CareFirst MedPlus



CareFirst MedPlus

Plan Options 2026

For individuals residing in Eastern and Southern Maryland counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester

MEDICARE SUPPLEMENT INSURANCE COVERAGE ▪ MARYLAND

Why Choose CareFirst MedPlus?

CareFirst MedPlus plans—our Medicare Supplement plans—cover most of the costs not covered by Original Medicare. Protect yourself with a CareFirst MedPlus plan.



Power of CareFirst BlueCross BlueShield

CareFirst BlueCross BlueShield—the name you've known and trusted for over 80 years—is here to help you take on retirement. CareFirst MedPlus[1] plans give you secure and stable coverage for today and whatever comes next.



Visit any doctor, any hospital

More than 90% of primary care physicians in the U.S. accept Medicare.[2]
You have the freedom to visit any doctor or hospital that accepts Medicare.[3]



Plans to meet your budget

We offer a selection of plans at competitive rates and multiple member discounts are available on all seven MedPlus plans.



Travel stress free

Take that next adventure knowing you are covered whether traveling within the U.S. or abroad.



Exclusive member deals

Discounts on gym memberships, hearing aids, eyewear, meal services, travel and more.

[1] *CareFirst BlueCross BlueShield and CareFirst MedPlus are affiliated entities.*

[2] *www.kff.org/medicare/issue-brief/primary-care-physicians-accepting-medicare-a-snapshot/ accessed on July 11, 2018.*

[3] *Standard with all Medicare Supplement plans.*

Original Medicare does not cover everything and leaves you with what is called a "coverage gap." Without a Medicare Supplement plan, it's up to you to pay all the healthcare costs that fall into that gap—including Medicare deductibles, copays, and even 20% of all medical and hospital costs. CareFirst MedPlus plans fill those gaps. With seven plans to choose from, we have a plan to meet your needs.



Power of CareFirst MedPlus

CareFirst MedPlus plans are backed by CareFirst BlueCross BlueShield. We give you stability and security that comes with:

- **National affiliation.** Your card is recognized across the country.
- **Local company.** We live and work in your community and are proud to provide resources and volunteer hours to strengthen the people we serve.
- **Trust.** Recognized as one of the World's Most Ethical Companies® for 13 years in a row.





Visit any doctor, any hospital

Each of our seven plans gives you the freedom to visit any doctor—including specialists—or hospital that accepts Medicare. No referrals needed. In Maryland, you have access to over 50 hospitals including:

Large hospital systems

- Johns Hopkins Hospital
- Anne Arundel Medical System
- University of Maryland Medical System
- LifeBridge Health
- MedStar Health

Local community hospitals

- Mercy Medical Center
- Holy Cross Hospital
- Shady Grove Adventist Hospital
- Doctors Community Hospital
- Carroll Hospital



Plans to meet your budget

We offer a selection of plans at competitive rates and mutiple member discounts are available on all seven MedPlus plans.

- **Household discount.** If you live with someone who is enrolled in a MedPlus plan, you will receive a 10% discount off the monthly premium when you enroll. The MedPlus member living with you will also get a 10% discount when they renew their MedPlus coverage. (Discount applies to two actively enrolled CareFirst MedPlus members.)
- **Discount for annual one-time payment option or automatic monthly bank withdrawal or credit card[1] option**. Pay your full annual premium in one payment and you save $24 OR sign up for monthly autopay and reduce your monthly premium by $2 a month.



Travel stress free

When you travel within the U.S., your CareFirst MedPlus card is accepted anywhere Medicare is accepted. Most of our plans also cover emergency care for when you are traveling outside the U.S.

[1] Additional fees may apply from your credit card company.

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.



Stay Healthy with Blue365

Blue365® is a wellness discount program that helps our members stay healthy and happy while saving money.[1]

In addition to ongoing deals, there are weekly featured deals for every aspect of your life—like fitness gear, eyewear, hearing aids, financial services, travel discounts and more.

To learn more about these great deals, visit **blue365deals.com/CareFirstBCBS**

Additional coverage options for members

Why waste time shopping multiple carriers to complete your coverage? We make shopping simple. Add to your medical coverage with the following optional plans:

Dental and vision coverage. Trips to the dentist and eye doctor can get expensive. Ease the worry and the cost with these optional plans through CareFirst BlueCross BlueShield, a private not-for-profit health service plan. CareFirst MedPlus and CareFirst BlueCross BlueShield are affiliated entities. Learn more about these plans on page 19.

