

Benefit Handbook

Healthy smiles. Healthy children.



The Regence Caring Foundation for Children is a 501 (c)(3) organization sponsored and administered by Regence. Support of the Foundation is solely provided by Regence allowing 100 percent of all donations to provide direct care to low-income children.

Welcome to the Regence Caring Foundation for Children!

Dentists, physicians and child advocates agree: Good oral health is crucial to the emotional and physical well-being of all children. It improves their school attendance, self-esteem, speech development and overall health. It lets kids be kids.

Committed to strengthening the health of our communities, Regence is dedicated to ensuring that children in our region have the fundamental health care services and information they need to lead healthy, productive lives.

The Regence Caring Foundation provides complete dental treatment plans to children in our area whose families cannot afford private coverage and receive no government assistance. These are often the children of working parents who may be just making ends meet but simply can't afford the additional expense of dental care. These dental benefits are provided at no cost to qualified families.

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Please review this document carefully, and if you have questions, please contact us at the appropriate number listed in this booklet.

Thank you for joining the Regence Caring Foundation for Children and for your commitment to good health.

Welcome



Providing Access to Free Dental Care for Utah and Idaho Children

Benefit handbook for

(Child's Name)

(Child's Name)

(Child's Name)

(Child's Name)

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Introduction

The Regence Caring Foundation for Children (“Caring Foundation”) is a cooperative effort involving civic-minded individuals, corporations, health care professionals and health care facilities to provide primary oral health care for Utah and Idaho children who do not have any other dental coverage. Regence BlueCross BlueShield of Utah and Regence BlueShield of Idaho (hereafter referred to as “the Company” or “the Companies”) donate all administration and support to the Foundation.

This Benefit Handbook describes the benefits your child has under the Regence Caring Foundation for Children Agreement (“Agreement”). The various covered services are called “benefits.”

Subject to public contributions, a child is covered under this Agreement who has:

- satisfied the Eligibility Requirements,
- applied for coverage, and
- been approved by the Regence Caring Foundation for Children.

A child who has satisfied the above three criteria is referred to as the “Child” or an “Eligible Child.” The legal guardian or parent whose income level is used to determine the Child’s eligibility and to whom the Child’s Identification Card is issued is referred to as “you” or “your.”

No agent or employee of the Companies may legally change this Agreement or waive any of its provisions. Any change must be in a duly executed rider, endorsement or amendment, which becomes a part of this Agreement.

Definitions

This section defines terms that have special meaning. If a word or phrase has a special meaning, it begins with a capital letter. The word or phrase is defined in this section or at the place in the text where it is first used.

1. “Agreement” means the agreement between the Regence Caring Foundation and you on behalf of your Eligible Child, including any subsequent renewals of this Benefit Handbook, and any endorsements or riders executed by the Regence Caring Foundation and attached to this Benefit Handbook, the Child’s Identification Card, your family’s application for benefits under the Regence Caring Foundation, and any supplemental applications for health care benefits.
2. “Benefit Maximum” means that when Benefit Payments total a specified amount, no more Benefit Payments will be made by this program.
3. “Benefit Payment” means the amount the Company pays for Covered Services.
4. “Contract Year” means the period of 12 consecutive months, beginning on the enrollee’s Effective Date.
5. “Covered Services” are those services defined and detailed in this Regence Caring Foundation for Children Benefit Handbook.
6. “Dental Provider” means an individual licensed to provide dental services by the state in which the Dental Provider practices. The Dental Provider is independent from the Company. The Dental Provider is neither an employee nor an agent of the Company. Consequently, the Dental Provider is not responsible for the acts of the Company.
7. “Effective Date” means the date specified as the Effective Date on either the Child’s Member Card issued in connection with the Agreement or the written confirmation of coverage sent by the Company to you or to the Child.
8. “Eligible Dental Expenses” means the amount Participating Dental Providers have agreed to accept as full payment for Covered Services, as determined by the Company. Charges in excess of the Eligible Dental Expenses are deemed not reasonable charges and are not reimbursable hereunder. Consequently, all Benefit Payments are based upon the Eligible Dental Expenses.

