



2017 Supplement-65

*Why Medicare Supplement
Coverage is Important*

NORTHERN VIRGINIA

Welcome

Did you know Medicare was never designed to pay all of your health care expenses? More importantly, the gaps in Medicare could cost you thousands of dollars out of your own pocket each year. A serious illness or lengthy hospital stay could make a big dent in your retirement savings.

Are you prepared to pay:

- The \$1,316 Part A deductible¹ for hospitalization? It comes out of your pocket before Medicare pays anything.
- The \$329 a day Part A copayment¹ for days 61-90 in the hospital? That's \$9,870 if you're in the hospital for that length of time.
- The \$658 a day Part A copayment¹ for days 91-150 in the hospital? That works out to over \$39,480 in 60 days.

There's more. Even at a doctor's office, you'll pay:

- \$183 for the Part B deductible¹ in 2017—before Medicare pays anything, and 20 percent of most medical services—with no out-of-pocket maximum.

That's why it's so important to protect yourself and your hard-earned money with Supplement-65, CareFirst BlueCross BlueShield's (CareFirst's) Medicare Supplement plan. We offer eight plans to choose from and reliable coverage you can count on. With one of CareFirst's Medicare Supplement plans, you'll receive coverage for:

- Medicare's Part A deductible and copayments (including skilled nursing copayments)
- Medicare's Part B deductible and copayments

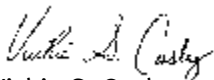
You can also choose a Supplement-65 plan that offers coverage for emergency care when you're traveling in a foreign country—something that Medicare never covers.²

Enclosed in this book are CareFirst's Supplement-65 plan brochure and Outline of Coverage, which feature the Supplement-65 family of plans we offer. You'll find all the information you need to help you choose the plan that's right for you.

CareFirst now offers discounted rates to members who elect automated payment via bank withdrawal on the application. To apply for coverage, simply fill out the enclosed application and mail it to us in the enclosed postage-paid envelope.

You owe it to yourself to get your coverage from the company you can trust—CareFirst BlueCross BlueShield.

Sincerely,



Vickie S. Cosby

Vice President, Consumer Direct Sales

¹ Medicare Part A and Part B amounts are established by Medicare.

² Supplement-65 plans pay up to 80 percent of billed charges for Medicare-eligible expenses for emergency care received during the first 60 consecutive days of each trip outside the United States. The plan payment is subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

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What's Covered

Plan Options

Having Medicare alone could cost you thousands of dollars in health costs each year; costs that Medicare was never designed to cover. Purchasing a Supplement-65 plan will cover the gaps in your Medicare coverage. You can pick from any of the eight plans listed below. See the comparison chart on pages 6–7 to compare plan options.

Supplement-65 Plan A

Plan A delivers basic coverage to protect against the financial strain caused by serious illness and lengthy hospital stays. After you've satisfied your Medicare deductible, this plan pays your Part A¹ hospital copayments, your Part B¹ coinsurance, and protects you for a full 365 days of hospital care after your Medicare benefits end.

Supplement-65 Plan B

Plan B is a moderately priced plan that pays your \$1,316 Part A hospital deductible and includes the same benefits featured in Plan A. This plan protects against the high cost of hospitalization.

Supplement-65 Plan F*

Plan F offers the broadest protection against high medical expenses and is our most popular plan. In addition to covering your Medicare Part A and Part B deductibles, copayments and coinsurances, Plan F also provides emergency coverage for care you receive in a foreign country,² as well as coverage for balance billing.



***Balanced Billing Protection —**
If you see a doctor who does not accept Medicare's reimbursement as payment in full for services (some doctors charge you up to 15 percent more than Medicare allows!), Plan F will cover these extra charges.

¹ Medicare Part A and Part B amounts are established by Medicare.

² Supplement-65 plans pay up to 80 percent of billed charges for Medicare-eligible expenses for emergency care received during the first 60 consecutive days of each trip outside the United States. The plan payment is subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

Plan Options

Supplement-65 High-Deductible Plan F*

High-Deductible Plan F is our lowest premium Supplement-65 Plan. If you like to share in more of your health care costs in exchange for a lower monthly premium, consider High-Deductible Plan F. This plan offers the same benefits as regular Plan F, after you have met a \$2,200 annual deductible for 2017.

Supplement-65 Plan G*

Plan G offers the same coverage as Plan F, at a lower monthly premium—you are just responsible for the Medicare Part B¹ deductible.

Supplement-65 Plan L

With Plan L, you share in the costs for Medicare-covered services in exchange for a lower premium—but are rewarded with the added protection of an out-of-pocket limit that caps your costs at \$2,560 during the calendar year. Most basic benefits are covered at 75 percent, including the Part A¹ deductible. After the Part A deductible is met, your hospitalization is covered at 100 percent.

Supplement-65 Plan M

Plan M is a moderately-priced plan that starts with the benefits of Plan A and adds coverage for half of your \$1,316 Part A hospital deductible. Plus, it covers skilled nursing copayments and emergency care received in a foreign country.²

What is not covered

Supplement-65 policies are designed to work hand-in-hand with the federal Medicare program. They are not intended to be classified as long-term care policies, and do not pay for most custodial care. Supplement-65 plans do not cover expenses for services and items excluded from coverage under Medicare, or expenses for services and items that would duplicate Medicare payments.

*Balanced Billing Protection

— If you see a doctor who does not accept Medicare's reimbursement as payment in full for services (some doctors charge you up to 15 percent more than Medicare allows!), Plans High-Deductible F and G will cover these extra charges.

¹ Medicare Part A and Part B amounts are established by Medicare.

² Supplement-65 plans pay up to 80 percent of billed charges for Medicare-eligible expenses for emergency care received during the first 60 consecutive days of each trip outside the United States. The plan payment is subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

Plan Options

Supplement-65 Plan N

Plan N offers the broad coverage of Plan F at a lower premium by incorporating cost-sharing features to help you manage your costs. Just like Plan F, Plan N covers 100 percent of your Part A deductible and copayments, your skilled nursing facility copays and emergency care received in a foreign country.² It costs less because you are responsible for the \$183 Part B deductible and a small copay for office and emergency room visits. Plan N does not cover Part B excess charges³ that are covered under Plan F.

Coverage is available on a guaranteed issue basis

If you are within six months of your Medicare Part B effective date (Open Enrollment) or during a Guaranteed Issue Period (please refer to the Additional Information section located in the back of this book), your acceptance into your choice of CareFirst's eight Supplement-65 plans is guaranteed! There is no health screening or medical exam.

During your Open Enrollment or Guaranteed Issue Period, you will automatically receive our lowest Level 1 premiums.

Coverage is available on an underwritten basis

If you are over six months from your Medicare Part B effective date (Open Enrollment) and are NOT applying during a Guaranteed Issue Period, you will need to answer questions regarding your medical history on the enclosed application. This assessment will determine your acceptance and the premium you will receive. Please refer to the Outline of Coverage for current pricing.

You risk nothing by applying today. If accepted, we'll send you a Certificate of Coverage. Please read it carefully.

If you're not satisfied with the coverage described, do not pay your bill. Your coverage will not go into effect, and you'll be under no further obligation.

Switching plans

- If you're switching your coverage, we'll give you full credit for every dollar you've already spent toward your Medicare Part B deductible.
- You may be subject to a review of your medical history through medical underwriting if you are outside of your Open Enrollment or Guaranteed Issue period.

³ Part B excess charges are the difference between the doctor's actual charge and Medicare's approved amount. This would apply if you go to a doctor who does not accept assignment and bills you more than Medicare's approved amount.

Plan Options

Comparison chart

What You Pay with Original Medicare vs. What You Pay with CareFirst Supplement-65 plans					
	With Original Medicare alone, You Pay:	Choose Supplement-65 Plan A and You Pay:	Choose Supplement-65 Plan B and You Pay:	Choose Supplement-65 Plan F and You Pay:	Choose Supplement-65 High-Deductible Plan F* and You Pay:
Hospital Services (Part A)					
Inpatient hospital deductible	\$1,316	\$1,316	\$0	\$0	\$0 after plan deductible
Hospital days 61-90	\$329/day	\$0	\$0	\$0	\$0 after plan deductible
Hospital days 91-150 (lifetime reserve)	\$658/day	\$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	\$164.50/day	\$164.50/day	\$164.50/day	\$0	\$0 after plan deductible
Medical Expenses (Part B)					
Medical expense deductible	\$183	\$183	\$183	\$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 the first 60 days of each trip outside the USA)	100%	100%	100%	\$250 deductible, then 20%***	\$250 deductible after plan deductible, then 20%***

Dollar amounts shown are the 2017 deductibles, copayment and coinsurance. These amounts may change on January 1, 2018.

*With High-Deductible Plan F, there is an annual plan deductible of \$2,200; after you meet the \$2,200 annual plan deductible, you pay \$0.

**With Plan L, there is an Out-of-Pocket limit of \$2,560; After you meet \$2,560 in out-of-pocket expenses, you pay \$0.

***Up to \$50,000 lifetime maximum.

Plan Options

Comparison chart

What You Pay with Original Medicare vs. What You Pay with CareFirst Supplement-65 plans

	Choose Supplement-65 Plan G and You Pay:	Choose Supplement-65 Plan L** and You Pay:	Choose Supplement-65 Plan M and You Pay:	Choose Supplement-65 Plan N and You Pay:
Hospital Services (Part A)				
Inpatient hospital deductible	\$0	\$329	\$658	\$0
Hospital days 61-90	\$0	\$0	\$0	\$0
Hospital days 91-150 (lifetime reserve)	\$0	\$0	\$0	\$0
365 days after hospital benefits stop	\$0	\$0	\$0	\$0
Skilled nursing facility days 21-100	\$0	Up to \$41.13/day	\$0	\$0
Medical Expenses (Part B)				
Medical expense deductible	\$183	\$183	\$183	\$183
Medical expenses after deductible	0%	5%	0%	Office visit: up to \$20 ER visit: up to \$50
Excess charges above Medicare approved amounts	0%	100%	100%	100%
Other Expenses				
Foreign country emergency care (beginning the first 60 days of each trip outside the USA)	\$250 deductible, then 20%***	100%	\$250 deductible, then 20%***	\$250 deductible, then 20%***

The CareFirst Advantage



Your health and your money are important. Make sure you entrust them to a worthy company: CareFirst BlueCross BlueShield.