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Plan Options

Understanding Your Medicare Options

Medicare, which consists of Part A (hospital) and Part B (medical) and is commonly referred to as Original Medicare, was never designed to cover all of your healthcare expenses. With Medicare alone, you could be responsible for thousands of dollars in copays and deductibles.

Purchasing additional insurance is an important decision. You have two main options—Medicare Supplement, also known as Medigap, and Medicare Advantage plans.*

Medicare Supplement plans are designed to supplement Original Medicare by paying for the health care costs—the gaps in coverage—that Original Medicare doesn't pay, such as the costs below. Medicare will pay its share first and then your Medicare Supplement plan will pay its share.



Medicare Part A

You are responsible for the deductible of $1,736 for each benefit period. Coverage includes your hospital stays and other medical facility costs including:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



Medicare Part B

You are responsible for the yearly deductible of $283. After your deductible is met, you typically pay 20% of the Medicare-approved amounts for the following:

- Most doctor services (including doctor services you receive while you're hospitalized)
- Outpatient therapy
- Durable medical equipment

** You cannot be enrolled in both a Medicare Supplement plan and a Medicare Advantage plan.*

Medicare Supplement plans are:

Flexible

- Select your own doctors and hospitals, as long as they accept Medicare
- See specialists without referrals
- Have the same coverage when you're traveling throughout the U.S.

Simple

- Pay your monthly premium and your out-of-pocket costs, like copays and deductibles, are limited
- Know what you're going to pay before you visit the doctor or receive care

An alternative to Original Medicare and a Medicare Supplement plan is Medicare Advantage (MA), also referred to as Medicare Part C. Rather than supplementing Medicare like a Medicare Supplement plan, MA plans provide all of your Part A (hospital) and Part B (medical) coverage. Some plans also include prescription drug (Medicare Part D) coverage.

MA plans often have designated provider networks. This means individuals in an MA plan must receive care from that plan's network of doctors and hospitals and referrals may be required to see a specialist. Coverage when you travel is limited to emergency care only. While these plans may have low monthly premiums, you may be required to pay deductibles, copays and/or coinsurance when you use services. Enrollment in an MA plan is restricted to certain times of the year, unless you have become eligible for Medicare for the first time.

Original Medicare doesn't cover it all

It's important to pick a plan that works for your budget and your needs. The chart below shows the possible out-of-pocket costs of an individual staying in the hospital a full 150 consecutive days as an inpatient within the same benefit period.*

Hospital Stay	With Original Medicare Part A (Hospital) Only, You Pay		With CareFirst MedPlus Plan G, You Pay
Days 1-60	$1,736 Part A deductible		$0
	⊕		⊕
Days 61-90	$13,020 $434 copay x 30 days		$0
	⊕		⊕
Days 91-150**	$52,080 $868 copay x 60 days		$0
	=		=
A 150-day hospitalization would cost you:	**$66,836** With Medicare Part A	**OR**	**$0** With CareFirst Plan G

**Medicare Lifetime Reserve Days

Medicare provides coverage for at least 90 days of consecutive inpatient hospitalization after you've paid your Medicare deductibles and copays. You are limited to a total of 60 additional days of hospitalization coverage in your lifetime to be used if your initial inpatient hospitalization extends beyond 90 days. These 60 additional days are called lifetime reserve days.

With a Medicare Supplement plan, you would be covered for an additional 365 days after you use all of your lifetime reserve days.

**A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.*

Dollar amounts shown are the 2026 deductibles, copayment and coinsurance.

Plan Options

Having Original Medicare alone could leave you with gaps in coverage and cost you thousands of dollars in healthcare costs each year. Purchasing a Medicare Supplement plan will cover the gaps in your Medicare coverage. You can pick from any of the seven plans listed below. See the comparison chart on pages page 14–15 to compare plan options.

MedPlus Plan G

Our plan with the most comprehensive coverage and lowest out-of-pocket costs

With this plan, after you meet your $283 Part B deductible, your medical copayments and coinsurance are covered 100% by your plan. When traveling in a foreign country,[2] your emergency care is covered.

MedPlus High-Deductible Plan G

Our plan with the lowest monthly premium

After you meet your $2,950 plan deductible and $283 Part B deductible, your hospital and medical copayments and coinsurance are covered 100% by your plan. When traveling in a foreign country,[2] your emergency care is covered, as well as skilled nursing facility care coinsurance.

