



**Mail or Fax to:**  
P.O. Box 30196  
Salt Lake City, UT 84130-0196  
Fax: 801-442-0357  
Ph#: 855-442-9940  
[selecthealth.org/medicare](http://selecthealth.org/medicare)

## SelectHealth Advantage® (HMO) Optional Supplemental Benefits Utah 2022 Enrollment Form

The information below describes the Optional Supplemental Benefit (OSB) you may choose to add to your plan. Enrollment in this benefit is not required to enroll in SelectHealth Advantage.

### A. MEMBER INFORMATION

Name \_\_\_\_\_  
Medicare Number or Member ID (found on your SelectHealth ID Card) \_\_\_\_\_  
Ph# (\_\_\_\_\_) \_\_\_\_\_ **Requested Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### B. ENROLL IN OPTIONAL SUPPLEMENTAL BENEFITS

#### SELECTHEALTH DENTAL COMPREHENSIVE BENEFIT - UTAH

This Comprehensive Dental OSB is available on the Wasatch Essential and Southwest Central Utah plans. Check the box below if you would like to enroll in the SelectHealth Dental Comprehensive Benefit package. This comprehensive dental plan offers additional coverage for basic and major services. Preventive services are already covered with your SelectHealth Advantage plan.

<b>Premium Amount</b>	\$30	
<b>Dental Deductible</b>	\$0	
<b>Annual Maximum Plan Payment</b>	\$1,500	Not including preventive
<b>Basic</b>	You pay 50% coinsurance	Things like fillings, extractions, endodontic, and periodontal treatment
<b>Major</b>	You pay 50% coinsurance	Things like crowns and dentures
Orthodontics	Not covered	

☐ I want to enroll in the SelectHealth Dental Comprehensive Benefit for an additional monthly premium.

#### Premium Payment Option:

- ☐ EFT (please fill out an Electronic Funds Transfer Authorization form)  
☐ Direct Bill  
☐ SSA (Social Security Administration)  
☐ RRB (Railroad Retirement Board)

### C. SIGNATURE

By signing, you agree to the enrollment requested above and acknowledge that your monthly premium will change.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## D. OPTIONAL INFORMATION

Please contact SelectHealth at **855-442-9900** (TTY: 711) if you need information in another language (e.g. Spanish) or an alternate format (e.g. audio, braille). Our office hours are Monday through Sunday, 8:00 a.m. to 8:00 p.m.

## E. IMPORTANT INFORMATION

- **Please note:** If you enroll in Optional Supplemental Benefits when you first enroll in SelectHealth Advantage, your effective date is the same as your effective date for SelectHealth Advantage. If you enroll within the first month of your effective date for SelectHealth Advantage, your Optional Supplemental Benefit coverage will be effective the first of the month following the date this completed form is received by SelectHealth.
- Services are only covered when you use providers that participate in the SelectHealth Dental Advantage network with the exception of emergency services, which are covered from any eligible provider (see chapter 4, section 2.2 of your Evidence of Coverage for additional details).
- SelectHealth is an HMO, HMO-DSNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal. SelectHealth obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats upon request. **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. **注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-855-442-9900** (TTY: 711).