Definitions

9. “Member Card” means the card the Regence Caring Foundation provides for each Eligible Child. It contains your Child’s contract/ policy number.
10. “Medically Necessary” means health care services or products that a prudent health care professional would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is:
 - in accordance with generally accepted standards of medical practice in the United States;
 - clinically appropriate in terms of type, frequency, extent, site and duration;
 - not primarily for the convenience of the patient, physician or other health care provider; and
 - covered under the Contract.

When a medical question-of-fact exists, Medical Necessity shall include the most appropriate available supply or level of service for the individual in question, considering potential benefits and harms to the individual, and known to be effective. For interventions not yet in widespread use, the effectiveness shall be based on Scientific Evidence. For established interventions, the effectiveness shall be based on first Scientific Evidence, then professional standards, and then expert opinion.

For the purpose of this definition, Scientific Evidence shall mean scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff; or findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes. However, Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer or a single study without other supportable studies.

11. “Participating Dental Provider” means a Dental Provider who has signed a Participating Dental Provider Agreement with the Company to render care to an Eligible Child.

Your Child has been issued a Regence Caring Foundation Member Card. You must present your Child's Member Card whenever the Child receives Covered Services. You should carry it with you at all times, and you should use the card when you arrive at the provider's office for care.

REGENCE CARING FOUNDATION FACTS ELIGIBILITY REQUIREMENTS

To qualify for enrollment and remain covered through the Regence Caring Foundation for Children, a Child must be:

- Unmarried.
- Your natural child, your legally adopted child or a child for whom you are the court-appointed legal guardian.
- A member of a family whose annual income is within the "Regence Caring Foundation for Children Income Guidelines" listed on the child's Application for Enrollment in the Regence Caring Foundation.
- Your dependent for federal income tax purposes.
- Not enrolled in a government-sponsored program such as Medicaid or CHIP, and not covered under any other private dental insurance plan.
- Must be 17 years of age or younger.
- A resident of Utah or Idaho.

Member Responsibilities

As a member of the Regence Caring Foundation, you and your Child(ren) have the following responsibilities:

- To notify the Regence Caring Foundation if:
 - your annual family income changes,
 - your Child(ren) enrolls in Medicaid or CHIP, or
 - your Child(ren) enrolls in other dental coverage;
- To notify the Regence Caring Foundation if your address changes or you move outside Utah or Idaho;
- To seek treatment from a Regence Caring Foundation Participating Provider; and
- To show the Regence Caring Foundation Member Card at the provider's office.

Important Note: Once you have made an appointment with a Regence Caring Foundation Dental Provider, please let him or her know 24 hours in advance if you cannot keep your appointment. Failing to show up for the appointment will jeopardize your child's enrollment status and may result in his/her termination from the program.

If your Child becomes ineligible for Regence Caring Foundation coverage, you must notify the Company immediately by calling the number on page 16 of this Benefit Handbook, or by submitting the change form on the last page of this Benefit Handbook.

ELIGIBILITY AND RECERTIFICATION

Your Child's coverage through the Regence Caring Foundation for Children will be in effect for one Contract Year from the time of enrollment, unless the Child's eligibility status changes or the Regence Caring Foundation is discontinued by the Company or Companies.

If your Child's treatment plan is not complete by the end of the Contract Year, you will be required to recertify your Child's eligibility based on Medical Necessity. Information will be requested from you, which you must provide if your Child is to be eligible for continuing benefits. Failure to provide this information will result in the termination of benefits. A Lifetime maximum benefit of \$2,000 per child is enforced. A child may apply for a second year of service (regardless of medical necessity) after being off the program for one full year. No child may be enrolled in the Regence Caring Foundation for longer than two years.

Description of Benefits

WHO IS COVERED?

Children ages birth to 17 living in families with annual incomes at or below 200% of the Federal Poverty Level, who are not enrolled in a government-sponsored program and do not have private dental coverage.