MedPlus Plan N

This plan covers your Part A deductible, but you are responsible for the $283 Medicare Part B deductible and a small copay for office and emergency room visits. When traveling in a foreign country,[2] your emergency care is covered.



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

See detailed benefits and rates in the Outline of Coverage beginning on page 23.

[1] *Medicare Part A and Part B deductibles are established by Medicare.*

[2] *Medicare Supplement plans pay up to 80% 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 $283 and a lifetime maximum benefit of $50,000.*

MedPlus Plan M

This plan covers half of your Part A deductible—you will be responsible for $868. After you meet your annual $283 Part B deductible and Part A deductible, your hospital and medical copayments and coinsurance are covered 100% by your plan. When traveling in a foreign country,[2] your emergency care is covered, as well as skilled nursing facility care coinsurance.

MedPlus Plan L

With this plan, you are responsible for 25% of your Part A deductible—$434. Your out-of-pocket expenses will not exceed $4,000 each year.

MedPlus Plan B

This plan covers all of your $1,736 Part A deductible. Once you meet your $283 Part B deductible, your hospital and medical copayments and coinsurance are covered 100% by your plan.

MedPlus Plan A

After you meet your annual $283 Part B deductible and $1,736 Part A deductible, your hospital and medical copayments and coinsurance are covered 100% by your plan.

If you were newly eligible for Medicare prior to January 1, 2020, you may have additional plan options to choose from. Call CareFirst to learn more.

What is not covered?

Medicare Supplement 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. Medicare Supplement 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.

Prescription drug coverage, or Medicare Part D, is not included in any CareFirst MedPlus Medicare Supplement plan.

Coverage is available on a guaranteed issue basis

Your acceptance into one of CareFirst's seven Medicare Supplement plans is guaranteed with no review of your medical history if:

- You are within six months* of your Medicare Part B effective date (Open Enrollment)
- You are in a Guaranteed Issue Period (please refer to the Additional Information section located in the back of this book)

And—you automatically receive our lowest Level 1 premiums!

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or CareFirst MedPlus.

[1] *Medicare Part A and Part B deductibles are established by Medicare.*

[2] *Medicare Supplement plans pay up to 80% 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 $283 and a lifetime maximum benefit of $50,000.*



Coverage is available on an underwritten basis

If you are more than six months past 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, MDMEDPLUSAPP (12/23). This assessment will determine your acceptance and the premium rate you will receive. By missing the six-month Open Enrollment you are at risk of receiving more expensive monthly premiums. Please refer to the Outline of Coverage in this book for current pricing.

You risk nothing by applying today and you'll be under no further obligation if you're not satisfied with the coverage described.

Switching plans

- If you're switching your coverage, Medicare will 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.

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 833-987-0765 (TTY: 711). You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.

Important Notice: *A Guide to Health Insurance for People with Medicare* is available to you at no charge. The guide describes the Medicare program and the health insurance available to those with Medicare. If you are interested in receiving this free guide, visit **www.medicare.gov/medicare-and-you** to download a copy or call us at 833-987-0765 (TTY: 711) to receive a printed guide.

** In Maryland, if you are under the age of 65 and disabled, your Open Enrollment Period will begin on the date you are notified by Medicare of your enrollment in Part B.*

Plan Options Comparison Chart

What You Pay with Original Medicare versus CareFirst MedPlus Plans					
	With Original Medicare alone, You Pay	With MedPlus Plan A You Pay	With MedPlus Plan B You Pay	With MedPlus Plan F You Pay Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F or High-Ded. Plan F	With MedPlus High-Deductible Plan F* You Pay
Hospital Services (Part A)					
Inpatient Hospital Deductible	$1,736	$1,736	$0	$0	$0 after plan deductible
Hospitalization days 61–90	$434/day	$0	$0	$0	$0 after plan deductible
Hospitalization days 91+ (while using 60 lifetime reserve days)	$868/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	$217/day	$217/day	$217/day	$0	$0 after plan deductible
Medical Expenses (Part B)					
Part B Deductible	$283	$283	$283	$0	$0 after plan deductible
Part B Standard Premium*	20%	0%	0%	0%	$0 after plan deductible
Excess charges above Medicare-approved amounts (balance billing)	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%	$283 deductible, then 20%***	$283 deductible after plan deductible, then 20%***

