BayCarePlus®
Medicare Advantage

Optional Supplemental Benefits (OSB) Enrollment Form for Comprehensive Dental

BayCarePlus® Medicare Advantage (HMO) offers optional comprehensive dental benefits to our members for an additional monthly plan premium.

- You can enroll in OSB during Medicare's Annual Enrollment Period (AEP) and up to 30 days before or after the effective date of your initial enrollment.
- Requests made during Medicare's AEP (October 15–December 7) will have an effective date of January 1, 2025. For requests made outside your AEP election, **BayCare**Plus Medicare Advantage will notify you of your effective date of coverage.
- This form can only be used by current members who are adding OSB to their existing **BayCare**Plus Medicare Advantage plan.
- This form can only be used when there are no other changes to your existing plan.

Member name _____ Date of birth _____

BayCarePlus member ID _____

Medicare ID# *(from your Medicare card)* _____

Check the box to add optional supplemental benefits (OSB).
The premium for OSB is paid in addition to your monthly plan premium.

I'm currently enrolled in a plan and wish to add OSB.

- ❑ **BayCare**Plus **Rewards** (HMO) – H2235-002: Comprehensive dental services – $50.20 per month
- ❑ **BayCare**Plus **Complete** (HMO) – H2235-001: Comprehensive dental services – $49.60 per month
- ❑ **BayCare**Plus **Premier** (HMO) – H2235-003: Comprehensive dental services – $49.60 per month

Paying Your Plan Premiums

Whether you're enrolled in a premium or non-premium plan, you can pay your plan premium and any applicable late enrollment penalty (LEP) and/or OSB **by automatic deduction from your Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit check**. You can also choose to pay by electronic funds transfer (EFT) or check via mail each month. The payment option you select here will override any previous payment option you might have made, and will determine how you pay your total premium, which may include a plan premium as well as the OSB premium and any LEP that's applicable.

If you don't select an option on the next page, you'll default to direct pay and will receive a monthly invoice, unless you currently pay your premiums and/or LEP via SSA or RRB benefit check, in which case your OSB premium will also be withheld via this method.

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Select a premium payment option:

❑ **Automatic deduction from your monthly SSA or RRB benefit check**

I get monthly benefits from: ❑ SSA ❑ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you'll be notified in writing.

❑ **Electronic funds transfer (EFT) from your bank account each month**

If you choose to have the funds taken directly out of your checking account, this is referred to as an EFT. If you elect this method of payment, you'll get a letter from the plan requesting that a voided check be returned with the letter for account setup. Don't submit a voided check at the time of enrollment. Your request will be processed within 60 business days of the receipt of a returned voided check and letter. Premiums are deducted from your bank account on the second day of the month for the current month's coverage.

❑ **Direct pay**

You'll receive a monthly invoice containing payment instructions.

By completing this application form:

❑ I understand this enrollment for OSB is in addition to my current **BayCare**Plus Medicare Advantage plan benefits and that the monthly premium for OSB is in addition to my Medicare premium, **BayCare**Plus Medicare Advantage plan premiums and any applicable LEP that may apply.

❑ I understand the OSB are only available to members enrolled in a **BayCare**Plus Medicare Advantage plan and that disenrollment from a **BayCare**Plus Medicare Advantage plan will result in automatic disenrollment from the OSB.

❑ I understand the Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge me more than the maximum plan allowance payable under this Medicare Advantage plan and I'll be responsible for all cost-sharing charges.

❑ I understand that if I disenroll from OSB, I won't be eligible to enroll again until the next **BayCare**Plus Medicare Advantage valid OSB enrollment period.

❑ I understand that if I fail to pay the monthly premium for OSB, I'll lose OSB but will remain enrolled in **BayCare**Plus Medicare Advantage.

❑ I understand I only have one dental option. The purchase of this plan replaces the base plan, which has an annual maximum of up to $3,000, depending on your plan.

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I understand that my signature *(or the signature of the person legally authorized to act on my behalf)* on this application means that I've read and understand the contents of this application. If signed by an authorized representative *(as described above)*, this signature certifies that:

- This person is authorized under state law to complete this enrollment.

And

- Documentation of this authority is available upon request by Medicare.

Signature | Today's date

If you're the authorized representative, sign above and fill out these fields:

Name | Phone

Address

City | State | Zip

Relationship to enrollee

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Return the completed application to:
BayCare Health Plans
P. O. Box 30764
Tampa, FL 33630

For more information regarding your BayCare Select Health plan, including free language translation services, call (866) 509-5396 (TTY: 711). Phone lines are open seven days a week, from 8am to 8pm. You may get a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. BayCare Select Health Plans is an HMO plan with a Medicare Contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. You must continue to pay your Medicare Part B premium.

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For Agent/Office Use Only

Name of agent/broker *(if assisted in enrollment)*

Agent/Broker ID

Agent/Broker signature

Application confirmation number

Date