



Extra Dental Benefits Enrollment Form

Blue Dental PlansSM

To see if you are eligible for extra dental benefits, please call the number on the back of your Blue DentalSM ID card. Or, log in to your myWellmark[®] account at myWellmark.com for your full list of dental benefits. Then, follow these steps to get your extra benefit(s) from an in-network dentist at no additional cost.

1. Fill out the form below.*

2. Send it to Wellmark electronically using:

Email: EnhancedDentalBenefit@wellmark.com

Mail: Wellmark Blue Cross and Blue Shield, PO Box 9354, Des Moines, Iowa 50306-9354

Fax: 855-396-8416

3. Schedule an appointment with an in-network dentist.

Patient Information:

Name: _____	Date of Birth: ____/____/____
Address: _____	
Phone Number: (home) _____	(work) _____
Email Address: _____	
Select condition(s) that apply:	
☐ Diabetes	
☐ Pregnant and my expected due date is ____/____/____	
☐ Heart condition	
☐ Stroke	
☐ Organ or bone marrow transplant	
☐ Cancer treated with chemotherapy	
☐ Head or neck cancer treated with chemotherapy and/or radiation therapy	
☐ Suppressed immune system (HIV/AIDS)	
☐ End-stage renal (kidney) disease	

Insurance Information (please refer to your dental ID card):

Member Name: _____	
Wellmark ID Number: _____	Group Number: _____
Group Name: _____	

Provider Information:

Name of Treating Physician: _____
Phone Number of Physician: _____

Patient Signature: _____ Today's Date: ____/____/____

I hereby certify that I am being treated for the condition(s) I selected in the patient information section as of the above signature date and will provide proof of such condition if requested. Additionally, upon request, I will provide a written authorization to obtain medical records from my provider(s). If such condition cannot be verified, I will not be eligible for coverage for the enhanced benefit available under this program.

*Your claim for an additional cleaning may deny until Wellmark receives this form and verifies your benefits.

Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of Blue Cross and Blue Shield Association.

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-877-333-0164.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY: 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 1-877-333-0164 o al (TTY: 711).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 1-877-333-0164 或（听障专线：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 1-877-333-0164 hoặc (TTY: 711).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 1-877-333-0164 ili (tekstualni telefon za osobe oštećena sluha: 711).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 1-877-333-0164 oder (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم ٤٦١٠٠٣٣٣٠٧٧٨٠١ أو (خدمة الهاتف النصي: ٧١١).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື ໑-໘໗໗-໓໓໓-໐໑໖໔ ຕິດຕໍ່ທີ. (TTY: ໗໑໑.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-877-333-0164번 또는 (TTY: 711)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 1-877-333-0164 पर संपर्क करें या (TTY: 711)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 1-877-333-0164 (ou la ligne ATS au 711).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei grieghe. Ruf 1-877-333-0164 odder (TTY: 711) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 1-877-333-0164 หรือ (TTY: 711)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyonang tulong sa wika na walang bayad. Makipag-ugnayan sa 1-877-333-0164 o (TTY: 711).

တရားဝင်ပြောဆိုမှုများအတွက် ကူညီပံ့ပိုးမှုများကို အခမဲ့အဖြစ် ပေးအပ်မည်။ လိုအပ်ပါက ၁-၈၇၇-၃၃၃-၀၁၆၄ သို့မဟုတ် (၇၁၁) ဖုန်းနံပါတ်ဖြင့် ဆက်သွယ်ပါ။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 1-877-333-0164 (телетайп: 711).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 1-877-333-0164 वा (TTY: 711) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከከፍተኛ የጥራት ስር 1-877-333-0164 ወይም (TTY: 711) ሂደት ማግኘት።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 1-877-333-0164 malla (TTY: 711).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 1-877-333-0164 yookin (TTY: 711) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 1-877-333-0164 або (телетайп: 711).

Ge': Diné k'éhjí yánílti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólné' áqííqúáqúóááé doodaii' (TTY: 711)