What You Pay with Original Medicare versus CareFirst MedPlus Plans					
	With MedPlus Plan G You Pay	**With MedPlus High-Deductible Plan G* You Pay**	**With MedPlus Plan L** You Pay**	**With MedPlus Plan M You Pay**	**With MedPlus Plan N You Pay**
Hospital Services (Part A)					
Inpatient Hospital Deductible	$0	$0 after plan deductible	$434	$868	$0
Hospitalization days 61–90	$0	$0 after plan deductible	$0	$0	$0
Hospitalization days 91+ (while using 60 lifetime reserve days)	$0	$0 after plan deductible	$0	$0	$0
365 days after hospital benefits stop	$0	$0 after plan deductible	$0	$0	$0
Skilled Nursing Facility days 21–100	$0	$0 after plan deductible	Up to $54.25 a day for days 21–100	$0	$0
Medical Expenses (Part B)					
Part B Deductible	$283	$283	$283	$283	$283
Part B Standard Premium	0%	$0 after plan deductible	5%	0%	Office visit—up to $20 ER visit—up to $50
Excess charges above Medicare-approved amounts (balance billing)	0%	$0 after plan deductible	100%	100%	100%
Other Expenses					
Foreign country emergency care (beginning the first 60 days of each trip outside the USA)	$283 deductible, then 20%***	$283 deductible, after plan deductible, then 20%***	100%	$283 deductible, then 20%***	$283 deductible, then 20%***

Dollar amounts shown are the 2026 deductibles, copayment and coinsurance. These amounts may change on January 1, 2027.

**With High-Deductible Plan G and High-Deductible Plan F, there is an annual plan deductible of $2,950. After you meet the deductible, you pay $0.*

***With Plan L, there is an out-of-pocket limit of $4,000. After you meet the out-of-pocket limit, you pay $0.*

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

Health and Wellness Programs

Interactive tools and resources

Visit **carefirst.com/livinghealthy** to access health tools that are informative and easy to use.

- 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 options
- 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 nutrition, smoking cessation, stress, weight management and more

Save 30 to 60% on hearing aids from TruHearing along with other health and wellness discounts.

Exclusive member discounts

Blue365 is an exciting program that offers exclusive health, wellness and personal 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
- Healthy eating
- Family activities
- Hotel and travel discounts
- Eldercare assistance and much more

Visit **carefirst.com/wellnessdiscounts** to learn 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 833-987-0765 (TTY: 711).

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Dental and Vision

CareFirst Family of health care plans

Dental coverage (optional)

Your smile says a lot about your overall health. That's why good dental care is so important. Complete your health coverage with a dental plan from CareFirst BlueCross BlueShield. We offer these options:*

- **Individual Select Preferred Dental** offers 100% coverage for preventive and diagnostic dental care as well as a network of more than 5,000 participating providers. There is no deductible to meet.
- **BlueDental Preferred** offers the largest network with more than 4,700 providers in Maryland, Washington, D.C. and Virginia and access to 135,000 dental providers across the country. See any doctor—no referral needed. Enjoy no charge oral exams, cleanings and X-rays when you visit an in-network provider.



All dental plans are guaranteed acceptance and require no claim forms when you stay in-network. If you have questions or would like to apply for dental coverage, please contact one of our dental product consultants at 855-503-4862 or visit **carefirst.com/dentalplans.**

Note: The dental and vision plans referenced are not part of any MedPlus Medicare Supplement policy. To receive coverage for dental and/or vision services, you must apply separately for these plans. You do not need to be enrolled in a CareFirst medical plan to purchase a dental plan; however, you do need to be enrolled in a CareFirst medical plan to purchase a vision plan. The plans are not offered as an inducement to purchase a Medicare Supplement policy from CareFirst.

**Individual Select Preferred Dental is underwritten by Group Hospitalization and Medical Services, Inc.; BlueDental Preferred is underwritten by CareFirst of Maryland, Inc. or Group Hospitalization and Medical Services, Inc.; CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.*



BlueVision℠ (optional)

For just $2 a month, protect your eyes with a separate vision plan from CareFirst BlueCross BlueShield, administered by Davis Vision, Inc.* Receive an annual eye exam with dilation at participating providers for a $10 copy at the time of service, plus discounts** of approximately 30% on eyeglass frames and lenses or contact lenses from certain providers.

