Optional Supplemental Plan

Extra dental and vision coverage for your 2027 Medicare Plus Blue PPO plan

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

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

To add an optional supplemental dental and vision package to your Medicare Plus Blue PPO plan, check the box below and complete this form.

☐ **Essential, Vitality, Signature, Assure, Giveback, +Meijer, Secure and Value plan members**
Available for an **additional $27.10 per month** plus your monthly plan and Medicare Part B premiums

Member name	Date
Enrollee number	Member phone number

- **NEW and CURRENT Medicare Plus Blue PPO 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 Medicare Plus Blue PPO 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 Dental and Vision plan checked on page 1, which is in addition to my monthly base Blue Cross plan premium. I understand that the additional dental and vision coverage is subject to the terms and conditions stated in my Medicare Plus Blue *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 Blue Cross 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 Medicare Plus Blue Service Center at **1-877-241-2583**. TTY users call **711**.

Our office hours are from 8 a.m. to 9 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 Medicare Plus Blue at the Service Center number above. TTY users call **711**.

Please mail this completed form to:

Blue Cross Blue Shield of Michigan
Medicare Plus Blue PPO Enrollment
P.O. Box 44256
Detroit, MI 48244-0256

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