

MedMutual Advantage® Optional Supplemental Benefits (OSB) Enrollment Form



You can use this enrollment form to add additional dental and/or vision benefits to your UFCW Medicare Advantage PPO plan ("Plan"). These extra benefits, called an Optional Supplemental Benefits plan, are not covered by Original Medicare and are not included under your Plan.

When to Enroll in an Optional Supplemental Benefits plan:

Members can elect to receive optional benefits in writing as follows:

- At the time of enrollment in a MedMutual Advantage plan (the plan will be effective the same date as other benefits), or
- Within 30 days of the effective date with our plan (the plan will be effective the first of the month following the selection)

After the first month of coverage, existing members will have the option to elect optional coverage annually during the Annual Enrollment Period (Oct. 15 through Dec. 7). Please know that all premiums must be paid current (in full) before we can accept your request to purchase the plan.

Important Information for an Optional Supplemental Benefits Plan

- The monthly premium for the Optional Supplemental Benefits plan is \$52.47. This amount is in addition to your regular plan premium. You must continue to pay your Medicare Part B.
- In cases where there are alternate methods of treatment available with different fees (for example, an amalgam filling on a back tooth, as opposed to a resin-based composite filling), and you select the more expensive treatment or service, you will be responsible for all charges in excess of the allowable amount deemed appropriate by Medical Mutual.

Call Medical Mutual at 1-800-801-4823 (TTY: 711) have questions or if you need information in another format or language. We are available 8 a.m. to 8 p.m. EST, seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. EST, Monday through Friday from April 1 through September 30 (except holidays).

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Optional Supplemental Benefits (OSB)
Enrollment Form**



Please note: Items marked with an asterisk (*) are required.

1. Member/Applicant Information			
First Name*		MI	Last Name*
Member ID (if known)	Medicare Number*	Phone Number*	Today's Date*
2. Plan Selection Information			
Optional Supplemental Benefits plan to my MedMutual Advantage plan (choose one): Dental and Vision (additional \$52.47 per month) Dental only (additional \$47.78 per month) Vision only (additional \$4.69 per month)		Requested Effective Date:	
3. Authorization*			
By signing this form, I agree to the terms and conditions on the following page.			
Member/Applicant Signature			Date
If you are an authorized representative, please sign below. By signing below, I attest that I am authorized under state law to complete this enrollment, and I will provide documentation of this authority upon request by Medical Mutual or by Medicare.			
Name of Authorized Representative (please print)			Relationship
Street Address		City	State ZIP
Authorized Representative Signature			Date

Please return the completed form by fax to 1-800-542-2583 or by mail to:

Medical Mutual
P.O. Box 94563
Cleveland, OH 44101-4580

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Terms and Conditions

By completing this Optional Supplemental Benefit Enrollment form I agree to the following:

MedMutual Advantage HMO and PPO plans are Medicare Advantage plans offered by Medical Mutual through a contract with the Federal government. I will need to keep my Medicare Parts A & B. I understand I can only be in one Medicare Advantage plan at a time.

I understand that to be eligible for the Optional Supplemental Benefits, I must remain a member of Medical Mutual. If I disenroll from Medical Mutual, I will be automatically disenrolled from the Optional Supplemental Benefits. If I discontinue payment of the Optional Supplemental Benefits, my Optional Supplemental Benefits coverage will be discontinued.

I understand that this enrollment is for optional supplemental dental and vision benefits that will be in addition to my Medicare Advantage benefits, and that all premiums must be paid current (in full) before Medical Mutual can accept my request to purchase optional benefits. I understand enrollment in the Optional Supplemental Benefit is limited to certain times of the year.

- If I enroll in Optional Supplemental Benefits at the time of application in a MedMutual Advantage plan, optional benefits will be effective the same date as other benefits.
- If I enroll in Optional Supplemental Benefits within 30 days of my plan effective date, optional benefits will be effective the first of the month following the selection.
- After the first month of coverage, I will have the option to elect optional coverage annually during the Annual Enrollment Period (October 15 through December 7). If I enroll during the Annual Enrollment Period, coverage benefits begin January 1 of the following year.

By joining this Medicare health plan, I acknowledge that Medical Mutual will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Medical Mutual will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. My actual effective date will be based on my eligibility.

Privacy Act Statement: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70- 0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Out-of-network/non-contracted providers are under no obligation to treat Medical Mutual members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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