Consider the advantages

Carry the card that's recognized nationwide

Once enrolled, you'll experience the security of knowing your CareFirst BlueCross BlueShield card is accepted for medical treatment by health care providers throughout Northern Virginia and beyond. You'll have peace of mind knowing you can get the care you need—where and when you need it.

Get local service from a local company

CareFirst BlueCross BlueShield is a local company. That means you'll talk to local customer service representatives over the phone. Or, you can use our walk-in neighborhood service offices. Either way, you'll receive courteous, friendly service from dedicated, experienced representatives—they may even be your neighbors!

Call 410-581-3411 or toll-free 800-843-4280 to locate a service office near you.

Get rid of claim forms

As a CareFirst member, you'll rarely, if ever, have to file a claim to receive benefits. In fact, once Medicare processes your claim, it's automatically sent to us for payment. It couldn't be easier.

Save time and money

CareFirst offers a discount of \$2 off your monthly rate if you elect automated payments via bank withdrawal. That's a savings of \$24 a year. End the worry of getting your payment in the mail on time—and the hassle of buying stamps. See Section 6 of your application to elect automated payment via bank withdrawal for your monthly premium payments.

24-hour Health Care Advice Line

Anytime, day or night, you can speak with a FirstHelp nurse directly.* Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

***Important—If you believe a situation is a medical emergency, call 911 immediately or go to the nearest emergency facility.**

In an urgent situation, contact your doctor for advice. If your doctor isn't available, you can call FirstHelp. Our registered nurses can help you determine what your symptoms mean and if they are serious.

The CareFirst Advantage

Have online access to claims and out-of-pocket costs

With *My Account* you can get up-to-date information and resources. Log in to *My Account* and you can:

- Find out the effective date of your coverage.
- Check your deductible and out-of-pocket costs for your current and previous plan year.
- View claims status and review up to one year of medical claims — total charges, benefits paid and costs for a specific date range.
- Request a replacement medical ID card and/or print Verification of Coverage.
- Update information about other health care coverage you may have.

The screenshot shows the CareFirst Advantage website's member login interface. At the top left is the CareFirst logo with the tagline "Family of health care plans". A navigation bar contains buttons for "Home", "Our Plans", "Find Providers", "Using Your Plan", "Health & Wellness", and "Log In". The main heading is "Member Login - My Account". Below this is a "Username" input field, a "Remember Me What's This? >" checkbox, and a "Log In" button. A "Not Yet Registered?" link is also present. At the bottom, there are links for "Forgot Username? >" and "Forgot Password? >".

health+wellness

Visit www.carefirst.com/livinghealthy to access health tools that are fun and easy to use.

- Interactive quizzes, assessments and calculators
- Personalized features that let you record your health goals, reminders and medical history on our secure server
- Healthy cooking videos and recipes divided by category, including low-sodium, heart-healthy and diabetes-friendly
- A library of articles about diseases, health conditions, wellness tips, tests and procedures
- A multimedia section with videos, podcasts and tutorials about a variety of health topics
- Preventive guidelines
- Information on chronic conditions, nutrition, smoking cessation, stress, weight management and more



We're here to answer your questions.

If you have any questions about the plans described in this book, you can speak to one of our dedicated product consultants at 410-356-8123 or 800-275-3802.

Health + Wellness



Wellness discount program

Blue365 is an exciting program that offers exclusive health and wellness deals that will keep you healthy and happy, every day of the year. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. Visit www.carefirst.com/wellnessdiscounts to learn more.

The Blue365 program is not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite this program because it is not an insurance product. No benefits are paid by CareFirst under this program. The discount program listed above is not guaranteed by CareFirst BlueCross BlueShield and may be discontinued at any time.

We're here to answer your questions.

If you have any questions about the plans described in this book, or if you'd like assistance, just call 800-275-3802 (in the Baltimore area call 410-356-8123). You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.

Dental and Vision

Dental coverage (optional)

We're happy you're considering us for Supplement-65 coverage which provides security for the gaps in Medicare coverage. Now you can look to CareFirst for your dental needs. You have the option of purchasing a separate dental plan from CareFirst or CareFirst BlueChoice, Inc.

Choices for your dental health

Regular preventive dental care is an important part of staying healthy. We offer three dental options:*

- Individual Select Dental HMO
- Individual Select Preferred Dental
- BlueDental Preferred

Individual Select Dental HMO offers you dental care with lower, predictable copayments for routine and major dental services such as preventive and diagnostic dental care, surgical extractions, root canal therapy and orthodontic treatment.

As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of 600+ participating providers to coordinate all of your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

Individual Select Preferred Dental offers a larger dental network of over 5,000 participating providers, 100 percent coverage for preventive and diagnostic dental care, and potential in-network savings for major procedures. And, there are no deductibles to meet.

BlueDental Preferred offers a large dental network of over 5,000 providers across Maryland, D.C. and Northern Virginia. Plus you have access to a national dental network, which includes 123,000 dental providers across the country. And, you can see any provider you want—no referrals are necessary. No charge for oral exams, cleanings and X-rays when you visit an in-network provider. And if you select BlueDental Preferred you'll receive the added benefit of no benefit waiting periods.

Guaranteed acceptance—no claim forms!

All of our dental plans are guaranteed acceptance and require no claim forms when you stay in-network.

Note: The dental plans referenced are not part of your Supplement-65 policy. In order to receive coverage for dental services, you must apply separately for this plan. The plans are not offered as an inducement to purchase a Supplement-65 policy from CareFirst BlueCross BlueShield.

Regular preventive dental care is an important part of staying healthy.

*Individual Select Dental HMO is underwritten by CareFirst BlueChoice, Inc.
Individual Select Preferred Dental is underwritten by Group Hospitalization and Medical Services, Inc.
BlueDental Preferred is underwritten by Group Hospitalization and Medical Services, Inc.

Dental and Vision

BlueVision (optional)

With your CareFirst Supplement-65 enrollment you have the option of purchasing a separate vision plan from CareFirst, which is administered by Davis Vision, Inc.* Benefits include annual eye examinations with dilation at participating providers for a \$10 copay at the time of service plus discounts of about 30 percent on eyeglass frames and lenses or contact lenses from certain participating providers. For medical eye care, please follow your normal medical procedures.

To locate a vision provider, contact Davis Vision, Inc. at 800-783-5602 or visit www.carefirst.com.

Guaranteed acceptance—no claim forms!

You cannot be turned down for CareFirst's vision plan. If you have questions or would like to apply for a vision plan, please contact a product consultant at 410-356-8123 or toll-free at 800-275-3802.

Note: The vision plan referenced is not part of your Supplement-65 policy. In order to receive coverage for vision services, you must apply separately for this plan. The plan is not offered as an inducement to purchase a Supplement-65 policy from CareFirst BlueCross BlueShield.

** Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield members. Davis Vision is solely responsible for the services it provides.*

It's easy to apply for CareFirst dental coverage!

To request an application for Individual Select Preferred Dental Plus, Individual Select Dental HMO, Individual Select Preferred Dental, or BlueDental Preferred please contact one of our product consultants at 855-503-4862. Or detach and mail the Free Information Request Card located on the following page.



Mail this card for free information

YES, please rush me more information about the plan(s) that I've checked below. I understand this information is free and I am under no obligation.

Dental Plan Options

Individual Select Dental HMO

BlueDental Preferred

Individual Select Preferred Dental

Vision Option

BlueVision

O65ANC2016

NAME: _____

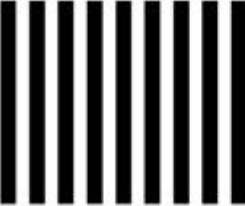
ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____



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BUSINESS REPLY MAIL
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CAREFIRST BLUECROSS BLUESHIELD
10455 MILL RUN CIRCLE
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Outline of Coverage

CareFirst BlueCross BlueShield

Outline of Medicare Supplement coverage

- This chart shows the benefits included in each of the standard Medicare supplement plans.
- Every company must make Plan A available.
- Some plans may not be available in your state.
- CareFirst offers plans A, B, F, High-Deductible F, G, L, M and N as shaded below.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	F*
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible		Part B Deductible	
				Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	

* Plan F also has an option called a High-Deductible Plan F. This High-Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from High-Deductible Plans F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

G	K	L	M	N
Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$5,120; paid at 100% after limit reached	Out-of-pocket limit \$2,560; paid at 100% after limit reached		

Offered by Group Hospitalization and Medical Service, Inc.*, d/b/a CareFirst BlueCross BlueShield, 840 First Street, NE, Washington, DC 20065.

*An independent licensee of the Blue Cross and Blue Shield Association

What Will My Premiums Be?

The premium you pay will be based on:

- Your gender
- Your age when coverage becomes effective
- When you enrolled in Medicare Part B
- Whether you are in a Guaranteed Issue Period
- The plan you select
- Your tobacco use (ONLY if you are applying more than six months past your Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- A review of your medical history through medical underwriting (ONLY if you are applying more than six months past your Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- Your payment option for monthly premiums—if you elect automated payments via bank withdrawal, you will receive a \$2 discount off your monthly premium

Please note

- If you are applying within six months of your Medicare Part B effective date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 Rate applies and is dependent on the plan you selected, your age and gender. You are **not** required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, the tobacco use and health screening questions will not be used in determining your rate.
- If you are applying more than six months past your Medicare Part B effective date and are **not** applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate will also be based on the plan you selected, your age, gender and tobacco use.

	Guaranteed Issue Period
If you apply within six months of your Medicare Part B effective date, or during a Guaranteed Issue Period, you will receive:	Level 1 Rate

Example: Mary is 67 years old. Her Medicare Part B effective date is October 1, 2017, as found on her red, white and blue Medicare identification card. She is applying for Supplement-65 Plan F coverage on November 1, 2017, which is within six months of her Medicare Part B effective date. Because this is her Open Enrollment Period, Mary gets a Level 1 Rate of \$145, and she does not have to answer tobacco use and health screening questions.

