



Optional Supplemental Benefits Enrollment Form

Essence Healthcare (HMO) offers optional benefits to our members for an additional monthly plan premium.

- You may enroll in the Optional Supplemental Benefits during Medicare's Annual Enrollment Period (AEP), Medicare Advantage Open Enrollment Period (OEP), and up to 60 days before or after the effective date of your enrollment.
- Requests made during Medicare's AEP (October 15 – December 7) will have a January 1 effective date. Requests made during OEP (January 1 – March 31) will have an effective date of the first of the month after which the request is received. For requests made outside of your AEP or OEP election, Essence Healthcare will notify you of your effective date of coverage.
- This form may only be used by our current members who are adding Optional Supplemental Benefits to their existing Essence Healthcare plan.
- This form may only be used when there are no other changes to your existing plan.

Member Name: _____

Member ID: _____

Medicare ID#: _____

Date of Birth (MM/DD/YYYY): _____

Application Confirmation Number: _____

Please select the Optional Supplemental Benefits plan you want to join:

I am currently enrolled in a plan and wish to add Optional Supplemental Benefits.

Dental (DHMO) and Vision \$20 per month

Dental (PPO) and Vision \$38 per month

The premium for Optional Supplemental Benefits is paid in addition to your monthly plan premium.



Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty (LEP) and/or OSB **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay Online with Credit card or Debit card, or check via mail each month.

The payment option you select here will override any previous payment option you might have made, and will determine how you pay your total premium, which may include a plan premium as well as the OSB premium and any LEP that is applicable.

If you do not select an option below you will default to Direct Pay and receive a monthly invoice, unless you currently pay your premiums and/or LEP via SSA or RRB benefit check, in which case your OSB premium will also be withheld via this method.

Please select a premium payment option:

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

I get monthly benefits from: ___ Social Security ___ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing.

- Direct Pay

You will receive a monthly invoice containing payment instructions.

By completing this application form:

- I understand this enrollment for optional supplemental benefits is in addition to my current Essence Healthcare plan benefits and that the monthly premium for the optional supplemental benefits is in addition to my Medicare premium, Essence Healthcare plan premiums, and any applicable Late Enrollment Penalty (LEP) that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in an Essence Healthcare plan and that disenrollment from an Essence Healthcare plan will result in automatic disenrollment from the optional supplemental benefits.
- If I am enrolling in the Dental (DHMO) and Vision optional supplemental benefit, I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- If I am enrolling in the Dental (PPO) and Vision optional supplemental benefit, I understand that for vision services, I must get covered care from in-network providers; if I receive vision services from an out-of-network provider, I will be responsible for all costs associated with those services. I understand that for dental services, I may get covered care from out-of-network providers; if I receive dental services from an out-of-network provider, I may be responsible for a higher cost-share. Except in emergency or urgent situations, non-contracted providers may deny care.



- I understand that if I disenroll from the optional supplemental benefits, I won't be eligible to enroll again until the next Essence Healthcare valid optional supplemental benefits enrollment period.
- I understand that if I fail to pay the monthly premium for the optional supplemental benefits, I will lose the optional supplemental benefits but will remain enrolled in Essence Healthcare.

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Medicare.

Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone: _____

Relationship to Member: _____



Please return completed application to:

Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132

Please call 855-200-0109 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.



FOR AGENT/OFFICE USE ONLY:

Name of Agent/Broker (if assisted in enrollment): _____

Agent/Broker ID: _____

Agent/Broker Signature: _____ Date: _____

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