



MEDICARE & MEDPLUS OVERVIEW

CareFirst Medicare Sales Broker Presentation

2023 UPDATES

WHAT IS MEDICARE?

What is Medicare?



Medicare* is a health insurance program administered by the federal government for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant)

Original Medicare is made up of:

- Part A (hospital insurance) and
- Part B (medical insurance)

A Closer Look at Medicare Part A



Medicare **Part A** covers most inpatient costs; however, beneficiaries are still responsible for paying deductibles, copayments and coinsurance during each **benefit period**.

Length of Inpatient Hospital Stay	What A Beneficiary Pays***
Days 1–60 in Benefit Period	\$1,600 member deductible
Days 61–90 in Benefit Period	\$400 per day
Days 91–150 in Benefit Period (“Lifetime Reserve Days”*)	\$800 per day
Length of Skilled Nursing Facility** Stay	What A Beneficiary Pays***
Days 1–20 in Benefit Period	\$0
Days 21–100 in Benefit Period	\$200.00 per day
Each day after Day 100 in Benefit Period	All costs for stay

What is Medicare Part B



- Medicare **Part B** covers 80% of medically necessary doctor services
- Covers medically necessary doctor services
- To receive Medicare **Part B** coverage, a beneficiary:
 - Must generally enroll or be enrolled in Medicare **Part A**
 - Pay the current **Part B** premium of \$164.90 per month (or higher depending on the beneficiary's income)

What does Medicare Part B cover?

Inpatient & Outpatient Doctor Visits

Inpatient & Outpatient Medical Services

Inpatient & Outpatient Surgical Services and Supplies

Physical and Speech Therapies

Diagnostic Tests

Durable Medical Equipment

Outpatient Wellness Exams and Preventive Care

Approved Home Health and Clinical Lab Services

A Closer Look at Medicare Part B

With Part B, just like Part A, the beneficiary is still responsible for deductibles, copayments and coinsurance.

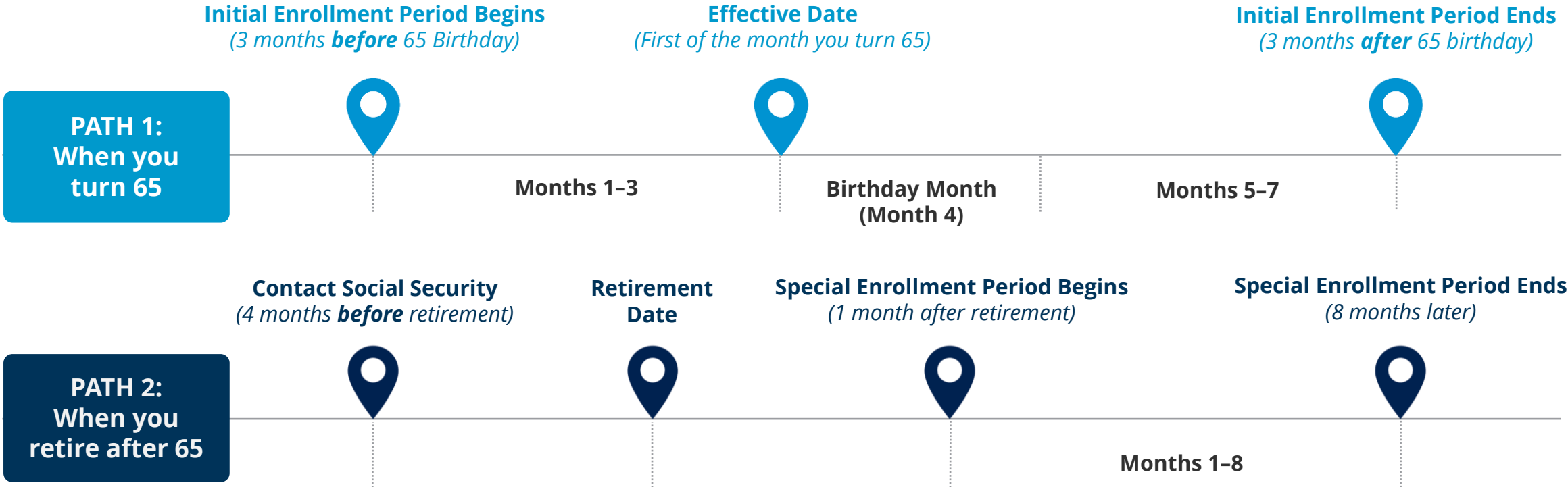
Annual Costs NOT Covered by Part B

Yearly Calendar Deductible*	\$226
Medical expenses for inpatient and outpatient physician services	20% of Medicare-approved amount
Outpatient Mental Health Services	20% of cost for service



When Can I Get Medicare?

