



# Optional Supplemental Benefit Add/Drop Form

First Name:	Last Name:	Member ID Number: <b>K</b>
Phone Number:	Email Address:	

I am currently active with the **EmblemHealth VIP Value (HMO)** plan and would like to add and/or drop Optional Supplemental Benefits.

Please check all that apply:

- I want to add Comprehensive Dental
- I want to add SilverSneakers®
- I want to drop Comprehensive Dental
- I want to drop SilverSneakers®

### Comprehensive Dental Optional Supplemental Benefit monthly premiums:

- Comprehensive Dental \$12.50 – EmblemHealth VIP Value (HMO)

### SilverSneakers® Optional Supplemental Benefit monthly premiums:

- SilverSneakers® \$15.00 – EmblemHealth VIP Value (HMO)

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

If you don't select premium deduction, you will receive a bill each month.

The effective date of enrollment and/or disenrollment is the first day of the month after the month in which the request was received.

EmblemHealth 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.

I understand that the phone number and/or email I provided may be used by EmblemHealth or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

Proposed Effective Date:	Date Submitted:	Agent ID:
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If you have any questions, you can call and speak to a Customer Service representative at **877-344-7364** (TTY: **711**) 8 am to 8 pm, seven days a week.

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