Our vision plan is guaranteed acceptance and requires no claim forms when you stay in-network. If you have questions or would like to apply for vision coverage, please contact one of our product consultants at 833-987-0765 (TTY: 711).

Locate a participating provider at **carefirst.com** or call Davis Vision at 800-783-5602**.**

Ready to learn more about vision plan offerings? Speak to a product consultant at 833-987-0765 or visit **carefirst.com/visionplans.**

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

***Some providers in Maryland and Virginia may no longer provide these discounts.*

Outline of Coverage



Medicare Supplement Outline of Coverage

Medicare Supplement Plans A, B, F, High-Deductible F, G, High-Deductible G, L, M and N

For individuals residing in Eastern and Southern Maryland counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline Dorchester, Wicomico, Somerset and Worcester

The Medicare deductibles and copays listed in this Outline of Coverage reflect 2026 Medicare costs and are subject to change each year as we receive updated figures from the federal government. New Medicare deductibles and copays go into effect on January 1 of each year. Offered by First Care, Inc.*, d/b/a CareFirst MedPlus, 10455 Mill Run Circle, Owings Mills, Maryland 21117-5559.

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

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CareFirst MedPlus

Medicare Supplement Outline of 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 MedPlus offers plans A, B, F, High-Deductible F, G, High-Deductible G, L, M and N as shaded below.
- **Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plans F and High-Deductible Plan F**.

Basic Benefits:

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

Medical Expenses: Part B coinsurance (generally 20% 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.

Benefits	Plans available to all applicants								Medicare eligible before 1/1/2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Medicare Part B coinsurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔ copays apply[3]	✔	✔
Blood (first three pints)	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Part A hospice care coinsurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Skilled nursing facility coinsurance	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Medicare Part A deductible	✔	✔	✔	✔	50%	75%	50%	✔	✔	✔
Medicare Part B deductible									✔	✔
Medicare Part B excess charges				✔						✔
Foreign travel emergency (up to plan limits)			✔	✔			✔	✔	✔	✔
Out-of-pocket limit in 2026[2]					$8,000[2]	$4,000[2]				

Note: ✔ means 100% of the benefit is paid.

[1] *Plans F and G also have a high deductible option which require first paying a plan deductible of $2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.*

[2] *Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.*

[3] *Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.*

CareFirst MedPlus

Medicare Supplement Outline of Coverage

Premium information

CareFirst MedPlus can only raise your premiums if we raise the premiums for all policies like yours in your geographical region of your state.

Under Medicare supplement policies **A, B, F, High-Deductible F, N, G, High-Deductible G, L and M**, which 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. If the change from one age to another occurs prior to the policy renewal month, the rate increase will not be effective until the first of the policy renewal month. You will be notified of any rate increase at least 45 days prior to the date that a premium increase becomes effective.

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plans F and High-Deductible Plan F.

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:

First Care, Inc.
d/b/a CareFirst MedPlus
Individual Market Division
10800 Red Run Boulevard, RRE-375
Owings Mills, MD 21117

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 MedPlus nor 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.

CareFirst MedPlus: Level 1, Female 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 select, 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.