You can receive Medicare through one of two ways*: 1) you enroll in Medicare when you turn 65, or 2) you retire and enroll in Medicare after age 65.



What if I Retire after Age 65 and Delay Enrollment in Medicare?

The **size of the employer** determines whether the beneficiary may be able to delay Part A and Part B without having to pay a penalty if they decide to enroll in Medicare later.

If the employer has **fewer than 20 employees**, the beneficiary should sign up for Part A and Part B when they are first eligible. Otherwise, they may have to pay a Part B late enrollment penalty and they may have a gap in coverage if they decide to delay enrollment.

- The Part B premium penalty is 10% for **each** 12 month-period that they were eligible for Part B and did not sign up. The monthly Part B will reflect the late enrollment penalties.

If the employer has **20 or more employees**, and the beneficiary has group health coverage based on current employment, they may be able to delay Part A and Part B and will not have to pay a lifetime late enrollment penalty if they enroll later. If they are eligible for premium-free Part A, they can enroll in Part A at any time after they are first eligible for Medicare.

- If the beneficiary signs up for Part B during a Special Enrollment Period, they do not usually pay a late enrollment penalty. The beneficiary will have 8 months to sign up for Part B without a penalty, whether they choose COBRA or not.

For additional information please visit <https://www.cms.gov/Outreach-and-Education/Find-Your-Provider-Type/Employers-and-Unions/Top-5-things-you-need-to-know-about-Medicare-Enrollment>



Original Medicare Doesn't Cover It All

There are many services that Medicare **Part A** and **Part B** do **NOT** cover:

- Outpatient prescription drugs
- Acupuncture
- Cosmetic surgery
- Dental care and dentures
- Custodial care (long-term care)
- Hearing aids
- Routine eye care and most eyeglasses
- Routine foot care

CAREFIRST MEDPLUS MEDICARE SUPPLEMENT

CareFirst
BlueCross
BlueShield

World's Most
Ethical
Companies



...The recognition of WME ten years running is incredibly significant not only because we have maintained it continuously over the past decade, distinguishing ourselves from others in the healthcare category, but because we've done so during a historically challenging time that has asked so much of us. Through unprecedented change and adversity, we remained focused on what was right and important, and continued to reveal the true character of the Difference Makers we are in the process.

The trust placed in us by the people we serve requires us to continually seek ways to rise above and beyond our commitment to these values today and every day...

— Brian D. Pieninck, President & CEO



For the **tenth consecutive year**, CareFirst has been named "World's Most Ethical Companies" by the Ethisphere Institute for its commitment to leading ethical business standards and practices.



Medicare Supplement Open Enrollment Period

The best time for a beneficiary to sign up is during their Medicare Supplement open enrollment period. The Medicare Supplement Open Enrollment Period lasts for 6 months, beginning the 1st day of the month when an individual is both:

- 65 years old or older, and
- Enrolled in Medicare Part B

If an individual was born on the first day of any month, he or she is considered to have turned 65 on the first of the previous month. For example, if an individual's birthday is February 1st, he or she is deemed to have turned 65 on January 1st.

CareFirst MedPlus Portfolio

CareFirst MedPlus currently offers 9 of the 12 Standardized Plans:



Only plan available for individuals under age 65, disabled and who are eligible for Medicare

As of 1/1/2020, Plan F and High Deductible F will **only** be available to beneficiaries eligible for Medicare before 1/1/2020.

Most Popular

Second Most Popular

What You Pay with Original Medicare vs. with Medicare + CareFirst MedPlus

Beneficiary pays this amount with Medicare Supplement Plan:					
	Original Medicare Alone	MedPlus Plan A	MedPlus Plan B	MedPlus Plan F	MedPlus High Deductible Plan F
Hospital Services (Part A)					
Inpatient hospital deductible first 60 days	\$1,600	\$1,600	\$0	\$0	\$0 after plan deductible
Hospital days 61-90	\$400	\$0	\$0	\$0	\$0 after plan deductible
Hospital days 91-150 (lifetime reserve)	\$800	\$0	\$0	\$0	\$0 after plan deductible
365 days after hospital benefits stop	All costs	\$0	\$0	\$0	\$0 after plan deductible
Skilled nursing facility days 21-100	\$200/day	All but \$200/day	All but \$200/day	\$0	\$0 after plan deductible
Medical Expenses (Part B)					
Medical expense deductible	\$226	\$226	\$226	\$0	\$0 after plan deductible
Medical expenses after deductible	20%	\$0	\$0	\$0	\$0 after plan deductible
Excess charges above Medicare approved amounts	100%	100%	100%	\$0	\$0 after plan deductible
Other Expenses					
Foreign country emergency care (beginning during the first 60 days of each trip outside the USA)	100%	100%	100%	\$250 deductible, then 20%	\$250 deductible after plan deductible, then 20%

