



2024 Optional Supplemental Benefit Add/Drop Form

First name:	Last name:	Member ID number: K
Phone number:	Email address:	

I would like to add and/or drop a Medicare Advantage Plan Optional Supplemental Benefit.

Please check all that apply:

I want to add:

- Dental POS (**\$2,000 annual limit**)
- Dental POS (**\$3,000 annual limit**)
- Dental Indemnity Plan (**\$3,500 annual limit**)

I want to drop:

- Dental POS (**\$2,000 annual limit**)
- Dental POS (**\$3,000 annual limit**)
- Dental Indemnity Plan (**\$3,500 annual limit**)

Comprehensive	Comprehensive and Preventive
Choice Plan 3 (HMO-POS) and Flex Plan 3 (HMO-POS)	Flex Plan 2 (HMO-POS), Passage Plan 1 (HMO-POS) Choice Plan 1 (HMO-POS)
\$25 per month with \$2,000 annual limit — POS	\$39 per month with \$2,000 annual limit — POS
\$32 per month with \$3,000 annual limit — POS	\$49 per month with \$3,000 annual limit — POS
\$69 per month with \$3,500 annual limit — Indemnity	\$69 per month with \$3,500 annual limit — Indemnity

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.

Signature:	Date submitted:
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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.

You will not be permitted to switch between dental optional riders during the calendar year other than during the Medicare Advantage Open Enrollment Period (MA OEP) Jan. 1 through March 31. You will be permitted to enroll (into your originally selected rider) and disenroll at any time during the year.

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.

Internal Use Only

Proposed effective date:	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. – 8 p.m. seven days a week from Oct. 1 – March 31 and 8 a.m. – 8 p.m. Monday through Saturday April 1 – Sept. 30.