BENEFIT SUMMARY — Benefit Maximum:

\$1,000 per Eligible Child for Covered Services received as part of the dental treatment plan for one Contract Year

When received as part of the dental treatment plan through a Regence Caring Foundation Participating Provider, your Child is eligible to receive the following Covered Services, not to exceed the Benefit Maximum:

Oral Exams:

- An initial comprehensive oral examination
- One follow-up oral examination six months after the initial examination, if received within the 12-month enrollment period

X-Rays:

- Bitewing x-rays
- Periapical x-rays

Anesthesia:

- Nitrous Oxide
- General Anesthesia

Cleanings:

- One prophylaxis (cleaning) per six-month period within the Contract Year

Fluoride:

- Application of fluoride when received in connection with a cleaning

Description of Benefits

PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES:

- Oral examination (limited to 2 per Member per Contract Year);
- Dental x-rays as required, except complete mouth x-rays are limited to 1 in a two-year period, unless special need is shown for more frequent complete mouth x-rays;
- Topical fluoride application for Member (limited to 2 treatments per Contract Year);
- Prophylaxis, including cleaning, scaling and polishing, limited to 2 per Member per Contract Year;
- Space maintainers (fixed and removable); and
- Sealants, limited to permanent molars of Members under 15 years of age.

BASIC DENTAL SERVICES:

- Fillings consisting of silver amalgam or resin-based;
- Endodontic services consisting of pulpotomy and root canal treatment;
- Extractions, including surgical extractions of impacted teeth; – not a benefit for wisdom teeth
- Nitrous Oxide and General Anesthesia administered in connection with Covered Services as we determine necessary;

PROSTHODONTIC DENTAL SERVICES:

- Crowns (prefab stainless steel, prefab resin, and porcelain fused to noble metal)

EXCLUSIONS:

- There is no Orthodontic benefit on this plan.

WHAT IS NOT COVERED?

No benefits will be provided for:

1. Services or supplies related to inpatient care.
2. Services or supplies related to care or treatment of a medical condition (non-dental care).
3. Services or supplies rendered prior to the Effective Date of the Child's coverage.
4. Services or supplies rendered after the date of termination of the Child's coverage.
5. Services or supplies which are paid or payable under another dental care plan, health care plan or funded public health care program, even if you or your Child has not applied for benefits under other such health care program.
6. Services or supplies which the Company determines are not Medically Necessary or appropriate.
7. Services or supplies rendered by a professional provider outside the Regence Caring Foundation participating provider network.
8. Prescription medication.
9. Surgery, including oral surgery, and any related services intended to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes (primarily for aesthetic purposes).
10. Orthodontic services, except for extractions incidental thereto, and dental implants, or as approved by the Regence Caring Foundation.
11. Services or supplies provided in connection with care or treatment of temporomandibular joint (TMJ) dysfunction and upper or lower jaw augmentation or reduction procedures (orthognathic surgery).
12. Services or supplies for which you or your Child would not have a legal obligation to pay in the absence of this or any similar coverage.
13. Services or supplies received from a member of the Child's immediate family.
14. Charges in excess of the Eligible Dental Expenses.
15. Any other dental treatment not listed in the "Description of Benefits" section of this Benefit Handbook.

LATE CLAIMS EXCLUSION

No benefits shall be provided under the Agreement with respect to any claim that is not received by the Company within one year of the date the Covered Services are provided to a Child.

DISCLAIMER

ANYTHING NOT SPECIFICALLY PROVIDED FOR IN THE AGREEMENT IS NOT A COVERED BENEFIT.

General Provisions

INTERPRETATION

The Agreement shall be governed by and construed in accordance with the laws of the states of Utah or Idaho. Where the law or judicial interpretation of the law changes over time, the administration of benefits for otherwise identical claims may differ, unless such change is expressly made retroactive. Where not directly in conflict with the laws of the states, the Agreement will be interpreted in accordance with the Regence Caring Foundation rules and regulations in effect at the time of interpretation. Whenever the context requires, the singular shall include the plural, the plural shall include the singular, the whole shall include any part thereof, and any gender shall include both genders. The captions which precede parts of the Agreement are for reference only and shall not affect the manner in which any provision hereof is construed.

ENTIRE AGREEMENT

The Agreement sets forth the entire understanding between the parties relative to the subject matter hereof, and supersedes and cancels all and any health service agreements heretofore issued to you or the Child by the Regence Caring Foundation. No modifications of or additions to the Agreement shall be binding upon the Regence Caring Foundation unless set forth in an endorsement or rider duly issued by the Regence Caring Foundation and signed by its duly authorized officers.

