



2023 Optional Supplemental Benefit Add/Drop Form

First Name:	Last Name:	Member ID Number: K
Phone Number:	Email Address:	

I am currently active with the **ConnectiCare Passage Plan 1 (HMO)**, **ConnectiCare Choice Plan 1 (HMO)**, **ConnectiCare Choice Plan 3 (HMO)**, **ConnectiCare Flex Plan 1 (HMO-POS)**, **ConnectiCare Flex Plan 2 (HMO-POS)**, or the **ConnectiCare Flex Plan 3 (HMO-POS)**, and would like to add and/or drop Optional Supplemental Benefits.

Please check all that apply:

I want to add:

- Dental PPO Plan (\$3,000 annual limit)
- Dental Indemnity Plan (\$3,500 annual limit)

I want to drop:

- Dental PPO Plan (\$3,000 annual limit)
- Dental Indemnity Plan (\$3,500 annual limit)

Dental Optional Supplemental Benefit monthly premiums:

- Dental PPO \$10 (Comprehensive) — Choice Plan 3, Flex Plan 3
- Dental PPO \$16 (Comprehensive and Preventive) — Choice Plan 1, Flex Plan 1, Flex Plan 2, Passage Plan 1
- Dental Indemnity \$23 (Comprehensive and Preventive) — Choice Plan 3, Flex Plan 3
- Dental Indemnity \$30 (Comprehensive and Preventive) — Choice Plan 1, Flex Plan 1, Flex Plan 2, Passage Plan 1

I agree that I am submitting this request to add and/or drop Optional Supplemental Benefits.

Would you like the premium for this plan deducted from your Social Security Administration (SSA) or Railroad Retirement Board (RRB) monthly benefit check? Yes No

I acknowledge that if I don't select premium deduction, I will receive a bill each month.

The effective date of enrollment and/or disenrollment is the first day of the month after the month in which the request was received.

ConnectiCare offers Optional Supplemental Benefits for an additional monthly plan premium. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). Optional Supplemental Benefits are subject to the terms and conditions stated in your Evidence of Coverage.

I understand that the phone number and/or email I provided may be used by ConnectiCare or any of its contracted parties to contact me about my account, my health benefit plan, or related programs or services provided to me.

Proposed Effective Date:	Date Submitted:	Agent ID:
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If you have any questions, you can call and speak to a Member Services representative at **800-224-2273** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week.