

Optional Dental Plan Election Form

Date _____

Member Name (Please Print) _____

Optima Medicare Member ID _____

Medicare Number _____

I'd like to add the optional dental plan to my Optima Medicare plan.

- Optima Medicare members can enroll in this plan at the time of a valid election period, or during the Medicare Annual Enrollment Period, which runs October 15 – December 7 each year.
- Requests approved during the Medicare Annual Enrollment Period will have a January 1 effective date. Requests made during other Special Enrollment Periods are subject to Medicare enrollment guidelines to determine the effective date.
- This form is to be used only when there are *no other changes to your existing medical plan*.

Check the box below to add extra coverage to your Optima Medicare plan:

This dental plan is only available to be purchased with an Optima Medicare plan.
 Preventive Plus Plan \$13.50 per month

This dental plan is only available to be purchased with an Optima Medicare plan.
 Comprehensive Plan \$16.00 per month

Your Plan Premium Options

If you are currently receiving premium bills from us or having your premium deducted from your bank account, you can continue to use this method. If you need to change how you pay your plan premium, please contact Billing at 1-800-927-6048 (select option #3). TTY Call 711.

Office hours: Monday – Friday | 8 a.m. – 5 p.m.

Conditions of Enrollment

By completing this application form, I agree to adding the optional dental plan for the above selected monthly premium amount, which is in addition to my monthly base Optima Medicare plan premium.

I understand that the additional coverage is subject to the terms and conditions stated in my Optima Medicare plan Evidence of Coverage. I also understand that my signature (or the signature of the person authorized to act on my behalf under State Law) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, 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 Optima Medicare, or Medicare.

Signature _____ Date _____

If you are the member’s authorized representative, you must sign above and provide the following information:

Name _____

Address _____

Phone Number _____

Relationship to Enrollee _____

Agent Use Only:
Agent Name _____ Agent NPN# _____

If you have any questions, please call Optima Medicare at **1-855-547-7740**. (TTY Call 711).
Office hours vary by time of year: October 1 – December 7 | 8 a.m. – 8 p.m. | Monday – Sunday
 December 8 – September 30 | 8 a.m. – 5 p.m. | Monday – Friday

Please return this completed form to:

Fax:
1-866-783-5191

Mail:
Optima Medicare - Enrollment
4456 Corporation Lane, Suite 336
Virginia Beach, Virginia 23462

Optima Medicare is an HMO with a Medicare contract. Enrollment in Optima Medicare depends on contract renewal.