Optional Supplemental Plans

Extra Coverage for your 2026 BCN Advantage HMO plan



To add an optional supplemental dental and vision package to your BCN Advantage HMO plan, check the box below and complete this form.

ConnectedCare	
☐ Available for an <i>additional</i> \$17.90 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 your currently selected withhold option. If your monthly base plan premium is \$0, we will bill you monthly. The Low Income Subsidy from CMS will not cover optional supplemental benefits.

If you would like to change your method of payment, log into **bcbsm.com** and log into your secure member account. If you're a first-time user, follow the instructions to set up your account.

If you have questions about the payment plan, 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 MC 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		