NOTICES

Any notice to you or the Child provided for in the Agreement shall be deemed to have been given to and received by you or the Child, when deposited in the United States Mail with first class postage prepaid and addressed to you or the Child at the address shown for same in the records of the Regence Caring Foundation. Any notice to the Regence Caring Foundation provided for in the Agreement may be given by mail addressed to Utah's Regence Caring Foundation for Children, P.O. Box 25185, Salt Lake City, Utah 84125, or Idaho's Regence Caring Foundation for Children, P.O. Box 2560, Boise, Idaho 83701; provided, however, that any notice to the Regence Caring Foundation shall not be deemed to have been given to and received by the Regence Caring Foundation until physically received by the Regence Caring Foundation.

General Provisions

NOT TRANSFERABLE

No person other than an enrolled Child shall be entitled to any benefits under the Agreement. Benefits are not transferable and Benefit Payments are not assignable and shall be forfeited if you or your Child attempts to transfer or assign them, or aids or attempts to aid any other person in obtaining any benefits hereunder. Any attempted assignment of either the benefits or the Benefit Payments shall be deemed null and void.

CHOICE OF FACILITY OR PROVIDER

In order for services to be covered under the Regence Caring Foundation for Children, your child(ren) must see Regence Caring Foundation Participating Providers. The Company has contracted with providers in your state of residence to deliver covered services for the Regence Caring Foundation. Please refer to the list of Regence Caring Foundation participating providers when choosing a provider.

Important note: Once you have made an appointment with a Regence Caring Foundation provider, please let him or her know 24 hours in advance if you cannot keep your appointment. Failure to appear for an appointment may jeopardize your Child's Regence Caring Foundation enrollment status.

BENEFIT PAYMENTS

Any Benefit Payments made by the Regence Caring Foundation on behalf of you or your Child as benefits under the Agreement will be made directly to the Regence Caring Foundation Participating Provider.

MEDICAL RECORDS

The Regence Caring Foundation shall have the right to request and receive, as a condition precedent to liability for any benefits to be provided under the Agreement, medical and/or dental records relating to care and treatment of any Child who claims benefits under the Agreement. You and your Child, by accepting the Agreement or requesting any benefits hereunder, do fully authorize, empower and direct the Dental Provider or other person or organization to furnish the Regence Caring Foundation with such complete reports and medical records promptly upon request by the Regence Caring Foundation.

General Provisions

LEGAL OR ARBITRATION PROCEEDINGS

In the case of a dispute as to liability for benefits hereunder which becomes the subject of any arbitration or legal proceeding, you and your Child for himself/herself and his/her heirs and personal representatives do hereby expressly waive the privileges and benefits of all and any laws and rules which are now in force or hereafter enacted or promulgated with regard to disqualifying any physician, nurse, hospital official or employee, or any other person or organization providing medical services, supplies or accommodations, from testifying concerning any information obtained by such person or organization in a professional capacity, or other capacity which makes such information or knowledge privileged; and you and each Child for himself/herself and his/her heirs and personal representatives do hereby expressly authorize and request such physician, nurse, hospital official or employee, or other person or organization, to make full disclosure in the legal proceeding concerning the liability of the Regence Caring Foundation for such benefits.

WAIVER

Neither a failure nor a delay on the part of a party hereto to exercise any right, power or privilege hereunder shall operate as a waiver thereof; nor shall any single or partial exercise of any such right, power or privilege preclude any other or further exercise thereof, or the exercise of any other right, power or privilege. No provision of the Agreement shall be deemed waived by the Regence Caring Foundation unless such waiver is reduced to writing and signed by a duly authorized officer of the Regence Caring Foundation.

