

DENTAL WAITING PERIOD WAIVER CHECKLIST





Standard, Plus, and Elite Dental Direct plans have a 12-month waiting period for certain services. We will accept evidence of substantially similar prior coverage to meet the dental waiting period requirements. Applicants must provide information within 60 days of the requested effective date of the dental plan.

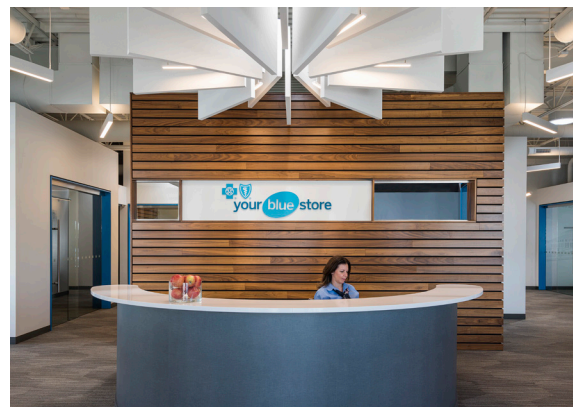
We require a letter from your previous Dental Insurance Carrier that includes the following details:



- Name of insured
- Effective and termination date
- Individual or Family Plan
- Whether the plan included coverage for Major Restorative/Surgical Periodontal services
- Whether the plan included Prosthodontic coverage

Submit your letter to our sales department by any of the following methods:

-  **In person** at any Your Blue Storesm location
-  **E-mail:** individualsalesinquiries@bcbsri.org
-  **Fax:** 401-459-5378
-  **Mail:** Blue Cross & Blue Shield of Rhode Island
c/o Individual Sales Support
500 Exchange Street
Providence, RI 02903



Please note that you may be eligible to waive any applicable waiting periods for this dental plan if: you've had equal or substantially similar prior coverage for at least 12 months; proof of equal or substantially similar prior coverage is provided within 60 days of the effective date of this dental plan; your previous dental plan must have terminated within 60 days of the effective date of the new dental application with Blue Cross & Blue Shield of Rhode Island Dental. A member from our Sales Support team will review your request and contact you via email or phone if more information is needed, or if your waiver request has been approved.

500 Exchange Street • Providence, RI 02903-2699

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