



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

SelectHealth Medicare (HMO) Optional Supplemental Benefits Idaho 2023 Enrollment Form

The information below describes the Optional Supplemental Benefits (OSB) you may choose to add to your plan. Enrollment in these benefits is not required to enroll in SelectHealth Medicare Classic (HMO) 013.

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

PACKAGE #1 - DELTA DENTAL IDAHO ADVANTAGE

This Comprehensive Dental OSB is available on the SelectHealth Medicare Classic (HMO) 013 plan. Check the box below if you would like to enroll in this Delta Dental Idaho Advantage package. This comprehensive dental plan offers coverage for preventive, basic, and major services.

Premium Amount	\$38	
Dental Deductible	\$50	Does not apply to preventive services
Annual Maximum Plan Payment	\$1,000	Does not apply to preventive services
Preventive and Diagnostic	\$0 copay	See EOC for coverage details
Basic	You pay 50% coinsurance	Things like fillings, extractions, endodontic, and periodontal treatment
Major	You pay 60% coinsurance	Things like crowns and dentures
Orthodontics	Not covered	

☐ I want to enroll in the Delta Dental Idaho Advantage OSB package 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 Medicare, your effective date is the same as your effective date for SelectHealth Medicare. If you enroll within the first month of your effective date for SelectHealth Medicare, 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 Delta Dental Idaho 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, PPO, D-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options. 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 (e.g. audio, large print, braille) 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).