How and When Coverage Stops

COVERAGE STOPS WHEN

1. A Child no longer meets the eligibility requirements for the Regence Caring Foundation. Your Child's coverage will be in effect for one year. For a second year of coverage, you must recertify your Child's eligibility based on medical necessity as determined by your Dental Provider. The Child's coverage will terminate once the Child becomes ineligible.
2. Continuation of the Regence Caring Foundation is contingent upon adequate funding by contributors supporting the Regence Caring Foundation. The Regence Caring Foundation is not guaranteed in the absence of adequate contributions to support the Foundation. Should it become necessary for the Regence Caring Foundation to discontinue your Child's coverage due to a lack of contributions, you will be notified at least 30 days in advance of the termination.
3. The Company has the right to void the coverage of any Eligible Child where there is fraudulent conduct relating to claims or application for coverage under the Regence Caring Foundation, as determined by the Company. In addition to any other remedy available to the Company at law or in equity, the Company has the right to recover any benefits paid on your Child's behalf plus the amount of premium donated on your Child's behalf if the Company determines that you falsified your Child's application for benefits under the Regence Caring Foundation, or if you acted fraudulently in obtaining benefits under this Agreement.

NO ASSIGNMENTS

The benefits of the Agreement are personal to you and your Child. All payments for Covered Services provided by a Regence Caring Foundation Participating Dental Provider shall be made directly to the provider. Neither the benefits nor Benefit Payments are assignable or transferable by you or your Child, in full or in part, to any person, corporation or entity. Any attempted assignment of either the benefits or the Benefit Payments shall be deemed null and void.

How and When Coverage Stops

THE APPEAL PROCESS

The Appeal Process available to you to resolve any complaints or grievances regarding a claim denial or other action by the Company, includes a two-level standard process and an additional two level optional process. In addition, if you or your physician believe that a utilization management decision made denying preauthorization of a service will jeopardize your life, health or ability to regain maximum function, you may request an expedited appeal. When an expedited appeal is initiated, a full description of the expedited appeal process will be provided.

FIRST LEVEL – Compliance/Grievance/Reconsideration

You may initiate an appeal through either a written or oral request. Written appeal requests should be mailed to the Appeal Coordinator in Utah to Regence BlueCross BlueShield of Utah, P.O. Box 30270, Salt Lake City, Utah, 84130-0270, or in Idaho to Regence BlueShield of Idaho, P.O. Box 1106, Lewiston, Idaho 83501. Oral requests can be made by calling Customer Service in Utah at 1 (800) 772-KIDS (5437), or in Idaho at 1 (800) 632-2022. Within five (5) working or seven (7) calendar days of the request for an appeal, Benefits Administration will send information describing the entire Appeal Process and your rights. Reconsideration is a review by Benefits Administration.

SECOND LEVEL – Internal Appeal

If you disagree with the Reconsideration decision, you may request further appeal to the “Second Level – Internal Appeal.” The appeal request must be made in writing or orally within 180 days after you receive notice of the decision at the “First Level – Complaint/Grievance/Reconsideration.” Failure to request a “Second Level - Internal Appeal” within this time period will preclude your right to further internal appeal of the decision. The appeal request, including any additional information or comments, must be mailed to the Appeal Coordinator in Utah to Regence BlueCross BlueShield of Utah, P.O. Box 25185, Salt Lake City, Utah 84125, or in Idaho to Regence BlueShield of Idaho, P.O. Box 1106, Lewiston, Idaho 83501. Within seven (7) days of the request for Internal Appeal, the Appeal Coordinator will send information describing the entire Appeal Process and your rights. Internal Appeal is a review by a panel comprised of the Appeal Coordinator, a Medical Services physician of the Company and another officer of the Company. You or your representative will be given a reasonable opportunity to participate and/or provide written materials.

How and When Coverage Stops

OPTIONAL THIRD LEVEL – External Appeal

If you disagree with the Internal Appeal decision, you may request further appeal to the “Optional Third Level – External Appeal.” The appeal request must be made in writing or orally within 180 days after you receive notice of the decision at the “Second Level - Internal Appeal.” The appeal request, including any additional information or comments must be mailed to the Appeal Coordinator, Regence BlueCross BlueShield of Utah, P.O. Box 25185, Salt Lake City, Utah 84125 or in Idaho, Regence BlueShield of Idaho, P.O. Box 1106, Lewiston, Idaho 83501. External Appeal will be coordinated by the Appeal Coordinator while the decision is made by an Independent Review Organization (IRO). The IRO is an independent physician review organization which is unbiased, independent and not controlled by the Company. Within five (5) days of the request for the External Review, the Appeal Coordinator will send information describing the entire Enrollee Appeal Process and your rights.

