McLaren MEDICARE

Optional Supplemental Dental Benefit Add/Drop Form

First Name:		Last Name:
Member ID or MBI:	Phone Number:	Email Address:

I am currently enrolled in the **McLaren Medicare Inspire (HMO), McLaren Medicare Inspire Plus (HMO)** or **McLaren Medicare Inspire Giveback (HMO)** plan and would like to add and/or drop Optional Supplemental Dental Benefits.

Please check all that apply:

☐ I want to add Delta Dental Option 1 $32 Monthly Premium

☐ I want to add Delta Dental Option 2 $56 Monthly Premium

☐ I want to drop Delta Dental Option 1

☐ I want to drop Delta Dental Option 2

☐ I agree that I am submitting this request to add and/or drop Optional Supplemental Dental Benefits.

☐ I understand that if I am adding Optional Supplemental Dental Benefits, the additional premium will be added to my current McLaren Medicare plan premium and processed in the same manner.

_____ _____

Applicant Signature Date

The effective date of enrollment and/or disenrollment is the first day of the month after the month in which the request is submitted. Requests submitted during the Annual Enrollment Period to add Optional Supplemental Dental Benefits will be effective January1 of the next year.

McLaren Medicare offers Optional Supplemental Dental 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 Dental Benefits are subject to the terms and conditions stated in your Evidence of Coverage.

If you have any questions, you can call and speak to Member Services at 833-358-2404 (TTY: 711) April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).

FOR INTERNAL USE ONLY

Date Submitted: _____	Proposed Effective Date: _____
Agent ID: _____	Confirmation Number: _____