

**Optima Medicare HMO**  
**INSERT TO 2019 EVIDENCE OF COVERAGE**  
**Chapter 4, Section 2.2 on**  
**Extra “optional supplemental” benefits you can buy**  
**Dental Optional Supplemental Benefits**

Optima Medicare offers some extra dental benefits that are not covered by Original Medicare and are not included in your benefits package as a plan member. These extra dental benefits are called “**Optional Supplemental Benefits.**” If you want these optional supplemental benefits, you must sign up for them and you will have to pay an additional premium for them. The optional dental supplemental benefits described in this insert are subject to the same appeals process as any other benefits, as outlined in your Evidence of Coverage.

The extra monthly costs for these benefits will be added to your Medicare Advantage plan premium. If you have questions about these dental optional supplemental benefits, please call Member Services at the phone number included on this insert or on the back of your Optima Medicare member ID card.

**Enrollment in Dental Optional Supplemental Benefits**

Optional Supplemental Benefits for dental coverage are not part of your Optima Medicare plan; you must purchase them separately. The extra monthly costs for these benefits will be added to your Optima Medicare plan premium. These optional dental plans are provided through DentaQuest, our dental vendor.

For members new to Optima Medicare, you can enroll into one of these optional dental plans at the same time you enroll in your Optima Medicare plan. Your dental benefits will begin on the same day your Optima Medicare plan coverage begins. For most people, this will happen during the Annual Enrollment Period (AEP) from October 15 through December 7. Your dental plan enrollment form must be received by Optima Medicare by December 7.

For those who qualify for a Special Election Period (SEP), you can enroll into a dental optional supplement benefits plan at the time you enroll in your Optima Medicare plan during your SEP.

For current Optima Medicare members who want to add one of the dental plans for 2019, you must make this request during the AEP, which is from October 15 through December 7. Your dental plan enrollment form must be received by Optima Medicare by December 7.

Please complete the short dental optional supplemental benefits enrollment form included with your Annual Notice of Change (ANOC). You can also call Member Services at the phone number below to request an enrollment form. 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 Member Services can be reached at 1-800-927-6048 for additional information. TTY users can contact Member Services through the Virginia Relay Service at 1-800-828-1140 or 711. From October 1 – March 31, you can call Member Services 7 days a week from 8:00 a.m. to 8:00 p.m. ET. From April 1 – September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

### **Disenrollment from Dental Optional Supplemental Benefits**

You may cancel your dental optional supplemental benefits at any time. To cancel, you must notify us in writing. **We cannot accept disenrollment requests by phone.**

Your letter should:

- Include your name, Optima Medicare member ID number and signature;
- Tell us clearly that you want to disenroll **ONLY** from the dental optional supplemental benefits – not your Optima Medicare plan;
- Be sent to Optima Medicare at the address above.

Once we receive your request for disenrollment, you will be disenrolled from the dental optional supplemental benefits effective the first of the following month. For example, if you mail us a letter to disenroll from the optional dental plan that we receive January 15<sup>th</sup>, your disenrollment will be effective February 1<sup>st</sup>.

If, at the time of disenrollment, you have prepaid for future months of the dental optional supplemental benefit, you will be given the option to apply the overpayment to future payment of your Optima Medicare premium or be issued a refund.

If you disenroll from the optional dental plan and want to reenroll, you will have to wait until the next Annual Election Period (AEP).

If you disenroll from your Optima Medicare plan, you will also be automatically disenrolled from the dental optional supplemental benefits.

If you fail to pay your dental optional supplemental benefit premiums for 2 calendar months, we will disenroll you from your optional dental plan and you will have the preventive dental coverage included with your Optima Medicare plan only.

If you have questions about disenrollment from the dental optional supplemental benefits, please contact Members Services at the phone number included on this insert or on the back of your Optima Medicare member ID card.

### Dental Optional Supplemental Benefits

The cost-shares below are based on services provided by an in-network dentist. If you receive care from an out-of-network dentist, you will be responsible for all costs. To find if your dentist is in-network, call Members Services.