	Rates Based on Tobacco Use and Review of Medical History
If you apply over six months past your Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, you will receive:	Level 2 Tobacco or Non-Tobacco Rate Level 3 Tobacco or Non-Tobacco Rate

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying within six months of your Medicare Part B effective date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 Rate applies and is dependent on the plan you selected, your age and gender. You are not required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, tobacco use and health screening questions will not be used in determining your rate.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 1, Female Rates								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$896	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$105	\$111	\$134	\$47	\$125	\$83	\$116	\$71
66	\$110	\$116	\$140	\$50	\$131	\$87	\$121	\$74
67	\$114	\$121	\$145	\$52	\$136	\$90	\$126	\$77
68	\$118	\$125	\$150	\$53	\$141	\$93	\$130	\$80
69	\$124	\$131	\$157	\$56	\$147	\$97	\$136	\$83
70	\$129	\$136	\$164	\$58	\$153	\$102	\$142	\$87
71	\$135	\$142	\$171	\$61	\$160	\$106	\$148	\$90
72	\$140	\$148	\$178	\$63	\$166	\$110	\$153	\$94
73	\$145	\$153	\$184	\$65	\$172	\$114	\$159	\$98
74	\$149	\$158	\$189	\$67	\$177	\$117	\$164	\$100
75	\$153	\$162	\$195	\$69	\$182	\$121	\$168	\$103
76	\$157	\$166	\$200	\$71	\$187	\$124	\$173	\$106
77	\$162	\$171	\$206	\$73	\$192	\$127	\$178	\$109
78	\$166	\$176	\$211	\$75	\$198	\$131	\$183	\$112
79	\$171	\$181	\$217	\$77	\$203	\$134	\$188	\$115
80	\$175	\$185	\$223	\$79	\$208	\$138	\$193	\$118
81	\$180	\$191	\$229	\$81	\$214	\$142	\$198	\$121
82	\$185	\$196	\$235	\$83	\$220	\$146	\$203	\$124
83	\$190	\$201	\$242	\$86	\$226	\$150	\$209	\$128
84	\$195	\$207	\$248	\$88	\$232	\$154	\$215	\$131
85	\$201	\$212	\$255	\$90	\$238	\$158	\$220	\$135
86	\$203	\$214	\$257	\$91	\$241	\$159	\$223	\$136
87	\$205	\$216	\$260	\$92	\$243	\$161	\$225	\$138
88	\$207	\$219	\$263	\$93	\$246	\$163	\$227	\$139
89	\$209	\$221	\$265	\$94	\$248	\$164	\$229	\$140
90 & Older	\$211	\$223	\$268	\$95	\$251	\$166	\$232	\$142

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying within six months of your Medicare Part B effective date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 Rate applies and is dependent on the plan you selected, your age and gender. You are not required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, tobacco use and health screening questions will not be used in determining your rate.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 1, Male Rates								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$939	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$110	\$117	\$140	\$50	\$131	\$87	\$121	\$74
66	\$116	\$122	\$147	\$52	\$137	\$91	\$127	\$78
67	\$121	\$128	\$154	\$54	\$144	\$95	\$133	\$81
68	\$126	\$134	\$161	\$57	\$150	\$99	\$139	\$85
69	\$132	\$140	\$168	\$60	\$157	\$104	\$145	\$89
70	\$138	\$146	\$176	\$62	\$164	\$109	\$152	\$93
71	\$145	\$153	\$184	\$65	\$172	\$114	\$159	\$97
72	\$151	\$160	\$192	\$68	\$180	\$119	\$166	\$102
73	\$158	\$167	\$201	\$71	\$188	\$124	\$174	\$106
74	\$164	\$173	\$208	\$74	\$194	\$129	\$180	\$110
75	\$169	\$179	\$215	\$76	\$201	\$133	\$186	\$114
76	\$175	\$185	\$223	\$79	\$208	\$138	\$192	\$118
77	\$181	\$192	\$230	\$82	\$216	\$143	\$199	\$122
78	\$188	\$198	\$238	\$85	\$223	\$148	\$206	\$126
79	\$194	\$205	\$247	\$88	\$231	\$153	\$213	\$131
80	\$201	\$213	\$255	\$91	\$239	\$158	\$221	\$135
81	\$208	\$220	\$264	\$94	\$247	\$164	\$229	\$140
82	\$215	\$228	\$274	\$97	\$256	\$169	\$237	\$145
83	\$223	\$236	\$283	\$101	\$265	\$175	\$245	\$150
84	\$231	\$244	\$293	\$104	\$274	\$182	\$253	\$155
85	\$239	\$252	\$303	\$108	\$284	\$188	\$262	\$161
86	\$241	\$255	\$306	\$109	\$287	\$190	\$265	\$162
87	\$244	\$258	\$309	\$110	\$290	\$192	\$268	\$164
88	\$246	\$260	\$313	\$111	\$292	\$194	\$270	\$165
89	\$248	\$263	\$316	\$112	\$295	\$196	\$273	\$167
90 & Older	\$251	\$265	\$319	\$113	\$298	\$197	\$276	\$169

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 2, Non-Tobacco Female Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,031	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$158	\$167	\$200	\$71	\$188	\$124	\$173	\$106
66	\$164	\$173	\$208	\$74	\$195	\$129	\$180	\$110
67	\$169	\$179	\$215	\$76	\$201	\$133	\$186	\$114
68	\$172	\$182	\$218	\$77	\$204	\$135	\$189	\$115
69	\$173	\$183	\$220	\$78	\$206	\$136	\$190	\$116
70	\$174	\$184	\$221	\$79	\$207	\$137	\$191	\$117
71	\$175	\$185	\$222	\$79	\$208	\$138	\$192	\$118
72	\$176	\$186	\$224	\$79	\$209	\$139	\$193	\$118
73	\$177	\$187	\$225	\$80	\$210	\$139	\$194	\$119
74	\$177	\$188	\$225	\$80	\$211	\$140	\$195	\$119
75	\$178	\$188	\$226	\$80	\$211	\$140	\$195	\$119
76	\$183	\$193	\$232	\$82	\$217	\$144	\$201	\$123
77	\$188	\$198	\$238	\$85	\$223	\$148	\$206	\$126
78	\$193	\$204	\$245	\$87	\$229	\$152	\$212	\$130
79	\$198	\$209	\$252	\$89	\$235	\$156	\$218	\$133
80	\$203	\$215	\$259	\$92	\$242	\$160	\$224	\$137
81	\$209	\$221	\$266	\$94	\$248	\$164	\$230	\$141
82	\$215	\$227	\$273	\$97	\$255	\$169	\$236	\$144
83	\$221	\$233	\$280	\$99	\$262	\$174	\$242	\$148
84	\$227	\$240	\$288	\$102	\$269	\$178	\$249	\$152
85	\$233	\$246	\$296	\$105	\$277	\$183	\$256	\$156
86	\$235	\$248	\$299	\$106	\$279	\$185	\$258	\$158
87	\$237	\$251	\$302	\$107	\$282	\$187	\$261	\$160
88	\$240	\$253	\$305	\$108	\$285	\$189	\$263	\$161
89	\$242	\$256	\$308	\$109	\$288	\$191	\$266	\$163
90 & Older	\$245	\$259	\$311	\$110	\$291	\$192	\$269	\$164

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 2, Non-Tobacco Male Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,080	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$166	\$175	\$210	\$75	\$197	\$130	\$182	\$111
66	\$172	\$182	\$219	\$78	\$205	\$135	\$189	\$116
67	\$179	\$189	\$227	\$81	\$213	\$141	\$196	\$120
68	\$183	\$194	\$233	\$83	\$218	\$144	\$201	\$123
69	\$185	\$196	\$235	\$83	\$220	\$146	\$203	\$124
70	\$187	\$197	\$237	\$84	\$222	\$147	\$205	\$125
71	\$188	\$199	\$239	\$85	\$223	\$148	\$206	\$126
72	\$190	\$201	\$242	\$86	\$226	\$150	\$209	\$128
73	\$193	\$204	\$245	\$87	\$229	\$152	\$212	\$130
74	\$195	\$206	\$247	\$88	\$231	\$153	\$214	\$131
75	\$196	\$208	\$250	\$89	\$233	\$155	\$216	\$132
76	\$203	\$215	\$258	\$92	\$242	\$160	\$223	\$137
77	\$210	\$222	\$267	\$95	\$250	\$166	\$231	\$141
78	\$218	\$230	\$277	\$98	\$259	\$171	\$239	\$146
79	\$225	\$238	\$286	\$102	\$268	\$177	\$248	\$151
80	\$233	\$247	\$296	\$105	\$277	\$184	\$256	\$157
81	\$241	\$255	\$307	\$109	\$287	\$190	\$265	\$162
82	\$250	\$264	\$317	\$113	\$297	\$197	\$274	\$168
83	\$259	\$273	\$329	\$117	\$307	\$203	\$284	\$174
84	\$268	\$283	\$340	\$121	\$318	\$211	\$294	\$180
85	\$277	\$293	\$352	\$125	\$329	\$218	\$304	\$186
86	\$280	\$296	\$355	\$126	\$333	\$220	\$307	\$188
87	\$283	\$299	\$359	\$127	\$336	\$222	\$310	\$190
88	\$285	\$302	\$363	\$129	\$339	\$225	\$313	\$192
89	\$288	\$305	\$366	\$130	\$343	\$227	\$317	\$194
90 & Older	\$291	\$308	\$370	\$131	\$346	\$229	\$320	\$196

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 2, Tobacco Female Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,288	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$197	\$209	\$251	\$89	\$234	\$155	\$217	\$133
66	\$205	\$217	\$260	\$92	\$243	\$161	\$225	\$138
67	\$211	\$224	\$269	\$95	\$251	\$166	\$232	\$142
68	\$215	\$227	\$273	\$97	\$255	\$169	\$236	\$144
69	\$216	\$229	\$275	\$98	\$257	\$170	\$238	\$145
70	\$218	\$230	\$277	\$98	\$259	\$171	\$239	\$146
71	\$219	\$231	\$278	\$99	\$260	\$172	\$240	\$147
72	\$220	\$233	\$280	\$99	\$262	\$173	\$242	\$148
73	\$221	\$234	\$281	\$100	\$263	\$174	\$243	\$149
74	\$222	\$234	\$282	\$100	\$264	\$174	\$244	\$149
75	\$222	\$235	\$282	\$100	\$264	\$175	\$244	\$149
76	\$228	\$241	\$290	\$103	\$271	\$180	\$251	\$153
77	\$235	\$248	\$298	\$106	\$279	\$185	\$258	\$158
78	\$241	\$255	\$306	\$109	\$286	\$190	\$265	\$162
79	\$248	\$262	\$315	\$112	\$294	\$195	\$272	\$166
80	\$254	\$269	\$323	\$115	\$302	\$200	\$279	\$171
81	\$261	\$276	\$332	\$118	\$311	\$206	\$287	\$176
82	\$268	\$284	\$341	\$121	\$319	\$211	\$295	\$180
83	\$276	\$291	\$350	\$124	\$328	\$217	\$303	\$185
84	\$283	\$299	\$360	\$128	\$337	\$223	\$311	\$190
85	\$291	\$307	\$369	\$131	\$346	\$229	\$319	\$195
86	\$294	\$311	\$373	\$132	\$349	\$231	\$323	\$197
87	\$297	\$314	\$377	\$134	\$353	\$233	\$326	\$199
88	\$300	\$317	\$381	\$135	\$356	\$236	\$329	\$201
89	\$303	\$320	\$384	\$136	\$360	\$238	\$332	\$203
90 & Older	\$306	\$323	\$388	\$138	\$363	\$241	\$336	\$205

