



2025 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
Flex Plan 3 (HMO-POS)	Flex Plan 2 (HMO-POS) and Choice Plan 1 (HMO-POS)
\$27 per month with \$2,000 annual limit — POS	\$39 per month with \$2,000 annual limit — POS
\$35 per month with \$3,000 annual limit — POS	\$49 per month with \$3,000 annual limit — POS
\$128 per month with \$3,500 annual limit — Indemnity	\$128 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.

New members can make an election within the first 3 months of enrollment in the plan. Existing members can switch between optional riders from Oct. 15 - March 31. Members can drop/disenroll from Optional Supplemental Benefits at any time during the year.

By signing above, I agree that ConnectiCare, its representatives, and third parties acting on its behalf, may contact me regarding, among other things, my coverage, plan benefits, other products or services available within my plan, payments, recertification and/or renewal, by calling or texting me at the phone number provided above and/or any phone number I provide in conjunction with my coverage. I acknowledge these calls and text messages may be delivered using an automatic telephone dialing system and/or an artificial or prerecorded voice. I may opt-out at any time by contacting ConnectiCare.

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.