



Sonder Tiers “My Choice” Medicare Advantage HMO Annual Benefit Election Worksheet

2024 Benefit Elections

Please pick one benefit from each of the categories below:
Category 1 – SSBCI Benefits
<ul style="list-style-type: none"><input type="checkbox"/> Grocery Card Benefit – You receive an allowance of \$400 per month to apply towards the purchase of groceries.<input type="checkbox"/> Gasoline Card Benefit – You receive an allowance of \$325 per month to apply towards the purchase of gasoline.<input type="checkbox"/> Cosmetic/Elective Procedures – You receive reimbursement of up to \$3,500 if you elect one of the following select cosmetic surgeries: blepharoplasty, cauliflower ear, sebaceous cyst or cleft palate.<input type="checkbox"/> Mobility Device Allowance – You receive an allowance of up to \$2,500 towards the purchase of a mobility device, such as a scooter.
Category 2 – Additional Allowance for Supplemental Benefits
<ul style="list-style-type: none"><input type="checkbox"/> Additional Dental Coverage – You receive an allowance of \$4,000 towards comprehensive dental services.<input type="checkbox"/> Additional Vision Coverage – You receive an allowance of \$3,500 towards comprehensive vision services, including procedures.<input type="checkbox"/> Additional Hearing Coverage – You receive an allowance of up to \$3,000 towards comprehensive hearing services, including hearing aids.

I acknowledge and understand that as a member of the Sonder Tiers “My Choice” Medicare Advantage HMO, I am entitled to a one-time annual election of one benefit from each category listed above. I understand that once my election has been made, I am not able to change my election throughout the benefit year even if I have not utilized the benefit selected. By signing below, I accept these terms and authorize Sonder Health Plans to administer the selected benefits on my behalf:

Member Signature: _____ Date: _____