What You Pay with Original Medicare vs. with Medicare + CareFirst MedPlus (con't)

Beneficiary pays this amount with Medicare Supplement Plan:						
	Original Medicare Alone	MedPlus Plan G	MedPlus High Deductible Plan G	MedPlus Plan L	MedPlus Plan M	MedPlus Plan N
Hospital Services (Part A)						
Inpatient hospital deductible first 60 days	\$1,600	\$0	\$0 after plan deductible and Part B deductible, if applicable	25% of the Part A deductible (\$400)	50% of the Part A deductible (\$800)	\$0
Hospital days 61-90	\$400	\$0	\$0 after plan deductible	\$0	\$0	\$0
Hospital days 91-150 (lifetime reserve)	\$800	\$0	\$0 after plan deductible	\$0	\$0	\$0
365 days after hospital benefits stop	All costs	\$0	\$0 after plan deductible	\$0	\$0	\$0
Skilled nursing facility days 21-100	\$200/day	\$0	\$0 after plan deductible	Up to \$50.00/day	\$0	\$0
Medical Expenses (Part B)						
Medical expense deductible	\$226	\$226	\$226	\$226	\$226	\$226
Medical expenses after deductible	20%	\$0	\$0 after plan deductible and Part B deductible	5%	0%	OV up to \$20 ER up to \$50
Excess charges above Medicare approved amounts	100%	\$0	\$0 after plan deductible and Part B deductible	100%	100%	100%
Other Expenses						
Foreign country emergency care (beginning during the first 60 days of each trip outside the USA)	100%	\$250 deductible, then 20%	\$250 deductible after plan deductible, then 20%	100%	\$250 deductible, then 20%	\$250 deductible, then 20%

Mary's Inpatient Stay—Medicare Part A

Mary was admitted to the hospital for an inpatient stay for a full 150 consecutive days within the same benefit period.

With Original Medicare with **NO** Medicare Supplement plan, Mary would pay:

- **Days 0–60:** Mary pays the member deductible (**\$1,600**)
- **Days 61–90:** Mary pays a copay (**\$400/day**) for each day she is in the hospital
- **Days 91–150:** Mary pays a copay (**\$800/day**) for each day she is in the hospital