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 2, Tobacco Male Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,350	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$207	\$219	\$263	\$93	\$246	\$163	\$227	\$139
66	\$215	\$227	\$273	\$97	\$256	\$169	\$236	\$145
67	\$224	\$236	\$284	\$101	\$266	\$176	\$245	\$150
68	\$229	\$242	\$291	\$103	\$272	\$180	\$252	\$154
69	\$231	\$245	\$294	\$104	\$275	\$182	\$254	\$155
70	\$233	\$247	\$296	\$105	\$277	\$184	\$256	\$157
71	\$235	\$248	\$298	\$106	\$279	\$185	\$258	\$158
72	\$238	\$252	\$302	\$107	\$283	\$187	\$261	\$160
73	\$241	\$255	\$306	\$109	\$286	\$190	\$265	\$162
74	\$243	\$257	\$309	\$110	\$289	\$191	\$267	\$163
75	\$245	\$260	\$312	\$111	\$292	\$193	\$270	\$165
76	\$254	\$269	\$323	\$115	\$302	\$200	\$279	\$171
77	\$263	\$278	\$334	\$119	\$312	\$207	\$289	\$177
78	\$272	\$288	\$346	\$123	\$323	\$214	\$299	\$183
79	\$282	\$298	\$358	\$127	\$335	\$222	\$309	\$189
80	\$291	\$308	\$370	\$131	\$346	\$229	\$320	\$196
81	\$302	\$319	\$383	\$136	\$359	\$237	\$331	\$203
82	\$312	\$330	\$397	\$141	\$371	\$246	\$343	\$210
83	\$323	\$342	\$411	\$146	\$384	\$254	\$355	\$217
84	\$334	\$354	\$425	\$151	\$398	\$263	\$367	\$225
85	\$346	\$366	\$440	\$156	\$411	\$272	\$380	\$233
86	\$350	\$370	\$444	\$158	\$416	\$275	\$384	\$235
87	\$353	\$373	\$449	\$159	\$420	\$278	\$388	\$237
88	\$357	\$377	\$453	\$161	\$424	\$281	\$392	\$240
89	\$360	\$381	\$458	\$162	\$428	\$283	\$396	\$242
90 & Older	\$364	\$385	\$462	\$164	\$432	\$286	\$400	\$245

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 3, Non-Tobacco Female Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,389	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$210	\$222	\$267	\$95	\$250	\$166	\$231	\$141
66	\$218	\$230	\$277	\$98	\$259	\$171	\$239	\$146
67	\$223	\$236	\$283	\$101	\$265	\$175	\$245	\$150
68	\$225	\$238	\$286	\$101	\$267	\$177	\$247	\$151
69	\$229	\$242	\$291	\$103	\$272	\$180	\$251	\$154
70	\$232	\$246	\$295	\$105	\$276	\$183	\$255	\$156
71	\$236	\$249	\$299	\$106	\$280	\$185	\$259	\$158
72	\$238	\$251	\$302	\$107	\$282	\$187	\$261	\$160
73	\$239	\$253	\$304	\$108	\$285	\$188	\$263	\$161
74	\$242	\$255	\$307	\$109	\$287	\$190	\$265	\$162
75	\$245	\$259	\$311	\$111	\$291	\$193	\$269	\$165
76	\$252	\$266	\$320	\$114	\$299	\$198	\$277	\$169
77	\$259	\$274	\$329	\$117	\$308	\$204	\$284	\$174
78	\$266	\$281	\$338	\$120	\$316	\$209	\$292	\$179
79	\$273	\$289	\$347	\$123	\$325	\$215	\$300	\$184
80	\$281	\$297	\$357	\$127	\$334	\$221	\$308	\$189
81	\$288	\$305	\$366	\$130	\$343	\$227	\$317	\$194
82	\$296	\$313	\$376	\$134	\$352	\$233	\$325	\$199
83	\$304	\$322	\$387	\$137	\$362	\$239	\$334	\$204
84	\$312	\$330	\$397	\$141	\$371	\$246	\$343	\$210
85	\$321	\$339	\$408	\$145	\$381	\$253	\$353	\$216
86	\$324	\$343	\$412	\$146	\$385	\$255	\$356	\$218
87	\$327	\$346	\$416	\$148	\$389	\$258	\$360	\$220
88	\$331	\$350	\$420	\$149	\$393	\$260	\$363	\$222
89	\$334	\$353	\$424	\$151	\$397	\$263	\$367	\$224
90 & Older	\$337	\$357	\$429	\$152	\$401	\$265	\$371	\$227

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 3, Non-Tobacco Male Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,456	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$221	\$233	\$281	\$100	\$262	\$174	\$243	\$148
66	\$229	\$242	\$291	\$103	\$272	\$180	\$251	\$154
67	\$236	\$249	\$299	\$106	\$280	\$185	\$259	\$158
68	\$240	\$254	\$305	\$108	\$285	\$189	\$264	\$161
69	\$245	\$259	\$311	\$110	\$291	\$192	\$269	\$164
70	\$249	\$263	\$316	\$112	\$296	\$196	\$273	\$167
71	\$253	\$268	\$321	\$114	\$301	\$199	\$278	\$170
72	\$257	\$272	\$326	\$116	\$305	\$202	\$282	\$173
73	\$261	\$276	\$331	\$118	\$310	\$205	\$286	\$175
74	\$265	\$280	\$337	\$119	\$315	\$208	\$291	\$178
75	\$271	\$286	\$344	\$122	\$322	\$213	\$298	\$182
76	\$280	\$296	\$356	\$126	\$333	\$221	\$308	\$188
77	\$290	\$307	\$369	\$131	\$345	\$228	\$319	\$195
78	\$300	\$318	\$382	\$135	\$357	\$236	\$330	\$202
79	\$311	\$329	\$395	\$140	\$369	\$245	\$341	\$209
80	\$322	\$340	\$409	\$145	\$382	\$253	\$353	\$216
81	\$333	\$352	\$423	\$150	\$396	\$262	\$366	\$224
82	\$345	\$364	\$438	\$155	\$410	\$271	\$379	\$232
83	\$357	\$377	\$453	\$161	\$424	\$281	\$392	\$240
84	\$369	\$390	\$469	\$166	\$439	\$290	\$405	\$248
85	\$382	\$404	\$485	\$172	\$454	\$301	\$420	\$257
86	\$386	\$408	\$490	\$174	\$459	\$304	\$424	\$259
87	\$390	\$412	\$495	\$176	\$463	\$307	\$428	\$262
88	\$394	\$416	\$500	\$177	\$468	\$310	\$432	\$265
89	\$398	\$420	\$505	\$179	\$473	\$313	\$437	\$267
90 & Older	\$402	\$425	\$510	\$181	\$477	\$316	\$441	\$270

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

If you are applying more than six months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (medical underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 Rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco use.

You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 3, Tobacco Female Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,736	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$263	\$278	\$334	\$119	\$313	\$207	\$289	\$177
66	\$272	\$288	\$346	\$123	\$323	\$214	\$299	\$183
67	\$279	\$295	\$354	\$126	\$331	\$219	\$306	\$187
68	\$281	\$297	\$357	\$127	\$334	\$221	\$309	\$189
69	\$286	\$302	\$363	\$129	\$340	\$225	\$314	\$192
70	\$290	\$307	\$369	\$131	\$345	\$228	\$319	\$195
71	\$294	\$311	\$374	\$133	\$350	\$232	\$323	\$198
72	\$297	\$314	\$377	\$134	\$353	\$234	\$326	\$200
73	\$299	\$316	\$380	\$135	\$356	\$235	\$329	\$201
74	\$302	\$319	\$383	\$136	\$359	\$238	\$332	\$203
75	\$306	\$324	\$389	\$138	\$364	\$241	\$336	\$206
76	\$315	\$333	\$400	\$142	\$374	\$248	\$346	\$212
77	\$323	\$342	\$411	\$146	\$384	\$255	\$355	\$217
78	\$332	\$351	\$422	\$150	\$395	\$262	\$365	\$223
79	\$341	\$361	\$434	\$154	\$406	\$269	\$375	\$229
80	\$351	\$371	\$446	\$158	\$417	\$276	\$385	\$236
81	\$360	\$381	\$458	\$162	\$428	\$284	\$396	\$242
82	\$370	\$391	\$470	\$167	\$440	\$291	\$407	\$249
83	\$380	\$402	\$483	\$171	\$452	\$299	\$418	\$256
84	\$391	\$413	\$496	\$176	\$464	\$307	\$429	\$262
85	\$401	\$424	\$510	\$181	\$477	\$316	\$441	\$270
86	\$405	\$428	\$515	\$183	\$481	\$319	\$445	\$272
87	\$409	\$433	\$520	\$184	\$486	\$322	\$449	\$275
88	\$413	\$437	\$525	\$186	\$491	\$325	\$454	\$278
89	\$417	\$441	\$530	\$188	\$496	\$328	\$458	\$281
90 & Older	\$422	\$446	\$536	\$190	\$501	\$332	\$463	\$283

Competitive Rates

Take advantage of CareFirst BlueCross BlueShield's competitive rates

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You can receive a discount of \$2 off your monthly rate if you elect automated payment via bank withdrawal. See Section 6 of your application.

