits Program



Member Registration Form

INSTRUCTIONS			
Please complete the entire form to ensure registration. For frequently asked questions about the program, see page 2.			
Mail the completed form to:			
Mail Correspondence, P.O. Box 14114, Lexington, KY, 40512-4114			
POLICYHOLDER INFORMATION			
Policyholder Name (Last, First, Middle Initial)		Social Security Number or Member ID	
Street Address		City	State ZIP
Phone Number		Email Address	
Employer Name		Employer Group Number	
PATIENT INFORMATION			
Patient Name (Last, First, Middle Initial)		Patient Date of Birth	
Patient's Relationship to the Policyholder			
Self Spouse Dependent Other_____			
MEDICAL INFORMATION AND ELIGIBLE CONDITIONS			
By checking the box(es) below, I confirm that based on the terms of my plan, I have one or more of the conditions listed and am eligible for this enhanced coverage. I understand that filling out and mailing this form does not guarantee payment and that plan maximums, limitations and exclusions may apply.			
Diabetes Hypertension (high blood pressure) Pregnancy, Due Date_____			
CERTIFICATION OF MEDICAL CONDITION			
I also understand that CareFirst has the right to check my medical records and contact my dentist and/or physician to confirm my medical condition. This authorization shall remain in effect while I am enrolled in the CareFirst Enhanced Dental Benefits Program. I understand that I may revoke this authorization at any time by writing to the address listed on the form.			
Medical Physician's Name		Phone Number	Medical Carrier
Patient's Signature (Required)			Date
Participation in the CareFirst Enhanced Dental Benefits Program does not guarantee coverage and is subject to the terms of your plan documents, which shall prevail.			

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

What conditions make me eligible for this program?

Condition	Connection to Oral Health	What You Get In Addition to Your Dental Plan	Why Oral Care Is Important in Treating Your Condition
Diabetes	<ul style="list-style-type: none"> ■ Dental decay, due to dry mouth/low salivary flow ■ Periodontal (gum) disease, due to difficulty fighting infections ■ Thrush and burning mouth syndrome (fungal infection) 	<p>Dental Exam (D0120): Four times per benefit period. First two exams at regular cost share. Third and fourth exams at no cost.</p> <p>Dental Cleaning/Prophylaxis (D1110, D1120): Four times per benefit period. First two cleanings at regular cost share. Third and fourth exams at no cost.</p>	Increased likelihood of periodontal (gum) disease, thrush and dry mouth due to increased sugar (glucose) levels. Dry mouth can cause soreness, ulcers and infections.
Hypertension (high blood pressure)	<ul style="list-style-type: none"> ■ High blood pressure medications can lead to dry mouth and overgrowth of gums ■ Increased risk of tooth decay and infections in the mouth ■ Inflammation from periodontal (gum) disease bacteria can enter your bloodstream and block blood vessels leading to the heart. Inflammation raises blood pressure, affecting the flow of blood. 	<p>Dental Exam (D0120): Four times per benefit period. First two exams at regular cost share. Third and fourth exams at no cost.</p> <p>Dental Cleaning/Prophylaxis (D1110, D1120): Four times per benefit period. First two cleanings at regular cost share. Third and fourth exams at no cost.</p>	Bacteria from plaque can enter your bloodstream and block blood vessels leading to the heart. Inflammation raises blood pressure, affecting the flow of blood.
Pregnancy (through 6 months post-delivery)	<ul style="list-style-type: none"> ■ Hormonal changes cause more periodontal (gum) disease ■ Morning sickness and taking in more carbohydrates can lead to tooth decay/cavities ■ Nausea may interfere with optimal oral home care. Inflammation from advancing gum disease can cause poor pregnancy outcomes, including preterm birth and low birth weight 	<p>Dental Exam (D0120): Four times per benefit period. First two exams at regular cost share. Third and fourth exams at no cost.</p> <p>Dental Cleaning/Prophylaxis (D1110, D1120): Four times per benefit period. First two cleanings at regular cost share. Third and fourth exams at no cost.</p>	Changing hormones put pregnant women at risk for gum disease, cavities and oral issues passed down to the child if left untreated. Advancing gum disease can cause poor pregnancy outcomes, including preterm birth and low birth weight.

Frequently Asked Questions

Q. Do I only have to enroll in the program once, or do I have to contact CareFirst each time I go to the dentist?

A. You only enroll once in the program. Once enrolled, CareFirst will automatically reimburse you for the eligible dental services covered for your medical condition.

Q. What conditions are eligible for reimbursement?

A. Please refer to the list above for each qualifying condition.

Q. Do I have to include anything that proves I have a condition, and does CareFirst have the right to verify my condition?

A. You do not have to include any documentation with your registration form that proves you have a specific condition. However, at the bottom of the form, you must sign your name verifying that you have the condition and acknowledge that CareFirst reserves the right to request medical records or check with your physician prior to reimbursement.

Q. If my dental coverage has a plan maximum or deductible, how do procedures covered under the program get applied?

A. There is no charge for any procedures covered under the program, and they are not subject to your plan's deductible or towards your plan's annual maximum.

Q. How will CareFirst reimburse for these services?

A. In-network dentists will submit a claim to CareFirst and we pay them directly for their services. Please keep in mind that only dental services eligible under your plan, provided by in-network dental providers will be reimbursed under the CareFirst Enhanced Dental Benefits Program.

Q. If I go out of network, will the services covered under this program still apply?

A. No. The enhanced benefits covered under this program must be provided by in-network dentists.

Q. If I'm a dependent (spouse, partner or child), do I provide my ID number or the person who is the primary covered individual?

A. Please provide the ID number of the person who is the primary covered individual.

Q. Where can I find my Group Number (also referred to as Account Number)?

A. You can view a previous Explanation of Benefits, log in to *My Account*, or call Customer Service at the number on the back of your member ID card. You can also provide your ID and/or Social Security number and a Customer Service representative will identify your Group Number for you. If you have a CareFirst dental ID card, the Group Number is listed on the card.

Q. Who do I call if I have questions about the CareFirst Enhanced Dental Benefits Program or how to complete and submit the registration form?

A. Please call Customer Service at the number on the back of your member ID card with any questions.