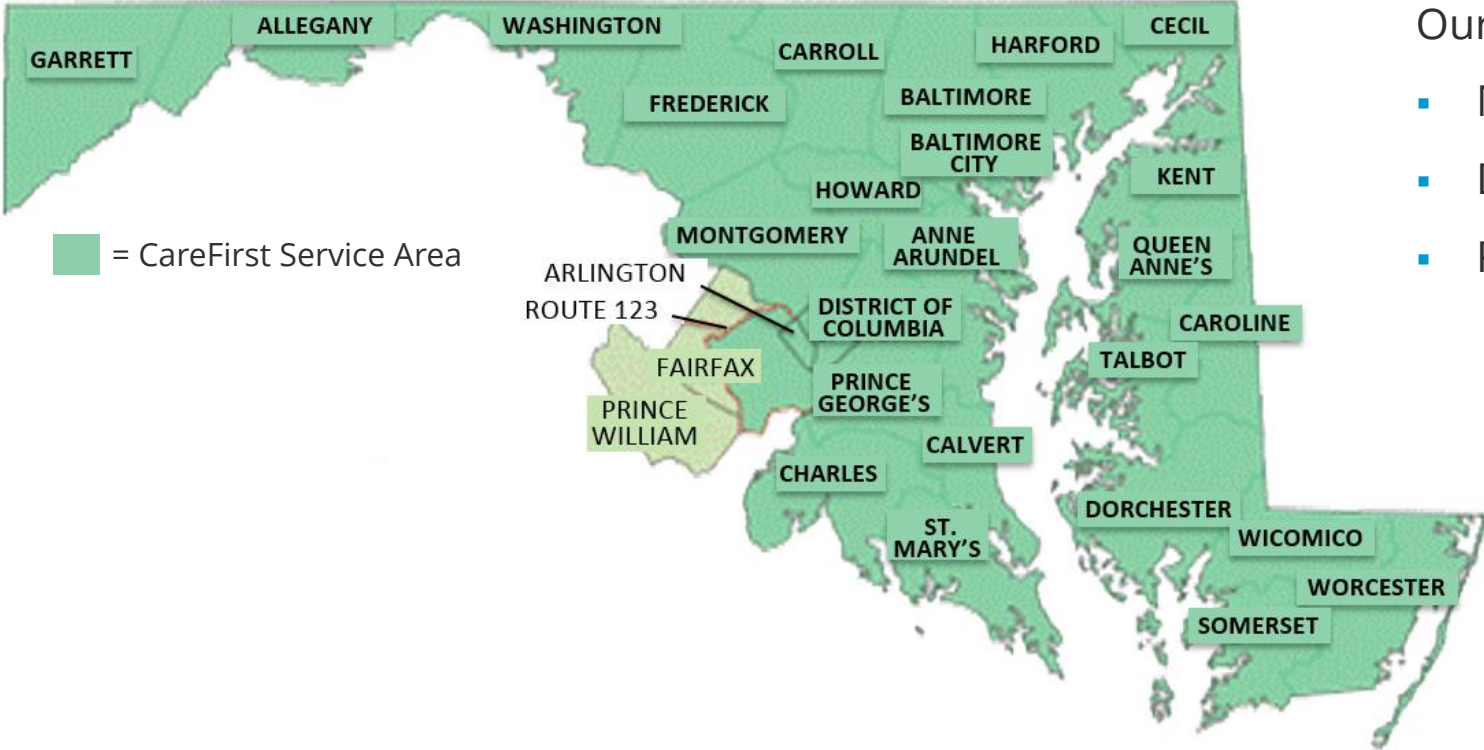
Original Medicare—No CareFirst MedPlus



Original Medicare and CareFirst MedPlus Plan G



CareFirst Service Area Map



Our service area includes:

- Maryland
- District of Columbia
- Portions of Northern Virginia :
 - Cities of Alexandria and Fairfax
 - Town of Vienna
 - Arlington County
 - Areas of Fairfax and Prince William Counties in Virginia lying east of Route 123.

