



Optional Supplemental Benefits (OSB) Enrollment Form for Comprehensive Dental

HealthTeam Advantage offers optional comprehensive dental benefits to our **HealthTeam Advantage Vitality Plan (PPO)** members for an additional monthly plan premium.

- ◆ You can enroll in OSB during Medicare’s Annual Enrollment Period (AEP) and up to 1 day 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, **HealthTeam Advantage** will notify you of your effective date of coverage.
- ◆ This form can only be used by prospective members who are adding OSB to their **HealthTeam Advantage Vitality Plan (PPO)**.

Member Name _____ Date of Birth _____

Medicare ID# (from your Medicare card) _____

Check the box to add Optional Supplemental Benefits.

The premium for OSB is paid in addition to your monthly plan premium.

I’m currently enrolled in **HealthTeam Advantage Vitality Plan (PPO)** and wish to add OSB.

Comprehensive Dental Services (\$40 per month).

Select a premium payment option:

Automatic deduction from your monthly Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from: SSA RRB

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

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

Please enclose a VOIDED check or provide the following:

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: (check box for) Checking Savings

Monthly Invoice

You’ll receive a bill each month containing payment instructions.



How to submit enrollment form:

You can submit this enrollment form by mail, email, or fax using the information below.

Mail: HealthTeam Advantage
300 E. Wendover Ave., Suite 121
Greensboro, NC 27401

Email: enrops@htanc.com

Fax: (800) 905-9131

By completing this enrollment form:

- ◆ I understand that enrollment for OSB is in addition to my current **HealthTeam Advantage Vitality Plan (PPO)** benefits and that the monthly premium for OSB is in addition to my Medicare premium, any applicable **HealthTeam Advantage** plan premiums, and any applicable late enrollment penalty (LEP) that may apply.
- ◆ I understand the OSB are only available to members enrolled in a **HealthTeam Advantage Vitality Plan (PPO)** and that disenrollment from a **HealthTeam Advantage Vitality Plan (PPO)** will result in automatic disenrollment from the OSB.
- ◆ I understand the Dominion Dental Services, Inc. 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 **HealthTeam Advantage Vitality Plan (PPO)** 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 **HealthTeam Advantage Vitality Plan (PPO)**.
- ◆ I understand I have only one OSB dental option. The purchase of this OSB dental plan replaces the base preventive only dental plan. The base preventive only dental plan has an unlimited annual benefit maximum. The OSB Comprehensive Dental Rider has a \$2,000 annual benefit maximum and a \$50 deductible. Member coinsurance amounts for covered dental services will vary based on dental procedure as well as if services are performed by a participating or non-participating dental provider.



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 enrollment form. 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 _____

Relationship to enrollee _____

For Agent/Office Use Only

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

Agent/Broker NPN _____

Agent/Broker signature _____ Date _____

For more information, including free language translation services, regarding your HealthTeam Advantage Vitality Plan (PPO), call 1-888-965-1965 (TTY 711) from 8 a.m. to 8 p.m. Eastern, 7 days a week from October 1 – March 31, and 8 a.m. to 8 p.m. Eastern, Monday through Friday, April 1 – September 30. HealthTeam Advantage 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. HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.