
OPTIONAL SUPPLEMENTAL BENEFIT ENROLLMENT/DISENROLLMENT FORM

BSW SeniorCare Advantage (HMO POS/PPO) is pleased to offer comprehensive dental optional supplemental benefits to members. Enrollment in optional supplemental benefits is not required to enroll in BSW SeniorCare Advantage.

MEMBER INFORMATION

First Name:	Middle Initial:	Last Name:
Member ID Number (located on the front of your ID card):		Phone Number:
Email address:		

Select one option below (adding or removing).

ADDING OPTIONAL SUPPLEMENTAL COVERAGE

- ☐ I am a current member of **BSW SeniorCare Advantage** and want to add the optional supplemental comprehensive dental benefit to my plan for an additional \$30 per month.

REMOVING OPTIONAL SUPPLEMENTAL COVERAGE

- ☐ I am a current member of BSW SeniorCare Advantage and want to remove the comprehensive dental optional supplemental benefit coverage from my plan. I understand my monthly premium will decrease by \$30 per month. Comprehensive dental will end on the last day of the month in which this form is received by the plan.

Acknowledgment

Optional supplemental benefits are available only to members enrolled in eligible 2027 BSW SeniorCare Advantage plans. These benefits require payment of an additional monthly premium and are separate from your standard Medicare Advantage plan benefits. Eligible members may elect the comprehensive dental optional supplemental benefit during an applicable enrollment period. Coverage becomes effective according to the enrollment rules for this optional supplemental benefit.

You may enroll in the optional comprehensive dental at the time you enroll in your Medicare Advantage plan during your Initial Enrollment Period or another applicable Medicare enrollment period, including the Annual Enrollment Period (AEP). If elected after Medicare Advantage enrollment becomes effective, coverage will begin according to the plan's approved Optional Supplemental Benefit effective date rules. You will receive written confirmation of your enrollment and effective date. After your request is processed, Baylor Scott & White Health Plan will send you written confirmation of your enrollment or disenrollment in the optional supplemental benefit.

Please complete and sign on page 2.

SIGNATURE

Date of request: _____ Requested effective date: _____

I understand that enrollment in this optional supplemental benefit requires payment of an additional monthly premium and that failure to pay the premium may result in termination of the optional supplemental benefit in accordance with plan requirements. The above stated amounts do not include any Medicare late enrollment penalties for which I may be currently responsible.

Signature* _____ **Date:** _____

*Or the signature of the person authorized to act on your behalf under the laws of the state where you live. If signed by an authorized individual (as described above), this signature certifies that:

- 1) This person is authorized under state law to complete this enrollment or disenrollment request
- 2) Documentation of this authority is available upon request by BSW SeniorCare Advantage or by Medicare.

If you are the authorized representative, you must provide the following:

First Name:	Middle Initial:	Last Name:
Address:		
City:	State:	ZIP:
Phone Number:	Relationship to Enrollee:	

Send your completed and signed form to:
Baylor Scott & White Health Plan
1206 W. Campus Drive
Temple, TX 76502

Enrollment and disenrollment opportunities may be limited by CMS and plan rules. Contact Member Services for eligibility requirements at 1.866.334.3141 (TTY: 711). Our hours are:
October 1 – March 31: 7 days a week, 7:00 AM – 8:00 PM. Closed on major holidays.
April 1 – September 30: Monday – Friday, 7:00 AM – 8:00 PM. Closed on major holidays.

Baylor Scott & White Health Plan offers BSW SeniorCare Advantage HMO-POS plans as a Medicare Advantage (MA) organization through a contract with Medicare. Baylor Scott & White Insurance Company offers BSW SeniorCare Advantage PPO plans as an MA organization through a contract with Medicare. Enrollment in one of these plans depends on the health plan's contract renewal with Medicare.