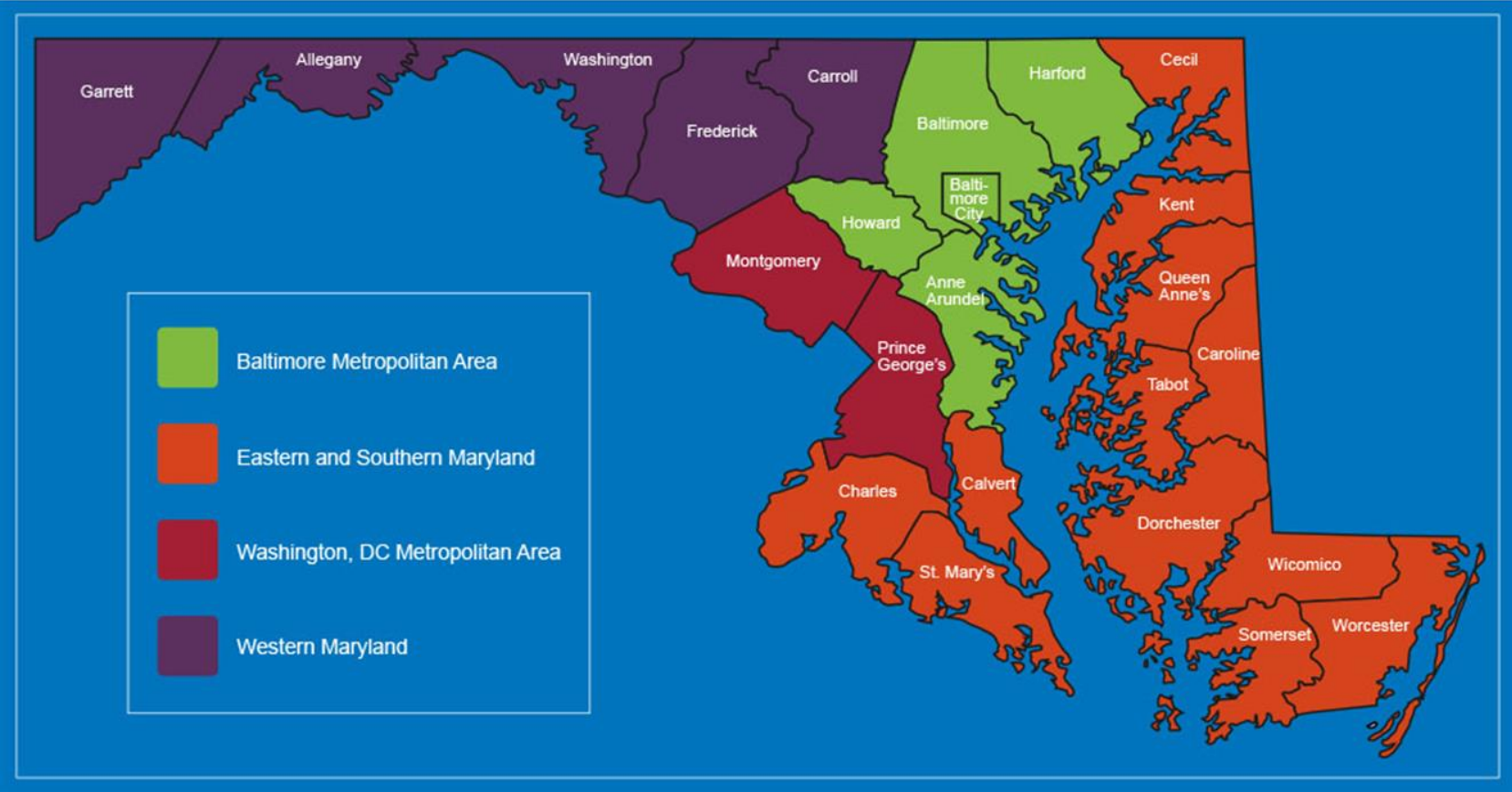


CareFirst MedPlus Rating Methodology

Premiums are based on:

- Gender
- Age
- Enrollment date in Medicare Part B
- Guaranteed Issue Period
- Plan selected
- Geographical location (MD only)
- Tobacco use (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- Review of medical history through medical underwriting (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- CareFirst MedPlus Level 1 rating of qualified applicants has been expanded for individuals applying less than 10 years from their Part B effective date.

CareFirst MedPlus Geographical Rating in Maryland



The ability for CareFirst MedPlus to geographically rate allow for more flexibility in market growth and with future business.

CareFirst MedPlus Value—Household Discount

CareFirst MedPlus subscribers will be eligible for a **10%** discount off the monthly premium when they initially enroll or at the time of their plan renewal.

Since CareFirst MedPlus policies are individual contracts, subscribers will be identified as being in the same household meeting the following criteria:

- Two enrollees per household are required (they do not need to be married).
- Both must be enrolled in a CareFirst MedPlus plan.
- The two enrollees must reside at the same residence.



CareFirst MedPlus Value—Household Discount (continued)

CareFirst MedPlus Household (HH) Discount Ineligibility

Subscribers can be deemed ineligible for the HH Discount for any of the following reasons:

- Neither subscriber is in a CareFirst MedPlus product.
- One of the subscribers already has a HH Discount with someone else.
- The address for the second subscriber does not match the address of the current subscriber.
- There are two subscribers in the same household already receiving the MedPlus HH Discount.
- Eligibility could not be determined with the information provided.

If a subscriber is deemed ineligible for the HH Discount, then they will receive the **Household Ineligibility Letter**.

CareFirst MedPlus Value

SilverSneakers Fitness Program



Through SilverSneakers¹, CareFirst MedPlus gives members a way to get healthy and have fun—**at no additional cost!** SilverSneakers works to improve overall well-being, fitness, and strength and gives members the chance to socialize, make new friends and connect with the community.

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SilverSneakers is a product owned by Tivity Health, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. SilverSneakers is not a benefit guaranteed through the beneficiary's Medicare Supplement insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.



CareFirst MedPlus and SilverSneakers offer:

- Membership to thousands of gyms and fitness locations² in the United States
- Members can enroll at multiple locations at any time
- Specially-designed, signature exercise classes led by certified instructors for all fitness levels³
- Members have access to facilities, classes, pools, free weights, fitness equipment, tennis courts and walking tracks²
- SilverSneakers also provides digital resources through SilverSneakers LIVE™ virtual classes, SilverSneakers On-Demand™ videos available 24/7 and a mobile app, SilverSneakers GO™
- More than 60% of respondents surveyed by CareFirst agree that a free fitness membership is appealing when shopping for Medicare Supplement plans.

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Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of L basic membership. Facilities and amenities vary by PL.

Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

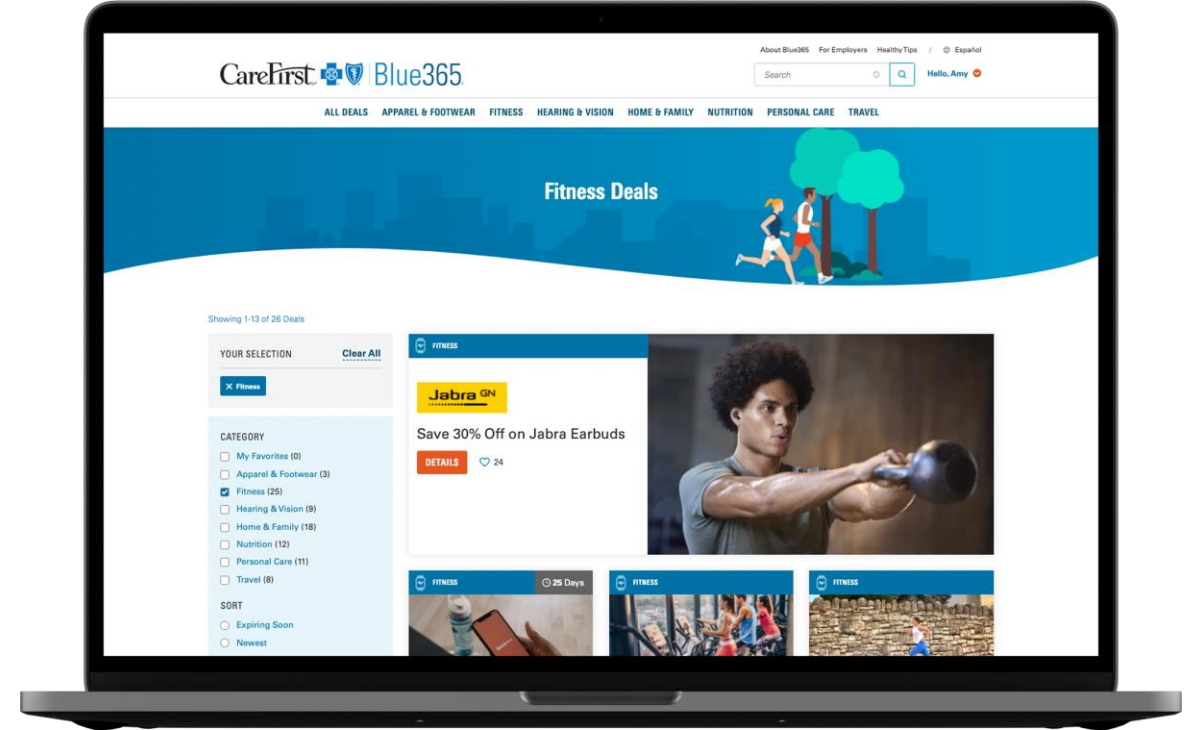
Enrolling in SilverSneakers Couldn't Be Easier!



- Members are automatically enrolled in SilverSneakers once they become a CareFirst MedPlus member.
- The SilverSneakers member ID card along with the closest 3 locations is mailed to new members
- CareFirst also ensures members understand the SilverSneakers by making an outreach Welcome call to new members!

Blue365 Program Overview

- Blue365 is an online wellness discount program designed to give members access to discounts on products and services for a well balanced and healthy lifestyle.
- All CareFirst members have access to this program.
- Members create terms and conditions.
- Blue365 provides CareFirst members with a wide an account and agree to the Blue365 range of savings from top health and wellness brands including Jenny Craig, LasikPlus, TruHearing, etc.
- There are weekly “Featured Deals” and long term “Ongoing Deals” on healthy products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences, financial health, etc.
- Personal care was ranked by 1/3 of respondents in a survey conducted by CareFirst as the #1 category of interest. Current discounts in this category include: LasikPlus, TruHearing, LensCrafters, Glasses.com, etc.




CareFirst MedPlus Value—Blue365 Discount Program


Discounts available that are very important to seniors!

- Medical Emergency Bracelets—30% discount
- TruHearing—30-60% off hearing aids
- Beltone—free hearing screening and set discounted pricing on hearing aids
- Vitamins and Supplements—50% off the retail price

PERSONAL CARE



StickyJ
30% Off Medical Alert Jewelry

DETAILS  734


HEARING & VISION




TruHearing
Save 30% to 60% on Hearing Aids

DETAILS  1.2k


HEARING & VISION




Beltone
Free Hearing Screening and Set Discounted Prices on Hearing Aids

DETAILS  1.1k

HOME & FAMILY



Invite Health
50% Off Super Premium Vitamins & Non-GMO Dietary Supplements

DETAILS  2.6k

<https://member.carefirst.com/members/health-wellness/staying-healthy/discounts-on-wellness-services.page>

CareFirst MedPlus Payment Methods

Payment Methods	
My Account	A secure, personalized member web site on carefirst.com . Make a payment or set up recurring payments
Phone	Members may call Member Services at 855-444-3121
CheckFreePay	Pay by cash at select Walmart locations. Go to checkfreepay.com/info/payinperson to find a participating location.
Mail	Members may mail a check or money order (made out to CareFirst BlueCross BlueShield) and invoice stub to CareFirst BlueCross BlueShield, P.O. Box 70250, Philadelphia, PA 19176-0250