Supplement-65 Virginia: Level 3, Tobacco Male Rate								
Monthly Premium Rates Effective January 1, 2017								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,819	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$276	\$292	\$351	\$124	\$328	\$217	\$303	\$185
66	\$286	\$302	\$363	\$129	\$340	\$225	\$314	\$192
67	\$294	\$311	\$374	\$133	\$350	\$232	\$323	\$198
68	\$300	\$317	\$381	\$135	\$357	\$236	\$330	\$202
69	\$306	\$323	\$388	\$138	\$363	\$241	\$336	\$205
70	\$311	\$329	\$395	\$140	\$370	\$245	\$342	\$209
71	\$316	\$334	\$402	\$143	\$376	\$249	\$347	\$213
72	\$321	\$340	\$408	\$145	\$382	\$253	\$353	\$216
73	\$326	\$345	\$414	\$147	\$387	\$256	\$358	\$219
74	\$331	\$350	\$421	\$149	\$394	\$261	\$364	\$223
75	\$339	\$358	\$430	\$153	\$402	\$266	\$372	\$228
76	\$350	\$370	\$445	\$158	\$416	\$276	\$385	\$235
77	\$363	\$383	\$461	\$163	\$431	\$285	\$398	\$244
78	\$375	\$397	\$477	\$169	\$446	\$295	\$412	\$252
79	\$388	\$411	\$494	\$175	\$462	\$306	\$427	\$261
80	\$402	\$425	\$511	\$181	\$478	\$316	\$442	\$270
81	\$416	\$440	\$529	\$188	\$495	\$327	\$457	\$280
82	\$431	\$455	\$547	\$194	\$512	\$339	\$473	\$289
83	\$446	\$471	\$566	\$201	\$530	\$351	\$490	\$300
84	\$461	\$488	\$586	\$208	\$548	\$363	\$507	\$310
85	\$477	\$505	\$607	\$215	\$568	\$376	\$524	\$321
86	\$482	\$510	\$613	\$217	\$573	\$379	\$530	\$324
87	\$487	\$515	\$619	\$220	\$579	\$383	\$535	\$327
88	\$492	\$520	\$625	\$222	\$585	\$387	\$540	\$331
89	\$497	\$525	\$631	\$224	\$591	\$391	\$546	\$334
90 & Older	\$502	\$531	\$638	\$226	\$596	\$395	\$551	\$337

CareFirst BlueCross BlueShield

Outline of Medicare Supplement coverage

Premium information

We, CareFirst BlueCross BlueShield, can only raise your premium if we raise the premium for all policies like yours in this Commonwealth. If you have paid your premiums on time, this policy will be renewed automatically during its renewal month. Under Medicare supplement policies that use attained age rating, premiums automatically increase as you get older. You can expect your premiums to increase each year due to changes in age. We reserve the right to adjust premiums on your renewal. The rate increase will be effective on the first of the policy renewal month. The policy renewal month means the month in which the policy becomes effective and each subsequent anniversary of that month.

Notice about attained age rated Medicare Supplemental policies

The premiums for other Medicare Supplement policies that are issued age- or community-rated do not increase due to changes in your age.

While the cost for a Medicare Supplement policy based on attained age may be lower than the cost of a Medicare Supplement policy that is issue age- or community-rated at your present age, it is important to compare the potential cost of these policies over the life of your policy.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read your policy very carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to return policy

If you find that you are not satisfied with your policy, you may return it to:

**Group Hospitalization and Medical Services, Inc.
d/b/a CareFirst BlueCross BlueShield
840 First Street, NE
Dept. AF23
Washington, DC 20065**

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither CareFirst BlueCross BlueShield or its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

Complete answers are very important

When you fill out the application for your new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Supplement-65: Plan A

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$0	\$1,316 (Part A Deductible)
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	\$0	Up to \$164.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan A

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: Plan B

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan B Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	\$0	Up to \$164.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan B

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan B Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: Plan F

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan F

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
■ Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel—Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: High-Deductible Plan F

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	High-Deductible Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies			
After you pay \$2,220 deductible,² High-Deductible Plan F pays			
In addition to \$2,220 deductible,² you pay			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ³
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² This High-Deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,220 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are \$2,220. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

³ Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: High-Deductible Plan F

Medicare Part B medical services per calendar year

Services	Medicare Pays	High-Deductible Plan F Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$183 (Part B Deductible)	\$0
■ Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel—Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

² This High-Deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,220 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are \$2,220. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Supplement-65: Plan G

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan G

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel—Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: Plan L

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan L Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$987 (75% of Part A Deductible)	\$329 [♦] (25% of Part A Deductible)
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ³
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$123.38 a day (75% of Part A Coinsurance) [♦]	Up to \$41.13 a day (25% of Part A Coinsurance) [♦]
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	75%	25% [♦]
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance [♦]

¹ You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,560 each calendar year. The amounts that count toward your annual limit are noted with diamonds "♦" in the chart above. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

² A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

³ Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan L

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan L Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 ² (Part B Deductible) [♦]
Preventive benefits for Medicare-covered services	Generally 80% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% [♦]
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket ³ limit of \$2,560 ¹)
Blood			
First 3 pints	\$0	75%	25% [♦]
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 [♦] (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% [♦]
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 [♦] (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	15%	5% [♦]

¹ This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,560 per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

² Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

³ Medicare Benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

Supplement-65: Plan M

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan M Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$658 (50% of Part A Deductible)	\$658 (50% of Part A Deductible)
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan M

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan M Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel—Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: Plan N

Medicare Part A hospital services per benefit period¹

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare-eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement-65: Plan N

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan N Pays	You Pay
Medical Expenses—In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
■ First \$183 of Medicare-approved amounts ¹	\$0	\$0	\$183 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: Plan N

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan N Pays	You Pay
Other Benefits Not Covered by Medicare			
Foreign Travel—Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

These benefits described are issued under policies:

VA/CF/MG PLAN A (6/10)
VA/CF/MG PLAN G (2/12)
VA/CF/MG PLAN L (2/12)
VA/CF/MG PLAN M (2/12)
as amended

VA/CF/MG UW PLAN B (6/10)
VA/CF/MG UW PLAN F (6/10)
VA/CF/MG UW PLAN HI DED F (6/10)
VA/CF/MG UW PLAN N (6/10)
as amended

VA/CF/2010 PLAN HI F SOB (6/10)
as amended

Neither CareFirst BlueCross BlueShield nor its agents represent, work for or receive compensation from any federal, state or local government agency.



Group Hospitalization and Medical Services, Inc.
840 First Street, NE, Washington, DC 20065

www.carefirst.com

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Apply Today

Apply Today

Three Ways to Apply!

Applying for a Supplement-65 plan is easy. Select one of the three ways to apply from the list below.

1. Apply online and be approved in as little as 24 hours at www.carefirst.com/individual. Click on the *Medicare* tab at the top. To see where you can apply online—take a look at the picture of our website at the bottom of this page.
2. Fill out and mail the enclosed application. Send no money when you apply. We'll begin processing your application right away.
3. Apply through your broker.

Steps to apply:

- Review the plan options and premiums in the Outline of Coverage.
- Complete your application. Don't forget to:
 - › Indicate the Supplement-65 plan of your choice.
 - › Read Section 3 of your application to see if you automatically qualify for Guaranteed Acceptance and our lowest rates.
 - › Sign your application.
- Mail your application in the enclosed, postage-paid envelope.

Please Note: We recommend folding the application into thirds before placing it into the enclosed envelope.

Once you have submitted your application, you can call the Application Status Hotline at 877-746-7515 with questions. Your coverage will become effective the first of the month following the month in which we approve your application.

If you have questions, please call our product consultants at 410-356-8123 or toll-free at 800-275-3802, Monday–Friday 8 a.m.–6 p.m., Saturday 8 a.m.–12 noon. Or, visit the CareFirst website at www.carefirst.com.



The screenshot shows the CareFirst website's application form for Medicare Supplement Insurance. The header includes the CareFirst logo and the tagline "Family of health care plans". The form title is "Medicare Supplement Insurance Health Care Coverage for Medicare Beneficiaries". The form contains several fields: "Applicant's Gender" (dropdown menu), "Applicant's Date of Birth" (02 / 02 / 1939), "I want my coverage to begin on:" (01/01/2017), "Zip Code:" (02223), "Eligible for Medicare?" (radio buttons for Yes and No), "Medicare Part B effective date:" (Jan 2017), and "Outside your enrollment period? Check here if you qualify for a Special Guaranteed Issue Period." (checkbox). A "GET QUOTES" button is located at the bottom right. The background of the form features a photograph of a man and a woman walking on a beach.

Apply Today

Pay your premium online and save!

As a member, you can save time and money when you take advantage of our online billing system called e-Billing.

With e-Billing you can:

- Set up recurring monthly payments in two ways:
 1. Fill out Section 6 on the enclosed application with your checking account information. If you sign up for automated payments via bank withdrawal, you'll receive a \$2 discount off your monthly rate for a savings of \$24 a year.

OR

- 2. You can also sign up for e-Billing once you are a member. Either through *My Account*, which can be found at www.carefirst.com/myaccount, or call the customer service number on the back of your membership card.
- View and pay your monthly bill online 24 hours a day, seven days a week.
- Check the status of your payment and any outstanding balances.
- End the hassle of buying stamps and the worry of getting your payment in the mail on time.

The screenshot shows the CareFirst website's member login interface. At the top left is the CareFirst logo with the tagline "Family of health care plans". A navigation bar contains buttons for "Home", "Our Plans", "Find Providers", "Using Your Plan", "Health & Wellness", and "Log In". The main heading is "Member Login - My Account". Below this is a "Username" input field, a "Remember Me What's This? >" checkbox, and a "Log In" button. A "Not Yet Registered?" link is also present. At the bottom, there are links for "Forgot Username? >" and "Forgot Password? >".

Medicare Supplement Coverage (Supplement-65) Application

Virginia Residents

Coverage designed to supplement benefits
under Medicare



Group Hospitalization and Medical Services, Inc.
840 First Street, NE, Washington, DC 20065

INSTRUCTIONS

1. Please fill out all applicable spaces on this application. Print or type all information.
2. Sign this application on page 13 and return it in the postage-paid envelope, if provided. Or mail to:
Mailroom Administrator
P.O. Box 14651
Lexington, KY 40512
3. **Send no money with this application.** You will be notified by mail of the amount due if this application is accepted.

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed. If incomplete, the application will be returned and delay your coverage.

For assistance completing this application, call 800-275-3802. Note: Please consider retaining your existing plan coverage until it is determined that you have passed Medical Underwriting.

SECTION 1. APPLICANT INFORMATION

1A. PERSONAL INFORMATION

Last Name:		First Name:		Initial:	
Residence Address (Number and Street, Apt #):					
City:		State:		Zip Code (9-digit, if known):	
Billing Address, if different from Resident Address (Number and Street, Apt #):					
City:		State:		Zip Code (9-digit, if known):	
Social Security (or Railroad Retirement) Number: _____ - _____ - _____			Date of Birth: _____ / _____ / _____ Month Day Year		
Home Phone: ()		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height: __ ft. __ in.	Weight: _____ lbs.

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.

