

QUALIFYING EVENT FORM-CHILD

For ALL members aged 0- 18 to qualify for the ULTIMATE health plan level.

ALL ACTIVITIES MUST BE COMPLETED 1/1/2022-8/31/2022



The following section is to be completed by a parent/guardian.

CHILD INFORMATION			
Child's Full Name:	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Age on 1/1/22:
Employee's Name:		Employee ID #:	Phone #:

The following exams require NO CO-PAY by the YourChoice Plan member.

		Date Complete
Wellness Exam	Annual Comprehensive Physical Exam with review of systems; inclusive of patient history, developmental assessment, appropriate diagnostic test and anticipatory guidance.	
Dental Exam	Applicable only for children aged 3-18. Annual Preventative Care Dental Exam and Cleaning	<input type="radio"/> Not Applicable

- I attest that the dates provided above are true and accurate.
- I acknowledge that if an audit reveals this information to be inaccurate, my plan level will be downgraded.
- I understand that failure to submit this form will result in a plan level downgrade.

Parent/Guardian Signature (Required):	Date:
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Child Dental Preventative Care Benefits

- Child Preventive Dental Care is a special benefit offered to ALL children enrolled in the Manatee YourChoice Medical Plan. The Plan Administrator believes in the importance of child preventive dental and therefore allows **an annual routine dental exam, cleaning, sealants, fillings, and x-rays to be covered under the Medical Plan.**
- **No other dental services are Covered Expenses unless the child is enrolled in the Aetna PPO/PDN Dental Plan.**
- There are no deductibles or co-pays for preventative dental, and the **Plan will pay up to the Aetna PPO/PDN Network rate.**
- **NETWORK VS OUT-OF-NETWORK**
 - Members can choose to utilize Network or Out of Network Dentists. Network Dentists agree to accept the contracted rate for covered services. **Out of Network Dentists are reimbursed the same amount as Network Dentists, however, they have the option to bill the patient for the difference between what the plan pays and their billed charge.**
- **CLAIMS**
 - All Network Dentists are required to submit the claim form. Some Out of Network Dentists will bill the Plan directly. The Dentist must submit an American Dental Association Dental Claim Form in order to receive payment for services.
- **REIMBURSEMENTS**
 - **If the Dentist does not bill the plan directly, the employee is responsible for full payment and must complete a claim reimbursement form to Aetna to receive reimbursement up to the Maximum Allowance.** This form can be found under Forms at www.ManateeYourChoice.com.
- **PEDIATRIC DENTISTS IN BRADENTON**
 - Qualifying Events do not have to be completed by Pediatric Dentists only. Many Dentists in Network will accept children, however, they each have a different minimum age and they may not be classified as a Pediatric Dentist. For a current and complete list Refer to the Provider Directory at www.ManateeYourChoice.com and select the Aetna PPO/PDN Dental Plan.