MEDPLUS MEDICAL UNDERWRITING

CareFirst MedPlus Medical Underwriting

- A prospective applicant who applies for a CareFirst MedPlus product is subject to medical underwriting if they meet one of the following
 - Outside of the Guarantee Issue or Open Enrollment Period
 - Disabled and under the age of 65
- Under age 65 disabled individuals who are eligible for Medicare and turn 65 will be eligible for a 6 month Guaranteed Issue Period and qualify for Level 1 rates during this period.
- Section 4A—answering “yes” disqualifies the application for coverage as noted on the application.
- Section 4B, 4C, 4D, 4E—answering “yes”, medical underwriting would review the complexity of the condition.
- If an existing CareFirst MedPlus subscriber wishes to change their CareFirst MedPlus plan, then medical underwriting would apply if they want to move to a richer plan.
- All pre-MedPlus Medigap members (prior to launch of CareFirst MedPlus 2016) must undergo medical underwriting to apply for a CareFirst MedPlus plan.
- The member should NOT terminate their original coverage until the results of medical underwriting for the new plan are known.

2023 New Maryland Mandates – Medicare Supplement Policies

Maryland House Bill 247

Open Enrollment Period Following Birthday

This bill requires a carrier that sells Medicare supplement policies to provide an enrolled individual the opportunity to switch to a different Medicare supplement policy with equal or lesser benefits within 30 days following the individual's birthday.

A carrier is prohibited from denying or conditioning a new policy, discriminating in the pricing of the policy, or denying, reducing, or conditioning coverage because of the health status, claims experience, receipt of health care, or medical condition of the individual.

The bill is effective January 1, 2023 beginning with July 1, 2023 birthdays.

2023 New Maryland Mandates – Medicare Supplement Policies

Maryland House Bill 536

Special Enrollment Period following end of a declared Federal Health Emergency

This bill requires a carrier that issues Medicare supplement policies in the State must issue any Medicare supplement policy the carrier sells in the State to an individual eligible for Medicare if the individual;

- (1) is enrolled in Medicare Part B while enrolled in Medicaid;
- (2) remained in Medicaid due to a suspension of terminations by Medicaid during a federal health emergency and was not disenrolled or terminated until at least six months following the effective date of enrollment in Medicare Part B;
- (3) applies for the Medicare supplement policy during the 63-day period following the later of notice of termination or disenrollment or the date of termination from Medicaid; and
- (4) submits evidence of the date of termination or disenrollment from Medicaid with the application for a Medicare supplement policy.

For individuals who meet the above criteria, a carrier may not deny or place a condition on the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the carrier; discriminate in the pricing of a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition; or impose an exclusion of benefits based on a preexisting condition under a Medicare supplement policy on these individuals.

MedPlus Underwriting

IS MEDICAL UNDERWRITING REQUIRED?									
MOVING FROM MEDPLUS PLAN:	MOVING TO MEDPLUS PLAN:								
	High Ded G	High Ded F	A	N	L	B	M	G	F
High Ded Plan G	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
High Ded Plan F	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan A	No	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes
Plan N	No	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Plan L	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Plan B	No	No	No	No	No	N/A	Yes	Yes	Yes
Plan M	No	No	No	No	No	No	N/A	Yes	Yes
Plan G	No	No	No	No	No	No	No	N/A	Yes
Plan F	No	No	No	No	No	No	No	No	N/A

Medical Underwriting

Guaranteed Issue Period/Open Enrollment Period*	
If a member applies within six months of their Medicare Part B effective date, or during a Guaranteed Issue Period*, they will receive:	Level 1 Rate Highly Competitive!
Outside of Guaranteed Issue/Open Enrollment Period Rates Based on Tobacco Use and Review of Medical History	
If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they will receive:	Level 1 Non-Tobacco Rate, within 7 Months to less than 10 years past their Part B effective date Level 2 Tobacco or Non-Tobacco Rate, Level 3 Tobacco or Non-Tobacco Rate or Denial

CareFirst MedPlus Level 1 Rate Expansion

- If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they could receive a Level 1 rate by medical underwriting if:
 - They are non- smoker and;
 - Have high blood pressure or high cholesterol with no other medical conditions and;
 - Take up to only 1 medication

CareFirst Underwriting			
Time since Medicare Part B effective date due to turning 65	Smoker	Medical underwriting	Rating Level
0 to < 7 Months	N/A	Guaranteed Issue	Level 1
Less than 10 years from Part B effective date.	No	Hypertension or Hypercholesterolemia Disorder and no other medical conditions (with none to 1 medication)	Level 1
		Minor medical issue or Hypertension or Hypercholesterolemia Disorder (with 2 medications)	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/Minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
		Extreme medical issue	Denied
10 Years or More	No	No/minor medical issue	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
		Extreme medical issue	Denied

WHY CAREFIRST MEDPLUS?