SECTION 1. APPLICANT INFORMATION (continued)

1B. PLAN OPTIONS

Please check the Medicare Supplement Coverage (Supplement-65) for which you are applying (check only one plan):

- PLAN A*** **PLAN B** **PLAN F** **High Deductible PLAN F**
 PLAN G **PLAN L** **PLAN M** **PLAN N**

If you are under age 65 and have Medicare, you may apply for **PLAN A only.*

1C. EFFECTIVE DATE

Your coverage becomes effective on the first day of the month following receipt and approval of this application. You will receive a Policy confirming the following effective date.

Requested Effective Date of Coverage: _____ / _____ / _____
Month Day Year

SECTION 2. MEDICARE COVERAGE INFORMATION

Please provide the following Medicare Information as printed on your red, white and blue Medicare identification card. **You must have both Medicare Part A (hospital) and Medicare Part B (medical/surgical) coverage or will obtain Medicare coverage before the effective date of this Policy.**

Health Insurance Claim Number:

Medicare Hospital (**PART A**) Effective Date:

_____ / _____ / _____
Month Day Year

Medicare Medical/Surgical (**PART B**) Effective Date:

_____ / _____ / _____
Month Day Year

SECTION 3. ELIGIBILITY INFORMATION

You are eligible to enroll if all of these are true:

- You are enrolled in Medicare Parts A & B,
- You are not duplicating Medicare Supplement Coverage.

Note: If you are not yet age 65, you may enroll within 6 months after enrolling in Medicare Part B.

If you meet this requirement, you may only enroll in Plan A.

Please answer the following questions regarding your eligibility:

3A. Did you turn age 65 in the last 6 months? Yes No

3B. Did you enroll in Medicare Part B within the last 6 months? Yes No

3C. Are you under age 65, eligible for Medicare due to a disability, AND did you enroll in Medicare Part B within the last 6 months? Yes No

3D. At the time of this application, are you within 6 months from the first day of the month in which you first enrolled or will enroll in Medicare Part B? Yes No

NOTE:

- If you answered **YES** to **3A, 3B, 3C** or **3D**, your acceptance is guaranteed. Go directly to Section 5.
- If you answered **NO** to **3A, 3B, 3C AND 3D**, continue to question **3E**.

3E. Please refer to the Guaranteed Issue Guidelines listed on the next page. Yes No

Have you lost other health insurance coverage and are now eligible for guaranteed issue based on the Guaranteed Issue Guidelines listed on the next page?

- If you checked **YES** to **3E** and are eligible for guaranteed issue, attach a copy of your termination notice, HIPAA certificate, or other correspondence to validate your eligibility for guaranteed issue. Skip to Section 5.
- If you answered **NO** to questions **3A, 3B, 3C, 3D AND 3E**, continue to Section 4.

SECTION 3. ELIGIBILITY INFORMATION/GUARANTEED ISSUE GUIDELINES

I. During an Open Enrollment period, acceptance is guaranteed if the individual:

- Is age 65 or older and enrolled in Medicare Part B within the last 6 months;
- Turned age 65 in the last 6 months (member must have Medicare Parts A and B);
- Is under age 65, eligible for Medicare due to a disability, and enrolled in Medicare Part B within the last 6 months;
- Is under age 65 and eligible for Medicare due to a disability; or
- At the time of application is within 6 months from the first day of the month in which he or she first enrolled or will enroll in Medicare Part B.

II. Acceptance may also be guaranteed through other special Guaranteed Issue Enrollment Provisions. If health insurance coverage is lost, the individual may be considered an “Eligible Person” entitled to guaranteed acceptance and may have a guaranteed right to enroll in CareFirst Medicare Supplement Plans under the following circumstances:

A. Supplemental Plan Termination, meaning:

- The individual was enrolled under an employer group health plan or union coverage that pays after Medicare pays (Medicare Supplemental Plan) and the plan is ending or will no longer provide the individual with supplemental health benefits and the coverage was terminated or ceased within the last 63 days;
- The individual got a notice that supplemental health benefits were terminated or ceased within the past 63 days; or
- The individual did NOT get a notice that supplemental health benefits terminated or ceased, BUT within the past 63 days received a notice that a claim was denied because supplemental benefits terminated or ceased.

B. Medicare Health Plan* termination, movement out of service area, violation of contract terms or marketing violations, meaning:

- Within the past 63-day period the individual was enrolled under: A Medicare Health Plan* (such as a Medicare Advantage Plan), or was 65 years of age or older and enrolled with a PACE provider (Program of All Inclusive Care for the Elderly), and one of the following occurs:
 - i. The Plan was terminated, no longer provides or has discontinued to offer coverage in the service area where the individual lives;
 - ii. The individual lost coverage because of a move out of the plan’s service area or experienced other change in circumstances specified by Health and Human Services (NOTE: This does not include failure to pay premiums on a timely basis.);
 - iii. The individual terminated because he or she can show that the Plan violated the terms of the Plan’s contract such as failing to provide timely medically necessary care or in accordance with medical standards;
 - iv. The individual can show that the Plan or its agent misled them in marketing the Plan; or
 - v. The certificate of the organization was terminated.

***A Medicare Health Plan Includes:**

- a) Any Medicare Advantage plan;
- b) Any eligible organization under a contract under Section 1876 (Medicare cost);
- c) Any similar organization operating under demonstration pro authority;
- d) Any PACE provider, under section 1894 of the Social Security Act;
- e) Any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or
- f) A Medicare Select policy

SECTION 3. ELIGIBILITY INFORMATION/GUARANTEED ISSUE GUIDELINES (continued)

C. Medicare Supplemental Plan involuntary termination, or termination due to a violation of contract terms, or marketing violations, meaning:

- Within the past 63-day period the individual was enrolled under: A Medicare supplemental policy and the individual's enrollment ended because:
 - i. Of any involuntary termination of coverage or enrollment under the policy, including plan bankruptcy;
 - ii. The plan violated the terms of the Plan's contract; or
 - iii. The individual can show that the company or its agent misled them in marketing the Plan.

D. Enrollment change from Medicare Health Plan to Medicare Supplemental Plan (enrolled in MA less than 12 months), meaning:*

- Within the past 63-day period the individual was enrolled under: A Medicare Health Plan* (such as Medicare Advantage or PACE plan), when the individual first enrolled under Medicare Part B at age 65 or older, and within 12 months of enrollment in the Medicare Health Plan* decided to switch back to a Medicare Supplement policy; or
- Within the past 63-day period the individual was enrolled under: A Medicare Supplemental plan that the individual dropped and subsequently enrolled for the first time with a Medicare Health Plan* (such as Medicare Advantage or PACE); and was with the plan less than 12 months and wants to return to a Medicare Supplemental plan.

E. Enrollment termination from Medicare Supplemental plan WITH drug (like Plan I or Plan J) when Part D purchased, meaning:

- Within the past 63-day period the individual was enrolled under: A Medicare Part D plan, and ALSO enrolled under a Medicare Supplement policy that covers outpatient prescription drugs. When the individual enrolled in Medicare Part D, he or she terminated enrollment in the Medicare supplement policy that covered outpatient prescription drug coverage (NOTE: Evidence of enrollment in Medicare Part D must be submitted with this application).

F. Loss of employer group or union coverage due to termination of employer group or union plan, and ineligibility for insurance tax credits or enrollment solely because of Medicare eligibility, meaning:

- Within the past 63-day period the individual was enrolled under: An employer group health plan or union coverage that provides health benefits and the plan terminated; and solely because of your Medicare eligibility, the individual is not eligible for the tax credit for health insurance costs.

IMPORTANT NOTES

- Individuals are required to:
 - Apply within the required time period following the termination of prior health insurance plan.
 - Provide a copy of the termination notice received from the prior insurer with the application. This notice must verify the circumstance of the Plan's termination and describe the individual's right to guaranteed issue of Medicare Supplement Insurance.
- Questions on the guaranteed right to insurance should be directed to the Administrator of the individual's prior health insurance plan or to the local state Department on Aging.

SECTION 4. HEALTH EVALUATION

Please complete Sections 4A, 4B, 4C, 4D, 4E and 4F.

4A. GENERAL HEALTH QUESTIONS

Please answer the following questions to the best of your knowledge. Check each item “Yes” or “No”.

NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” OR YOUR APPLICATION WILL BE RETURNED.

- | | |
|--|--|
| 1. Have you had a physical exam within the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you used tobacco products within the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4B. PLEASE ANSWER THE FOLLOWING HEALTH QUESTIONS TO HELP DETERMINE WHETHER OR NOT YOU ARE ELIGIBLE.

To the best of your knowledge and belief, in the last five years, have you consulted a physician, licensed medical provider, been diagnosed, treated, OR advised to have treatment for:

NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” OR YOUR APPLICATION WILL BE RETURNED.

- | | |
|---|--|
| 1. Cancer (except skin or thyroid) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Melanoma, Hodgkin’s Disease, Leukemia, or Multiple Myeloma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Kidney Disease or Disorder: Including Kidney Failure, Kidney Dialysis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Amyotrophic Lateral Sclerosis or Anterior Horn Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Alzheimer’s, Senile Dementia, or other organic brain disorders, including alcoholic psychosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. An Organ Transplant (kidney, liver, heart, lung, or bone marrow), or are on a waiting list for a transplant | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you tested positive for exposure to the human immunodeficiency virus (HIV) infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) caused by the human immunodeficiency virus (HIV) infection, or other sickness or condition derived from such infection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4C. MEDICATIONS

If you are presently using or have used medication or prescription drugs in the past 12 months (1 year), please provide details below. If more space is needed, attach a separate sheet of paper.

Illness or Condition:	Medication:	Dosage:	How Often Taken:
Date of Last Treatment: _____/_____/_____	Attending Physician Name and Address:		
Illness or Condition:	Medication:	Dosage:	How Often Taken:
Date of Last Treatment: _____/_____/_____	Attending Physician Name and Address:		
Illness or Condition:	Medication:	Dosage:	How Often Taken:
Date of Last Treatment: _____/_____/_____	Attending Physician Name and Address:		

SECTION 4. HEALTH EVALUATION (continued)

4D. HEALTH QUESTIONNAIRE

**To the best of your knowledge and belief, in the last five years, have you consulted a physician, licensed medical provider, been diagnosed, treated, OR advised to have treatment for:
NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” OR YOUR APPLICATION WILL BE RETURNED.**

1. Insulin Dependent Diabetes Mellitus (Diabetes for which you take Insulin)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Liver Disease or Disorder: including Cirrhosis of Liver, Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Lung Disease or Disorder: including Chronic Obstructive Pulmonary Disease, Emphysema or required use of oxygen therapy to assist in breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Heart or circulatory surgery of any type, including angioplasty, bypass, stent placement or replacement, valve placement or replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Heart conditions including congestive heart failure, heart attack, cardiomyopathy, heart rhythm disorders including pacemakers or defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Coronary Artery Disease (CAD) including hypertension or elevated or high cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Stroke (CVA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transient Ischemic Attack (TIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Multiple Sclerosis, Parkinson’s Disease, Muscular Dystrophy or paralysis of any type	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Auto Immune conditions including Systemic Lupus, Scleroderma, other connective tissue conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Nervous or Mental Disorder requiring psychiatric care or hospitalization, including substance or alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Thyroid cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No

4E. ADDITIONAL HEALTH QUESTIONS

Please answer the following questions regarding your most recent medical history, to the best of your knowledge and belief.

NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” OR YOUR APPLICATION WILL BE RETURNED.

1. Are you currently hospitalized, bedridden, confined to a nursing facility, require the use of a wheelchair, or received home health care in the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been advised by a medical practitioner that you will need to be hospitalized, bedridden, confined to a nursing facility, require the use of a wheelchair, or receive home health care within the next six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been advised by a medical practitioner to have surgery within the next six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had medical tests in the last year for which you have not yet received results?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been hospitalized or had a condition that required hospitalization that occurred during the past seven years immediately before the date of this application? Duration Dates: From: _____ / _____ / _____ To: _____ / _____ / _____ Condition: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. HEALTH EVALUATION (continued)

4F. EXPLANATION OF DIAGNOSIS AND TREATMENTS

If you have checked “Yes” to any part of SECTION 4D or 4E, for each box checked, please provide complete information regarding diagnosis or condition, treatment (including all medications, hospitalizations, surgeries and diagnostic testing results) and dates. If more space is needed, attach a separate sheet of paper.

Question Number	Diagnosis or Condition	Duration Dates	Explain treatment (including all medications, hospitalizations, surgery and diagnostic test results and physician/hospital name)	Recovery (check one box)
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial
		From: To:		<input type="checkbox"/> Full <input type="checkbox"/> Partial

SECTION 5. PAST AND CURRENT COVERAGE

Please review the statements below, then answer all questions to the best of your knowledge.

- You do not need more than one Medicare supplement insurance policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in, a Medicare supplement policy by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or if that policy is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as through the state Medicaid program, including benefits as a Qualified Medical Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

For your protection, you are required to answer all of the questions below (5A through 5M).

Please Note: If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your enrollment form.

Please answer all questions to the best of your knowledge. Please mark Yes or No below with an “x”.

5A. Did you turn age 65 in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B. Did you enroll in Medicare Part B in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C. If Yes, what is the effective date? _____ / _____ / _____	
5D. Are you covered for medical assistance through the State Medicaid program? (Medicaid is not the same as Federal Medicare. Medicaid is a program run by the state to assist with medical costs for lower or limited-income people.) NOTE TO APPLICANT: If you are participating in a “Spend-Down Program” and have not met your “Share of Cost”, please answer “NO” to this question. If NO , skip to question 5G . If YES , continue to 5E .	<input type="checkbox"/> Yes <input type="checkbox"/> No
5E. Will Medicaid pay your premiums for this Medicare supplement policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5. PAST AND CURRENT COVERAGE (continued)	
5F. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5G. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage Plan, or a Medicare HMO or PPO)? If NO , skip to question 5K . If YES , fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. START ____/____/____ END ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5H. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5I. Was this your first time in this type of Medicare plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5J. Did you drop a Medicare supplement policy to enroll in the Medicare plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5K. Do you have another Medicare supplement policy in force? If NO , skip to question 5M . If YES , indicate the company and plan name (i.e. Medigap Plan A, B, etc.) and then continue to 5L . Company Name _____ Plan Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5L. Since you have another Medicare supplement policy in force, do you intend to replace your current Medicare supplement policy with this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5M. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan) If YES : What company and what kind of policy? Company Name _____ Membership number IF a CareFirst BlueCross BlueShield Policy _____ Policy Type: (Please select only ONE box) <input type="checkbox"/> HMO/PPO <input type="checkbox"/> Major Medical <input type="checkbox"/> Employer Plan <input type="checkbox"/> Union Plan <input type="checkbox"/> Other What are your dates of coverage under the policy listed in 5M? (If you are still covered under the other policy, leave "END" blank.) START ____/____/____ END ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6. PREMIUM PAYMENT

Please check this box if you DO NOT wish to set up an automated payment account and intend to pay by submitting paper checks or by credit card. (Discounted rates are NOT available with this payment method.)

CareFirst BlueCross BlueShield wants to help you save time and money! We offer discounted rates to members who elect our standard payment method of automated payment via bank withdrawal.

To take advantage of this time and money saving option, please fill out the information below. Choose either:

Checking Account Savings Account

Bank Name:

Bank Routing Number:

Bank Account Number:

Name that appears on the Account:

A sample check form with the following fields and labels:

- NAME ADDRESS CITY, STATE ZIP
- 0123 01-23456789
- DATE
- PAY TO THE ORDER OF
- \$
- DOLLARS
- BANK NAME ADDRESS CITY, STATE ZIP
- FOR
- Bank Routing Number (012345678)
- Bank Account Number (0123456789012)
- Check Number (0123)

I hereby authorize CareFirst BlueCross BlueShield to charge my account for the payment of premiums due for an unpaid invoice. If any check draft is dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, CareFirst agrees that the financial institution will not be held liable. I understand that non-payment of premiums due to dishonored auto-draft payment attempts may result in termination of coverage. I also understand that if the Policyholder elects to pay premium through an electronic payment, CareFirst BlueCross BlueShield may not debit or charge the amount of the premium due prior to the premium due date, except as authorized by the Policyholder. My recurring payments will be processed on the 6th of each month (including holidays). Members registered for recurring payment will not receive a paper bill in the mail. However, you may view and print your invoice during the recurring payment period from the invoice history online at www.carefirst.com/myaccount.

Signature of Account Holder: X _____ Date: ____ / ____ / ____

SECTION 7. ELECTRONIC COMMUNICATION CONSENT

CareFirst BlueCross BlueShield (CareFirst) wants to help you manage your health care information and protect the environment by offering you the option of electronic communication.

Instead of paper delivery, you can receive electronic notices about your CareFirst health care coverage through email and/or text messaging by providing your email address and/or cell phone number and consent below.

Electronic notices regarding your CareFirst health care coverage include, but are not limited to:

- Explanation of Benefits alerts
- Reminders
- Notice of HIPAA Privacy Practices
- Certification of Creditable Coverage

You may also receive information on programs related to your existing products and services along with new products and services that may be of interest to you.

Please Note: you may change your email and consent information **anytime** by logging into **www.carefirst.com/myaccount** or by calling the customer service phone number on your ID card. You can also request a paper copy of electronic notices at any time by calling the customer service phone number on your ID card.

I understand that to access the information provided electronically through email, I must have the following:

- Internet access;
- An email account that allows me to send and receive emails; and
- Microsoft Explorer 7.0 (or higher) or Firefox 3.0 (or higher), and Adobe Acrobat Reader 4 (or higher).

I understand that to receive notices through text messaging:

- A text messaging plan with my cell phone provider is required; and
- Standard text messaging rates will apply.

By checking below, I hereby agree to electronic delivery of notices, instead of paper delivery by:

- Email only
- Cell phone text messaging only
- Email and cell phone text messaging

Applicant Name

Email Address

Cell Phone Number

CareFirst BlueCross BlueShield will not sell your email or phone number to any third party and we do not share it with third parties except for CareFirst business associates that perform functions on our behalf or to comply with the law.

SECTION 8. CONDITIONS OF ENROLLMENT (Please Read This Section Carefully)

IT IS UNDERSTOOD AND AGREED THAT:

A copy of this application is available to the Policyholder (or to a person authorized to act on his/her behalf) upon request, from CareFirst BlueCross BlueShield (CareFirst).

This information is subject to verification. To do so I authorize CareFirst, any physician, hospital, pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my "Medical Information" to CareFirst, CareFirst's business associates or representatives. I further authorize any business associate who receives "Medical Information" from any physician, hospital pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my "Medical Information" to CareFirst. I understand that my Medical Information consists of any diagnoses, treatment, prescriptions from a pharmacy, or any other medically related information about me. I authorize CareFirst to use my Medical Information for underwriting and to determine my eligibility for insurance benefits.

I understand this authorization may be used for the purpose of collecting information in connection with a claim for benefits under this policy or to determine eligibility for insurance benefits under this policy. For these purposes, this authorization remains in effect for the term of coverage of this policy.

I understand that I have the right to cancel this authorization at any time, in writing, except to the extent that CareFirst has already taken action in reliance on this authorization. I also understand that CareFirst's Notice of Privacy Practices includes information pertaining to authorizations and to requirements of revocation. A copy of the Notice may be obtained by contacting the CareFirst's Privacy Office. CareFirst will not use or disclose the Medical Information for any purposes other than those listed above except as may be required by law. CareFirst is required to tell you by law that information disclosed pursuant to this authorization may be subject to re-disclosure and that under some limited circumstances will no longer be protected by federal privacy regulations.

If CareFirst determines that additional information is needed, I will receive an authorization to release that information. Failure to execute an authorization may result in the denial of my application for coverage. Additionally I understand that failure to complete any section of this application, including signing below, may delay the processing of my application.

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations that are made to induce the issuance of, and form part of the consideration for a CareFirst policy. I understand that a medically underwritten policy is only issued under the conditions that the health of all persons named on the application remains as stated above. I understand that failure to enter accurate, complete and updated medical information may result in the denial of all benefits or cancellation of the policy if the failure constitutes material misrepresentation.

I will update CareFirst if there have been any changes in health concerning any person listed in this application that occur prior to acceptance of this application by CareFirst.

The individual or a person authorized to act on behalf of the individual (authorized representative) is entitled to receive a copy of the authorization form.

If you have any questions concerning the benefits and services that are provided by or excluded under this Policy, please contact a membership services representative before signing this application.

An applicant or dependent age 19 or older whose application is denied by CareFirst due to medical underwriting may not submit a new application for enrollment within ninety (90) days of the denial.

SECTION 8. CONDITIONS OF ENROLLMENT (continued)

WARNING: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED VIRGINIA STATE LAW.

