

Optional Supplemental Plans

Extra Coverage for your 2024 BCN Advantage HMO plan

BCN AdvantageSM HMO



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Complete this form to add optional supplemental coverage to your BCN Advantage HMO plan.

Choose one of these options:

ConnectedCare <input type="checkbox"/> Optional supplemental dental, vision and hearing benefits for an <i>additional</i> \$20.30 per month plus your monthly plan and Medicare Part B premiums	Local HMO <input type="checkbox"/> Optional supplemental dental and vision benefits for an <i>additional</i> \$20.30 per month plus your monthly plan and Medicare Part B premiums
Member name	Date
Enrollee number	Member phone number

- **NEW and CURRENT BCN Advantage individual members** enrolling during Medicare's annual enrollment period can add an optional supplemental package Oct. 15 through Jan. 31.

IMPORTANT: This form must be received by Jan. 31. For forms received by Dec. 31, coverage will be effective Jan. 1. For forms received by Jan. 31, coverage will be effective Feb. 1.

- **NEW BCN Advantage individual members** can add an optional supplemental package at the time of initial enrollment or within the first 30 days following your enrollment effective date.

IMPORTANT: For forms received within the first 30 days of a member's enrollment effective date, coverage will be effective the first of the month following receipt.

Conditions of enrollment

By completing this application, I agree to add the optional supplemental benefit package checked on page 1, which is in addition to my monthly base BCN Advantage plan premium. I understand that the additional coverage is subject to the terms and conditions stated in my BCN Advantage *Evidence of Coverage*.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state of Michigan) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under state law to complete this enrollment, and documentation of this authority is available upon request by BCN Advantage or Medicare.

Paying your plan premium

The premium for the optional supplemental plan will be added to your monthly base plan premium and paid through the method you chose when you enrolled in your base plan.

If you have any questions or would like to change your method of payment, please call the BCN Advantage Service Center at **1-800-450-3680**. TTY users call **711**.

Our hours are from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31.

If you need information in an accessible format or another language, please call BCN Advantage at the Service Center number above. TTY users call **711**.

Please mail this completed form to:

BCN Advantage
Mail Code J208
P.O. Box 441010
Detroit, MI 48244-1010

Signature

Today's date

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

Name

Phone

Address

Relationship to enrollee