If you are applying between seven months and 10 years past your Medicare Part B effective date, then your Level 1 Rate eligibility will depend on tobacco status and health evaluation.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,117.38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$958.13	$238.69	$226.88	$65.79	$161.94	$227.73	$170.38	$256.41	$66.63
66	$1,006.04	$250.63	$238.23	$69.08	$170.04	$239.11	$178.89	$269.23	$69.96
67	$1,056.34	$263.16	$250.14	$72.53	$178.54	$251.07	$187.84	$282.69	$73.46
68	$1,109.16	$276.32	$262.64	$76.16	$187.47	$263.62	$197.23	$296.82	$77.13
69	$1,164.62	$290.13	$275.78	$79.96	$196.84	$276.80	$207.09	$311.66	$80.99
70	$1,211.20	$301.74	$286.81	$83.16	$204.71	$287.88	$215.38	$324.13	$84.23
71	$1,259.65	$313.81	$298.28	$86.49	$212.90	$299.39	$223.99	$337.10	$87.60
72	$1,310.04	$326.36	$310.21	$89.95	$221.42	$311.37	$232.95	$350.58	$91.10
73	$1,362.44	$339.42	$322.62	$93.55	$230.27	$323.82	$242.27	$364.60	$94.75
74	$1,416.94	$352.99	$335.52	$97.29	$239.49	$336.77	$251.96	$379.19	$98.54
75	$1,469.36	$366.05	$347.94	$100.89	$248.35	$349.23	$261.28	$393.22	$102.18
76	$1,523.73	$379.60	$360.81	$104.62	$257.54	$362.16	$270.95	$407.77	$105.96
77	$1,580.11	$393.64	$374.16	$108.49	$267.06	$375.56	$280.97	$422.85	$109.88
78	$1,638.57	$408.21	$388.01	$112.50	$276.95	$389.45	$291.37	$438.50	$113.95
79	$1,699.20	$423.31	$402.36	$116.67	$287.19	$403.86	$302.15	$454.72	$118.16
80	$1,728.73	$430.67	$409.36	$118.70	$292.18	$410.88	$307.40	$462.63	$120.22
81	$1,758.81	$438.16	$416.48	$120.76	$297.27	$418.03	$312.75	$470.68	$122.31
82	$1,789.34	$445.77	$423.71	$122.86	$302.43	$425.28	$318.18	$478.85	$124.43
83	$1,820.19	$453.45	$431.01	$124.97	$307.64	$432.62	$323.67	$487.10	$126.58
84	$1,851.38	$461.22	$438.40	$127.12	$312.91	$440.03	$329.21	$495.45	$128.75
85	$1,883.22	$469.16	$445.94	$129.30	$318.30	$447.60	$334.87	$503.97	$130.96
86	$1,905.81	$474.78	$451.29	$130.85	$322.11	$452.97	$338.89	$510.02	$132.53
87	$1,928.73	$480.49	$456.72	$132.43	$325.99	$458.42	$342.97	$516.15	$134.13
88	$1,951.87	$486.26	$462.20	$134.02	$329.90	$463.92	$347.08	$522.34	$135.74
89	$1,975.35	$492.11	$467.75	$135.63	$333.87	$469.49	$351.26	$528.62	$137.37
90 & Older	$1,998.93	$497.98	$473.34	$137.25	$337.85	$475.10	$355.45	$534.93	$139.01

Rates displayed are for the 2026 plan year and are subject to change. The rates in this book are specifically for individuals residing in the following counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester.

CareFirst MedPlus: Level 1, Male 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 select, 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.

If you are applying between seven months and 10 years past your Medicare Part B effective date, then your Level 1 Rate eligibility will depend on tobacco status and health evaluation.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,155.88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,020.58	$254.25	$241.67	$70.07	$172.50	$242.57	$181.48	$273.12	$70.97
66	$1,071.61	$266.96	$253.75	$73.58	$181.12	$254.70	$190.55	$286.78	$74.52
67	$1,125.19	$280.31	$266.44	$77.26	$190.18	$267.43	$200.08	$301.11	$78.25
68	$1,181.45	$294.33	$279.76	$81.12	$199.69	$280.80	$210.09	$316.17	$82.16
69	$1,240.53	$309.04	$293.75	$85.17	$209.67	$294.84	$220.59	$331.98	$86.27
70	$1,290.15	$321.41	$305.50	$88.58	$218.06	$306.64	$229.41	$345.26	$89.72
71	$1,341.75	$334.26	$317.72	$92.13	$226.78	$318.90	$238.59	$359.07	$93.31
72	$1,395.42	$347.63	$330.43	$95.81	$235.85	$331.66	$248.13	$373.43	$97.04
73	$1,451.24	$361.54	$343.65	$99.64	$245.28	$344.93	$258.06	$388.37	$100.92
74	$1,509.29	$376.00	$357.39	$103.63	$255.10	$358.72	$268.38	$403.90	$104.96
75	$1,565.13	$389.91	$370.62	$107.46	$264.53	$372.00	$278.31	$418.85	$108.84
76	$1,623.04	$404.34	$384.33	$111.44	$274.32	$385.76	$288.61	$434.34	$112.87
77	$1,683.10	$419.30	$398.55	$115.56	$284.47	$400.03	$299.29	$450.41	$117.05
78	$1,745.37	$434.81	$413.30	$119.84	$295.00	$414.83	$310.36	$467.08	$121.38
79	$1,809.95	$450.90	$428.59	$124.27	$305.91	$430.18	$321.84	$484.36	$125.87
80	$1,855.25	$462.19	$439.31	$127.38	$313.57	$440.95	$329.90	$496.48	$129.02
81	$1,901.68	$473.75	$450.31	$130.57	$321.41	$451.98	$338.16	$508.91	$132.25
82	$1,949.24	$485.60	$461.57	$133.84	$329.45	$463.29	$346.61	$521.64	$135.55
83	$1,997.94	$497.73	$473.10	$137.18	$337.69	$474.86	$355.27	$534.67	$138.94
84	$2,047.88	$510.18	$484.93	$140.61	$346.13	$486.73	$364.15	$548.03	$142.41
85	$2,099.06	$522.92	$497.05	$144.12	$354.78	$498.90	$373.25	$561.73	$145.97
86	$2,124.23	$529.20	$503.01	$145.85	$359.03	$504.88	$377.73	$568.47	$147.72
87	$2,149.72	$535.55	$509.04	$147.60	$363.34	$510.94	$382.26	$575.29	$149.49
88	$2,175.51	$541.97	$515.15	$149.37	$367.70	$517.07	$386.85	$582.19	$151.29
89	$2,201.61	$548.47	$521.33	$151.16	$372.11	$523.27	$391.49	$589.18	$153.10
90 & Older	$2,228.03	$555.05	$527.59	$152.98	$376.57	$529.55	$396.19	$596.24	$154.94

