MyTru Advantage

Optional Supplemental Dental Package

Enrollment Form
As a member of MyTruAdvantage Choice (PPO) Medicare Advantage plan, you have the opportunity to add an optional supplemental dental benefit to your coverage. You're not required to enroll in this optional benefit. You have 60 days from the effective date of your MyTruAdvantage Medicare plan to elect this package.

This option is in addition to the standard dental benefits offered with your plan.

Note: You do not have to complete this form to receive the standard dental benefits that are part of your MyTruAdvantage Choice Medicare Advantage coverage. By completing this form, you are agreeing to enroll in the optional plan and agree to pay an additional monthly premium of $24.90.

To Enroll in the Optional Supplemental Dental Package
There are two easy ways to add this optional dental benefit to your MyTruAdvantage Choice (PPO) Medicare Advantage plan:
1. Call us toll-free at (844) 425-4280 (TTY: 711) from 8 a.m. to 8 p.m., 7 days a week.
2. Complete this form and mail it to: MyTruAdvantage, P.O. Box 428, Columbus, IN 47202.
3. Submit via email to MemberServices@MyTruAdvantage.com.

Eligibility for enrollment in the Optional Supplemental Dental Package
You must be a current MyTruAdvantage member to enroll. This plan will be effective on either the same date as your Medicare Advantage plan or the first of the month after your application is received.

To confirm eligibility, choose one of the following:
- My MyTruAdvantage Medicare Advantage plan effective date was within 60 days of today's date. My plan's effective date) ___/_____/___ .
- I am electing to enroll during the annual election period (form must be received by MyTruAdvantage between October 15 – December 7).
- I am an existing member who would like to enroll using my annual grace period of January and February.
- I recently had a change in my Medicaid coverage on (insert date) ___/_____/___ (example: newly on Medicaid, had a change in level of Medicaid assistance, or lost Medicaid.)
- I recently had a change in my extra help paying for Medicare prescription drug coverage on (insert date) ___/_____/___ (example: newly got extra help, had a change in the level of extra help, or lost extra help).
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get extra help paying for Medicare prescription drug coverage, but I haven't had a change.

<table>
<tr><th colspan="2">To enroll in the Optional Supplemental Dental Package, please provide the following information:</th></tr>
<tr><td>MyTruAdvantage Member ID or Medicare number:</td><td rowspan="4">Permanent residence street address
(P.O. Box is not allowed)
City:
County:
State ZIP code:</td></tr>
<tr><td>Last name, First name, M.I.:</td></tr>
<tr><td>Birth date: Sex:</td></tr>
<tr><td>Phone number that we may use to contact you
Landline: Cellphone:</td></tr>
<tr><td></td><td>Email address:</td></tr>
</table>

Paying your Optional Supplement Dental Package premium
The way you choose to pay your Medicare Advantage plan premium will automatically be the same method that's used to pay for this optional supplemental dental benefit. You cannot change how you pay for your Medicare Advantage plan premium with this form. If you want to change how you pay for your Medicare plan premium, call Member Services at (844) 425-4280 (TTY: 711), from 8 a.m. to 8 p.m., 7 days a week.

Please Read and Sign Below

By completing this enrollment application, I agree to the following: This is an optional benefit offered by MyTruAdvantage, which has a contract with the federal government. I understand that in order to enroll for this optional benefit I must have a MyTruAdvantage Choice (PPO) plan. I also understand my enrollment in this optional benefit is voluntary and is not required for me to keep my MyTruAdvantage Medicare plan.

I understand that if MyTruAdvantage has not received my plan premium by the first of the month, they may send a notice letting me know that my membership in the plan may end if they do not receive my premium in full within 90 calendar days.

I understand that the dental services included in the package are offered through Delta Dental. Benefit/coverage details, the amount you pay when using participating and non-participating providers, limits/exclusions, etc. can be found in the Certificate of Coverage document online at www.MyTruAdvantage.com. In-network benefits apply to services provided by a Delta Dental Medicare Advantage PPO or Medicare Advantage Premier participating dentist in Indiana.

Please contact Member Services for instructions on how to disenroll. This form cannot be used to disenroll from the Optional Supplemental Dental Package.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from the plan. I understand that 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 that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that this person is authorized under state law to complete this enrollment.

Signature	Today's Date

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

Name:
Address:
Phone number:
Relationship to enrollee:

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment):_____

Plan ID #:_____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

MyTruAdvantage has HMO and PPO plans with a Medicare contract.

Enrollment in MyTruAdvantage depends on contract renewal.

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