

Georgia Families[®] and PeachCare for Kids[®] Members

Good oral health is more than just taking care of your teeth and gums. It means going to your dentist on a routine basis. This can help find the early signs of health issues before they get worse.

CareSource rewards your child when they go to the dentist. They'll get a "CareSource SmilePack" when they go to the dentist within 90 days of signing up for CareSource or going their first time. Each child can get one SmilePack in their lifetime.

Your child must have one of the below from their dentist to earn the SmilePack:

| Age | Care |
|----------------------|--------------------------------------|
| 6 - 24 months | exam and cavity check |
| 12 - 36 months | topical fluoride |
| 36 months - 20 years | exam, cleaning, and topical fluoride |
| 6 - 9 years | sealing first set of adult molars |
| 10 - 14 years | sealing second set of adult molars |



What's in a SmilePack?

A reusable zipper pouch or pack with:

- 1 Toothbrush
 - baby toothbrush for ages 6 months -35 months
 - spinning battery-powered toothbrush for ages 36 months - 20 years
- 1 0.85 oz. tube of toothpaste
- 1 fun-shaped, pocket-sized dental floss for ages 36 months - 20 years
- Brushing chart •
- Brushing timer or stickers •



To get your SmilePack:

1 Bring the Value Added Benefit Form with you to the dentist. Find it on **CareSource.com/Georgia** or in your New Member packet.

a. Fill out your information on the form

b. Have your dentist fill it out and sign it



2 Email the signed form to LifeServicesGeorgia@CareSource.com or mail it to:

CareSource **ATTN: Georgia Member Services** 600 Galleria Parkway Suite 400 Atlanta, Georgia 30339

Call Member Services at 1-855-202-0729 (TTY: 1-800-255-0056 or 711) to learn more. Eligible only for those in Georgia Families® and PeachCare for Kids[®].



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Value Added Benefit Form

| Member Information | | | | | |
|----------------------|----------------|----------------------------------|----------|---------------|--|
| First Name | Last Name | | | Date of Birth | |
| Home Address | | | Zip Code | CareSource ID | |
| Care Provider/Dentis | st Information | | | | |
| Provider Name | | Dental Home/Office Location Name | | | |
| Office Address | | | | | |
| NPI Number | | | | | |
| Signature | | Today's Date | | Service Date | |

What care was given:

| Age | Care |
|----------------------|--------------------------------------|
| 6 - 24 months | exam and cavity check |
| 12 - 36 months | topical fluoride |
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GA-MED-M-134269 | DCH Approval: 06/18/2020 | © CareSource 2020. All Rights Reserved.