<b>PREVENTIVE PLUS PLAN</b>	
<b>Monthly Premium Amount</b>	\$13.50
<b>Maximum Plan Benefit Coverage</b>	\$750
<b>Benefit Coverage Time Period</b>	Calendar Year

<b>Covered Services</b>	<b>Amount you pay</b>
<b>Restorative:</b>	
- Amalgam and resin fillings (once per tooth every 24 months)	You pay 20% of the cost
- Inlays/onlays (once per tooth every 60 months)	You pay 20% of the cost
- Protective restorations (once per tooth per lifetime)	You pay 20% of the cost
<b>Oral Surgery:</b>	
- Simple and surgical extractions (once per tooth per lifetime)	You pay 20% of the cost
- Other surgical procedures, including Alveoplasty and Vestibuloplasty (once per quadrant or arch per lifetime)	You pay 50% of the cost
<b>Periodontics:</b>	
- Periodontal surgery and scaling and root planing (once per quadrant per 36 months)	You pay 50% of the cost
- Full mouth debridement (once per 36 months)	You pay 50% of the cost
<b>Endodontics</b> (once per tooth per lifetime)	You pay 50% of the cost
<b>Prosthetic Maintenance:</b>	
- Bridge or denture repair (once every 12 months)	You pay 20% of the cost
- Rebase or relines of dentures (once per denture every 36 months)	You pay 20% of the cost
- Recement bridges, crowns, onlays and inlays crowns (once per tooth per 24 months)	You pay 20% of the cost
<b>General Anesthesia</b> (when clinically necessary)	You pay 50% of the cost

<b>Covered Services</b>	<b>Amount you pay</b>
<b>Prosthodontics:</b>	
- Dentures – complete, partial, or immediate (once per 60 months)	You pay 50% of the cost
- Fixed bridges (once per tooth per 60 months)	You pay 50% of the cost
<b>Crowns</b>	You pay 50% of the cost

<b>COMPREHENSIVE PLAN</b>	
<b>Monthly Premium Amount</b>	<b>\$16.00</b>
<b>Maximum Plan Benefit Coverage</b>	<b>\$1,000</b>
<b>Benefit Coverage Time Period</b>	<b>Calendar Year</b>

<b>Covered Services</b>	<b>Amount you pay</b>
<b>Restorative:</b>	
- Amalgam and resin fillings (once per tooth every 24 months)	You pay 20% of the cost
- Inlays/onlays (once per tooth every 60 months)	You pay 20% of the cost
- Protective restorations (once per tooth per lifetime)	You pay 20% of the cost
<b>Oral Surgery:</b>	
- Simple and surgical extractions (once per tooth per lifetime)	You pay 20% of the cost
- Other surgical procedures, including Alveoplasty and Vestibuloplasty (once per quadrant or arch per lifetime)	You pay 50% of the cost
<b>Periodontics:</b>	
- Periodontal surgery and scaling and root planing (once per quadrant per 36 months)	You pay 50% of the cost
- Full mouth debridement (once per 36 months)	You pay 50% of the cost
<b>Endodontics</b> (once per tooth per lifetime)	You pay 50% of the cost
<b>Prosthetic Maintenance:</b>	
- Bridge or denture repair (once every 12 months)	You pay 20% of the cost
- Rebase or reline of dentures (once per denture every 36 months)	You pay 20% of the cost

<b>Covered Services</b>	<b>Amount you pay</b>
- Recement bridges, crowns, onlays and inlays crowns (once per tooth per 24 months)	You pay 20% of the cost
<b>General Anesthesia</b> (when clinically necessary)	You pay 50% of the cost
<b>Prosthodontics:</b>	
- Dentures – complete, partial, or immediate (once per 60 months)	You pay 50% of the cost
- Fixed bridges (once per tooth per 60 months)	You pay 50% of the cost
<b>Crowns and Implants:</b>	
- Crowns, post and core or crown buildup (once per tooth per 60 months)	You pay 50% of the cost
- Implants (once per quadrant per 60 months)	You pay 50% of the cost

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