Rates displayed are for the 2026 plan year and are subject to change. The rates in this book are specifically for individuals residing in the following counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester.

CareFirst MedPlus: Level 2, Non-Tobacco Female 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,229.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,197.67	$298.37	$283.60	$82.23	$202.43	$284.66	$212.97	$320.51	$83.29
66	$1,237.43	$308.27	$293.02	$84.96	$209.15	$294.11	$220.04	$331.15	$86.05
67	$1,278.18	$318.42	$302.67	$87.76	$216.03	$303.79	$227.28	$342.05	$88.89
68	$1,319.90	$328.82	$312.55	$90.62	$223.09	$313.71	$234.70	$353.22	$91.79
69	$1,362.60	$339.46	$322.66	$93.56	$230.30	$323.86	$242.30	$364.65	$94.76
70	$1,405.00	$350.02	$332.70	$96.47	$237.47	$333.94	$249.84	$375.99	$97.71
71	$1,448.60	$360.88	$343.02	$99.46	$244.84	$344.30	$257.59	$387.66	$100.74
72	$1,493.44	$372.05	$353.64	$102.54	$252.42	$354.96	$265.56	$399.66	$103.86
73	$1,539.56	$383.54	$364.56	$105.71	$260.21	$365.92	$273.76	$412.00	$107.06
74	$1,586.97	$395.35	$375.79	$108.96	$268.22	$377.19	$282.19	$424.69	$110.36
75	$1,616.30	$402.66	$382.73	$110.98	$273.18	$384.16	$287.41	$432.54	$112.40
76	$1,676.10	$417.56	$396.89	$115.08	$283.29	$398.37	$298.04	$448.54	$116.56
77	$1,738.12	$433.01	$411.58	$119.34	$293.77	$413.11	$309.07	$465.14	$120.87
78	$1,802.43	$449.03	$426.81	$123.76	$304.64	$428.40	$320.51	$482.35	$125.34
79	$1,869.12	$465.64	$442.60	$128.33	$315.91	$444.25	$332.37	$500.20	$129.98
80	$1,901.60	$473.73	$450.29	$130.56	$321.40	$451.97	$338.14	$508.89	$132.24
81	$1,934.69	$481.98	$458.13	$132.84	$327.00	$459.83	$344.03	$517.74	$134.54
82	$1,968.27	$490.34	$466.08	$135.14	$332.67	$467.81	$350.00	$526.73	$136.88
83	$2,002.21	$498.80	$474.12	$137.47	$338.41	$475.88	$356.03	$535.81	$139.24
84	$2,036.51	$507.34	$482.24	$139.83	$344.21	$484.03	$362.13	$544.99	$141.62
85	$2,071.55	$516.07	$490.53	$142.23	$350.13	$492.36	$368.36	$554.37	$144.06
86	$2,096.39	$522.26	$496.42	$143.94	$354.33	$498.26	$372.78	$561.02	$145.79
87	$2,121.61	$528.54	$502.39	$145.67	$358.59	$504.26	$377.26	$567.76	$147.54
88	$2,147.06	$534.88	$508.42	$147.42	$362.89	$510.31	$381.79	$574.58	$149.31
89	$2,172.88	$541.32	$514.53	$149.19	$367.25	$516.44	$386.38	$581.49	$151.11
90 & Older	$2,198.82	$547.78	$520.67	$150.97	$371.64	$522.61	$390.99	$588.43	$152.91

Rates displayed are for the 2026 plan year and are subject to change. The rates in this book are specifically for individuals residing in the following counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester.

