

# MedMutual Advantage Optional Supplemental Benefits Enrollment



As a MedMutual Advantage plan member, you already have basic dental and vision coverage with your plan. You can use this form to add extra dental and vision benefits to your coverage. These extra benefits, called "Optional Supplemental Benefits," are not covered by Original Medicare and not included in your plan benefits package.

- You may request to add Optional Supplemental Benefits:
  - When you submit your MedMutual Advantage enrollment application (optional benefits will have the same effective date as your other benefits)
  - Within 30 days of your plan effective date (optional benefits will be effective the first day of the following month)
  - During the Medicare Annual Enrollment Period, October 15 through December 7 (optional benefits will be effective January 1 of the following year), or
  - During a Special Election Period
- The monthly premium for the Optional Supplemental Benefits package is \$25. This amount is in addition to your regular plan premium. You must continue to pay your Part B premium.
- Coverage for dental and vision benefits is available only through network providers. These providers may be different than the network providers for Original Medicare services.
- In cases where there are alternate methods of treatment available with different fees (for example, an amalgam filling on a back tooth, as opposed to a resin-based composite filling), and you select the more expensive treatment or service, you will be responsible for all charges in excess of the allowable amount deemed appropriate by Medical Mutual.
- The Optional Supplemental Benefits package is not available to members of MedMutual Advantage Premium PPO, as this plan already includes extra coverage.

Call us at (800) 982-3117 (TTY 711 for hearing impaired) if you have questions or if you need information in another format or language. We are available 8 a.m. to 8 p.m. seven days a week from October 1 through February 14 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from February 15 through September 30.

*Continued on next page*

# MedMutual Advantage Optional Supplemental Benefits Enrollment



Please note: Items marked with an asterisk (\*) are required.

Member/Applicant Information				
Last Name*		First Name*		MI
Member ID (if known)	Medicare Claim Number*	Phone Number*	Today's Date*	
Plan Selection Information				
Please add the following to my MedMutual Advantage plan:				
<input checked="" type="checkbox"/> Optional Supplemental Benefits (additional \$25 per month)				
Terms and Conditions				
<p><b>By completing this Optional Supplemental Benefit Enrollment Form I agree to the following:</b></p> <p>MedMutual Advantage HMO and PPO plans are Medicare Advantage plans offered by Medical Mutual through a contract with the federal government. I will need to keep my Medicare Parts A &amp; B. I understand I can only be in one Medicare Advantage plan at a time.</p> <p>I understand that to be eligible for the Optional Supplemental Benefits, I must remain a member of Medical Mutual. If I disenroll from Medical Mutual, I will be automatically disenrolled from the Optional Supplemental Benefits. If I discontinue payment of the Optional Supplemental Benefits, my Optional Supplemental Benefits coverage will be discontinued.</p> <p>I understand that this enrollment is for optional supplemental dental and vision benefits that will be in addition to my Medicare Advantage Benefits, and that all premiums must be paid current (in full) before Medical Mutual can accept my request to purchase optional benefits. I understand enrollment in the Optional Supplemental Benefit is limited to certain times of the year.</p> <ul style="list-style-type: none"> <li>■ If I enroll in Optional Supplemental Benefits at the time of application in a MedMutual Advantage plan, optional benefits will be effective the same date as other benefits.</li> <li>■ If I enroll in Optional Supplemental Benefits within 30 days of my plan effective date, optional benefits will be effective the first of the month following the selection.</li> <li>■ After the first month of coverage, I will have the option as an existing member to elect optional coverage during any valid election period: a Special Election Period (SEP) or annually during the Annual Enrollment Period (October 15 through December 7). Coverage for optional benefits will begin January 1 of the following year.</li> </ul> <p>By joining this Medicare health plan, I acknowledge that Medical Mutual will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Medical Mutual will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan.</p> <p>I understand my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. My actual effective date will be based on my eligibility.</p>				

Continued on next page

**Authorization\***

Member/Applicant Signature		Date	
<b>If you are an authorized representative, please sign below.</b> By signing below, I attest that I am authorized under state law to complete this enrollment, and I will provide documentation of this authority upon request by Medical Mutual or by Medicare.			
Name of Authorized Representative (please print)		Relationship	
Street Address	City	State	ZIP
Authorized Representative Signature		Date	

Please return the completed form by fax to (800) 542-2583 or by mail to:

**Medical Mutual**

P.O. Box 94563  
Cleveland, OH 44101-4580

---

MedMutual Advantage HMO and PPO plans are offered by Medical Mutual of Ohio under a contract with Medicare. Enrollment in these plans depends on contract renewal.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.