The undersigned applicant and agent certify that the applicant has read, or had read to him, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

X _____ Date ____/____/____
Applicant's Signature (PLEASE DO NOT PRINT)

X _____ Date ____/____/____
Agent's Signature (PLEASE DO NOT PRINT)

FOR OFFICE USE ONLY:

Re-sign and re-date below only if box is checked.

Signature of Applicant: X _____ Date ____/____/____

FOR BROKER USE ONLY:

	Name:	NPN#:	Tax ID #:	CareFirst-Assigned ID#:
Contracted Broker:				
Sub-Agent/ Sub-Agency:				
Writing Agent:				



Additional Information

Open Enrollment/Guaranteed Issue Guidelines

I. **During an Open Enrollment period, acceptance is guaranteed if the individual:**

- Is age 65 or older and enrolled in Medicare Part B within the last six months;
- Turned age 65 in the last six months (member must have Medicare Parts A and B);
- Is under age 65, eligible for Medicare due to a disability, and enrolled in Medicare Part B within the last six months; or
- At the time of application is within six months from the first day of the month in which he or she first enrolled or will enroll in Medicare Part B.

II. **Acceptance may also be guaranteed through other special Guaranteed Issue Enrollment Provisions. If health insurance coverage is lost, the individual may be considered an “Eligible Person” entitled to guaranteed acceptance and may have a guaranteed right to enroll in CareFirst Medicare Supplement Plans under the following circumstances:**

A. Supplemental Plan Termination, meaning:

- The individual was enrolled under an employer group health plan or union coverage that pays after Medicare pays (Medicare Supplemental Plan) and the plan is ending or will no longer provide the individual with supplemental health benefits and the coverage was terminated or ceased within the last 63 days;
- The individual got a notice that supplemental health benefits were terminated or ceased within the past 63 days; or

***A Medicare Health Plan is defined as:**

- a) Any Medicare Advantage plan;
- b) Any eligible organization under a contract under Section 1876 (Medicare cost);
- c) Any similar organization operating under demonstration pro authority;
- d) Any PACE provider, under section 1894 of the Social Security Act;
- e) Any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or
- f) A Medicare Select policy

- The individual did NOT get a notice that supplemental health benefits terminated or ceased, BUT within the past 63 days received a notice that a claim was denied because supplemental benefits terminated or ceased.

B. Medicare Health Plan* termination, movement out of service area, violation of contract terms or marketing violations, meaning:

Within the past 63-day period the individual was enrolled under: A Medicare Health Plan* (such as a Medicare Advantage Plan), or was 65 years of age or older and enrolled with a PACE provider (Program of All Inclusive Care for the Elderly), and one of the following occurs:

- i. The plan was terminated, no longer provides or has discontinued to offer coverage in the service area where the individual lives;
- ii. The individual lost coverage because of a move out of the plan’s service area or experienced other change in circumstances specified by Health and

Open Enrollment/Guaranteed Issue Guidelines

Human Services (NOTE: This does not include failure to pay premiums on a timely basis.);

- iii. The individual terminated because he or she can show that the plan violated the terms of the plan's contract such as failing to provide timely medically necessary care or in accordance with medical standards;
- iv. The individual can show that the plan or its agent misled them in marketing the plan; or
- v. The certificate of the organization was terminated.

C. Medicare Supplemental Plan involuntary termination, or termination due to a violation of contract terms, or marketing violations, meaning:

Within the past 63-day period the individual was enrolled under a Medicare supplemental policy and the individual's enrollment ended because:

- i. Of any involuntary termination of coverage or enrollment under the policy, including plan bankruptcy;
- ii. The plan violated the terms of the plan's contract; or
- iii. The individual can show that the company or its agent misled them in marketing the plan.

D. Enrollment change from a Medicare Health Plan* to Medicare Supplemental Plan (enrolled in MA less than 12 months), meaning:

- Within the past 63-day period the individual was enrolled under: A Medicare Health Plan* (such as Medicare Advantage or PACE plan), when the individual first enrolled under Medicare Part B at age 65 or older, and within 12 months of enrollment in the Medicare Health Plan* decided to switch back to a Medicare Supplement policy; or

***A Medicare Health Plan is defined as:**

- a) Any Medicare Advantage plan;
- b) Any eligible organization under a contract under Section 1876 (Medicare cost);
- c) Any similar organization operating under demonstration pro authority;
- d) Any PACE provider, under section 1894 of the Social Security Act;
- e) Any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or
- f) A Medicare Select policy

- Within the past 63-day period the individual was enrolled under: A Medicare Supplemental plan that the individual dropped and subsequently enrolled for the first time with a Medicare Health Plan* (such as Medicare Advantage or PACE); and was with the plan less than 12 months and wants to return to a Medicare Supplemental plan.

E. Enrollment termination from Medicare Supplemental plan WITH drug (like Plan I or Plan J) when Part D purchased, meaning:

- Within the past 63-day period the individual was enrolled under: A Medicare Part D plan, and ALSO enrolled under a Medicare Supplement policy that covers outpatient prescription drugs. When the individual enrolled in Medicare Part D, he or she terminated enrollment in the Medicare supplement policy that covered outpatient prescription drug coverage (NOTE: Evidence of enrollment in Medicare Part D must be submitted with this application).

Open Enrollment/Guaranteed Issue Guidelines

F. Loss of employer group or union coverage due to termination of employer group or union plan, and ineligibility for insurance tax credit solely because of Medicare eligibility, meaning:

- Within the past 63-day period the individual was enrolled under: An employer group health plan or union coverage that provides health benefits and the plan terminated; and solely because of your Medicare eligibility, the individual is not eligible for the tax credit for health insurance costs.

IMPORTANT NOTES

- Individuals are required to:
 - › Apply within the required time period following the termination of prior health insurance plan.
 - › Provide a copy of the termination notice received from the prior insurer with the application. This notice must verify the circumstance of the Plan's termination and describe the individual's right to guaranteed issue of Medicare Supplement Insurance.
- Questions on the guaranteed right to insurance should be directed to the Administrator of the individual's prior health insurance plan or to the local state Department on Aging.

CareFirst's Privacy Practices

Our commitment to our members

The following statement applies to CareFirst BlueCross BlueShield and its affiliates, CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. (doing business as CareFirst BlueCross BlueShield), (collectively, CareFirst).

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information are regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst. CareFirst is providing this notice to inform you of what we do with the information you provide to us.

Categories of personal information we may collect

We may collect personal, financial and medical information about you from various sources, including:

- Information you provide on applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information pertaining to your relationship with CareFirst, its affiliates or others, such as your policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any of our affiliates.
- Information we receive about you from other sources, such as your employer, your provider and other third parties.

How your information is used

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your personal, financial and medical information to anyone outside of CareFirst unless we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal, financial and medical information to those CareFirst employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

Disclosure of your information

In order to protect your privacy, affiliated and nonaffiliated third parties of CareFirst are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst corporate family and include health maintenance organizations, third party administrators, health insurers, long-term care insurers and insurance agencies. In certain situations related to our insurance transactions involving you, we disclose your personal, financial and medical information to a nonaffiliated third party that assists us in providing services to you. When we disclose information to these critical business partners, we require these business partners to agree to

CareFirst's Privacy Practices

Our commitment to our members

safeguard your personal, financial and medical information and to use the information only for the intended purpose, and to abide by the applicable law. The information CareFirst provides to these business partners can only be used to provide services we have asked them to perform for us or for you and/or your benefit plan.

Changes in our privacy policy

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your personal, financial and medical information secure—it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at www.carefirst.com.



We're here to answer your questions.

If you have any questions about the plans described in this book, or if you'd like assistance, just call 800-275-3802 (in the Baltimore area call 410-356-8123). You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.

Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield (CareFirst) is committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain an additional copy of our Notice of Privacy Practices, visit www.carefirst.com and go to the bottom of the page under Legal & Mandates. Click on *Members Privacy Policy*. Or call the Member Services telephone number on your member ID card.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:

- Send an email to:
quality.care.complaints@carefirst.com
- Fax a written complaint to:
301-470-5866
- Write to:
**CareFirst BlueCross BlueShield
Quality of Care Department
P.O. Box 17636
Baltimore, MD 21297**

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

Virginia

Office of the Managed Care Ombudsman Bureau of Insurance

P.O. Box 1157
Richmond, VA 23218
Phone: 877-310-6560 or 804-371-9032
ombudsman@scc.virginia.gov

Office of Licensure and Certification Complaint Intake

Virginia Department of Health
9960 Mayland Drive, Suite 401
Richmond, VA 23233
Phone: 800-955-1819 or 804-367-2106

Rights and Responsibilities

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258 National Capital Area TTY: 202-479-3546. *Please have your Member Services number ready.*

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to: **privacy.office@carefirst.com**.

Rights and Responsibilities

Members' Rights and Responsibilities Statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible Individuals' Rights Statement Wellness and Health Promotion Services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Policy Form Numbers

The benefits described are issued under policies:
VA/CF/MG PLAN A (6/10) • VA/CF/MG PLAN G (2/12)
VA/CF/MG PLAN L (2/12) • VA/CF/MG PLAN M (2/12)
as amended

VA/CF/MG UW PLAN B (6/10) • VA/CF/MG UW PLAN F (6/10)
VA/CF/MG UW PLAN HI DED F (6/10) • VA/CF/MG UW PLAN N (6/10)
as amended

VA/CF/2010 PLAN HI F SOB (6/10)
as amended

Individual Select Dental HMO {CareFirst BlueChoice, Inc.}:
VA/BC/DB/COC (R. 1/10), VA/BC/DB/SOB (R. 1/10), and any amendments

Individual Select Preferred Dental:
VA/GHMSI/DB/IEA-DENTAL (2/08), VA/GHMSI/DB/DOCS-DENTAL (2/08),
VA/GHMSI/DB/ES-DENTAL (2/08), and any amendments.

BlueDental Preferred

BlueDental Preferred HIGH Option: VA/CF/DB/PREF DENT (R.1/15); VA/CF/DB/2017 DENTAL AMD HIGH (1/17)
BlueDental Preferred LOW Option: VA/CF/DB/PREF DENT LOW (1/15); VA/CF/DB/2017 DENTAL AMD LOW (1/17)

BlueVision Plan:

policy # VA/MC Vision (R. 1/06) and any amendments

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Neither CareFirst BlueCross BlueShield nor its agents represent, work for or receive compensation from any federal, state or local government agency.

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

www.carefirst.com



CONNECT WITH US:



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