OPTIONAL FOURTH LEVEL – Arbitration

Voluntary arbitration is available as a level of appeal for a dispute you have with the Company. All other (non-optional) levels of this Appeal Process must be exhausted before arbitration is available. Choosing arbitration as the final level for the settlement of such disputes will be binding in accordance with the appropriate rules of the American Arbitration Association, a copy of which is available upon request from the Company or the local office of the American Arbitration Association. The Appeal Coordinator can assist you with procedures for initiating and participating in an arbitration.

Other forums may be utilized in lieu of arbitration as the final level of appeal to resolve a dispute you have with the Company including but not limited to civil action under Section 502(a) or ERISA where applicable.

How and When Coverage Stops

COVERED SERVICES

The Regence Caring Foundation for Children is a primary and preventive dental care benefit program. No inpatient coverage is provided. No care or treatment of a medical condition is provided. Covered Services are listed in the introductory pages and the “Description of Benefits” section of this Benefit Handbook. Charges for any services not covered under the Regence Caring Foundation for Children will be your responsibility.

SUBROGATION

If your Child receives any dental care for which another person or entity is liable, the cost of the dental care will be the responsibility of the liable person or entity. The process of collecting costs in these situations is called subrogation. It is a method of making sure the appropriate person or insurance company bears the expense of the dental care.

Subrogation does not affect your benefit coverage because the process usually begins after payment for Covered Services is made. The Regence Caring Foundation shall be entitled, up to the amount of benefits paid hereunder in connection with such dental care, to the proceeds of any settlement or judgment that results in a recovery from another party, whether or not the Child is made whole by the recovery and whether or not such recovery includes any amount (in whole or in part) for services or supplies covered hereunder. The Regence Caring Foundation is entitled to recover its lien from any recovery the Child or the Child’s family obtains related to the dental care, including but not limited to any settlement, judgment or recovery from uninsured or underinsured automobile coverage, homeowner or commercial premises coverage, or any other liability insurance coverage the Child or the Child’s family may have. The Regence Caring Foundation’s lien shall be calculated based upon claims that are incurred on or before the date of settlement or judgment, unless agreed to otherwise by the parties. If the Regence Caring Foundation requests, you shall hold the rights of recovery against the other party in trust for the Regence Caring Foundation up to the amount of benefits paid hereunder in connection with such injury.

Write or Call

THE REGENGE CARING FOUNDATION IF:

- Your annual family income rises above the amount listed on your application for Regence Caring Foundation benefits.
- Your Child becomes eligible for government assistance (i.e., Medicaid or CHIP).
- You have a change of address.
- You move outside the state in which you currently reside.
- You have questions about dental health care benefits.
- You encounter a problem with any aspect of the Foundation.

If you have concerns about your Child's claim, or if you need to speak to a Customer Service representative you may call in Utah 1 (800) 772-KIDS (5437) or in Idaho 1 (800) 632-2022.

If you have administrative questions about enrollment in the Foundation or the eligibility of your Child, please feel free to call the Regence Caring Foundation for Children at 1 (888) 589-KIDS (5437).

WRITE TO US AT:

The Regence Caring Foundation for Children

(In Utah) P.O. Box 25185, Salt Lake City, Utah 84125

(In Idaho) P.O. Box 2560, Boise, Idaho 83701

Change of Address / Income Notification

In the event you and your family move to another residence, or your family income increases, please complete and mail this form to:

Regence Caring Foundation for Children
(In Utah) P.O. Box 25185, Salt Lake City, Utah 84125
(In Idaho) P.O. Box 2560, Boise, Idaho 83701

Parent Name: _____

Old Address: _____

Child Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____

New Address: _____

New Phone: (____) _____

New Annual Family Income: \$ _____



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Regence Caring Foundation for Children

In Utah – P.O. Box 25185, Salt Lake City, UT 84125
Enrollment or eligibility questions: 1 (888) 589-KIDS (5437)
Billing questions: 1 (800) 772-KIDS (5437)

In Idaho – P.O. Box 2560, Boise, ID 83701
Enrollment or eligibility questions: 1 (866) 938-0084
Billing questions: 1 (800) 632-2022

www.caringfoundationforchildren.org