



Harvard Pilgrim
HealthCare

Pediatric Dental Attestation

Please note that the Federal Health Reform Law, also known as the Patient Protection and Affordable Care Act, requires that beginning in 2014, all medical plans must include 10 broad categories of services called “Essential Health Benefits”, including pediatric dental coverage. Harvard Pilgrim automatically includes most of those benefits in your plan, but provides the option to purchase pediatric dental coverage on your own.

You have selected a plan which does not include pediatric dental coverage. Therefore please read the attestation below, provide the information regarding your Exchange-certified dental carrier, and return this form with your enrollment package.

Your health plan coverage provided by Harvard Pilgrim or its affiliates (the “Health Plan”) DOES NOT include coverage for pediatric dental services, as required by the Patient Protection and Affordable Care Act. By signing below, I am attesting that each person covered under the Health Plan, now or in the future, also has coverage under the separate employer group dental plan listed below (the “Dental Plan”) for the term of the Health Plan. The Dental Plan is an appropriate Exchange-certified stand-alone dental plan. Upon request, I agree to provide Harvard Pilgrim with documentation necessary to verify that each person covered under the Health Plan is also covered by the Dental Plan. If I am not able to provide such documentation or if Harvard Pilgrim determines that any person covered under the Health Plan is not also covered by an appropriate Exchange-certified stand-alone dental plan, I agree that Harvard Pilgrim may, without further consent from the employer group, charge the employer group appropriate premium for coverage of pediatric dental services.

Employer Name _____

Employer Authorized Signature _____

Date _____

Exchange Certified Dental Carrier _____

Exchange Certified Dental Plan _____