CareFirst MedPlus Product Features


Product Features	
1 year age bands	Geographically rated in Maryland
Payment discount (monthly or annual EFT payment)	9 plans offered A, B, F, High F, G, L, M, N & High G
Competitive 10% household discount	24-Hour Nurse Advice Line No cost nurse advice line available 24/7 and Blue365 wellness discounts
SilverSneakers® Fitness Program No additional cost	Tools & Resources carefirst.com/livinghealthy

MedPlus Value	
Freedom to see any doctor who participates with Medicare*	Separate dental and vision plans with easy enrollment
Large hospital network Over 50 hospitals in Maryland including Hopkins, University of Maryland, MedStar Health	All MedPlus plans are available to applicants whether during the GI period or SEP period
No pre-existing condition waiting period	Unlimited lifetime renewals
No separate application fee	Level commission that does not decrease \$20 per month per subscriber

MedPlus Online Presence

Many older adults spend significant time online researching their options. They will come to you to learn the details about CareFirst MedPlus.

- Be sure your website information is up to date and links are working properly. We can help you review MedPlus information.
- Include the CareFirst iStore URL link on your website. Speed up enrollment without ever leaving your office!
- Utilize the CareFirst Broker Badge on your website and e-mail signature.

CareFirst. 
Family of health care plans


Create Banner Link

Return to [Account Home](#)

Follow the 3 easy steps below to quickly select a banner and generate the code to incorporate it into your website.

1) Select a banner by clicking the 'GET HTML' button.

Authorized Agent for:

CareFirst. 
BlueCross BlueShield

[Get HTML](#)

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2) [Highlight HTML](#)

3) Then just cut and paste into your website's HTML.

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STRATEGIES FOR SUCCESSFUL COMMUNICATION

Core Communication Factors

Key communication factors that may influence a buying decision:

- Quality of life and independence
- Flexible nature of product
- Exercise patience
- Be a resource
- Respect their human agency

Core Communications Factors

Quality of Life & Independence

What does it mean?

Seniors understand their health will change and want to keep their quality of life and autonomy

What should you look for?

Unease about the “right plan for them;” intimidated by change and the unknown

What should you do?

Ask light questions about lifestyle; give examples and clarification in easy terms (no jargon)

Flexible Nature of Product

What does it mean?

Seniors often “know what they like” and place value in services that are tailored to their specific needs

What should you look for?

Inquiring on specific services or features; interest in alternatives and buy-ups

What should you do?

Lay out options plainly, focusing on their differences; play up voluntary value-adds (e.g. wellness features)

Exercise Patience

What does it mean?

Seniors are not attuned to the countless details of insurance; can be prone to uncoupling all together

What should you look for?

Unconcerned with key deadlines (e.g. eligibility); becoming frustrated, quiet, detached, ambivalent

What should you do?

Rephrase request, reaffirming their control; don’t assume, anticipate or predict next steps

Core Communications Factors (continued)

Be a Resource

What does it mean?

Customers may rely on you to be both their expert and their point of contact, trusting your word and assistance

What should you look for?

Reluctant to follow up later or with another person; becoming more friendly, talkative or open

What should you do?

Do not rush with them if possible; be flexible with your help; offer friendly recommendations; outline resources

Respect their human agency

What does it mean?

Clients have a lifetime of experience to draw from and are sensitive to ignoring of abilities

What should you look for?

Growing disinterested in the information; becoming more derisive, dismissive or abrupt

What should you do?

Reexamine your approach; be more open and attentive; don't take a bad reaction personally





Resources

Medicare

- Phone: 800-MEDICARE (633-4227)
- Hours: 24 hours/day, 7 days/week
- Web address: www.medicare.gov

Medicare.gov

- Medicare & You (updated each year by CMS)
- Web address: www.medicare.gov/medicare-and-you

Social Security Administration

- Phone: 800-772-1213
- Hours: 7am – 7pm, Mon. – Fri. (automated service is available 24 hours/day, 7 days/week)
- Web address: www.ssa.gov



THANK YOU

For more information, contact

YOUR DEDICATED SENIOR BROKER REPRESENTATIVE

This document was created for informational purposes only and is not intended to provide legal and/or accounting advice and should not be relied upon as such. Individuals and Producers should consult with their own accountants and/or legal counsel if they have any questions regarding the financial and legal impacts of the Affordable Care Act.

REV (1/2022)