CareFirst MedPlus: Level 2, Non-Tobacco Male 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,271.47	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,275.73	$317.81	$302.09	$87.59	$215.62	$303.21	$226.85	$341.40	$88.72
66	$1,318.08	$328.37	$312.12	$90.50	$222.78	$313.28	$234.38	$352.73	$91.66
67	$1,361.49	$339.18	$322.39	$93.48	$230.11	$323.59	$242.10	$364.35	$94.68
68	$1,405.93	$350.25	$332.92	$96.53	$237.63	$334.16	$250.00	$376.24	$97.77
69	$1,451.42	$361.58	$343.69	$99.65	$245.31	$344.97	$258.09	$388.41	$100.93
70	$1,496.57	$372.83	$354.38	$102.75	$252.95	$355.70	$266.12	$400.50	$104.07
71	$1,543.02	$384.40	$365.38	$105.94	$260.80	$366.74	$274.38	$412.93	$107.30
72	$1,590.78	$396.30	$376.69	$109.22	$268.87	$378.09	$282.87	$425.71	$110.63
73	$1,639.90	$408.54	$388.32	$112.60	$277.17	$389.77	$291.61	$438.86	$114.04
74	$1,690.41	$421.12	$400.28	$116.06	$285.71	$401.77	$300.59	$452.37	$117.55
75	$1,721.65	$428.90	$407.68	$118.21	$290.99	$409.20	$306.14	$460.73	$119.73
76	$1,785.35	$444.77	$422.76	$122.58	$301.75	$424.34	$317.47	$477.78	$124.16
77	$1,851.41	$461.23	$438.41	$127.12	$312.92	$440.04	$329.22	$495.46	$128.75
78	$1,919.91	$478.29	$454.63	$131.82	$324.50	$456.32	$341.40	$513.79	$133.51
79	$1,990.95	$495.99	$471.45	$136.70	$336.50	$473.20	$354.03	$532.80	$138.45
80	$2,040.77	$508.40	$483.25	$140.12	$344.92	$485.04	$362.89	$546.13	$141.92
81	$2,091.84	$521.13	$495.34	$143.63	$353.56	$497.18	$371.97	$559.80	$145.47
82	$2,144.16	$534.16	$507.73	$147.22	$362.40	$509.62	$381.27	$573.80	$149.11
83	$2,197.73	$547.51	$520.41	$150.90	$371.45	$522.35	$390.80	$588.14	$152.83
84	$2,252.67	$561.19	$533.42	$154.67	$380.74	$535.41	$400.57	$602.84	$156.65
85	$2,308.96	$575.22	$546.75	$158.53	$390.25	$548.79	$410.58	$617.90	$160.57
86	$2,336.65	$582.12	$553.31	$160.44	$394.93	$555.37	$415.50	$625.31	$162.49
87	$2,364.69	$589.10	$559.95	$162.36	$399.67	$562.03	$420.49	$632.82	$164.44
88	$2,393.06	$596.17	$566.67	$164.31	$404.47	$568.78	$425.53	$640.41	$166.42
89	$2,421.78	$603.32	$573.47	$166.28	$409.32	$575.60	$430.64	$648.09	$168.41
90 & Older	$2,450.83	$610.56	$580.35	$168.27	$414.23	$582.51	$435.81	$655.87	$170.43

Rates displayed are for the 2026 plan year and are subject to change. The rates in this book are specifically for individuals residing in the following counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester.

CareFirst MedPlus: Level 2, Tobacco Female 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,536.07	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,496.76	$372.87	$354.43	$102.77	$252.97	$355.74	$266.15	$400.54	$104.09
66	$1,546.45	$385.25	$366.19	$106.18	$261.37	$367.55	$274.98	$413.83	$107.54
67	$1,597.37	$397.93	$378.25	$109.68	$269.97	$379.66	$284.04	$427.46	$111.09
68	$1,649.52	$410.92	$390.60	$113.26	$278.79	$392.05	$293.31	$441.41	$114.71
69	$1,702.88	$424.22	$403.24	$116.93	$287.81	$404.73	$302.80	$455.69	$118.42
70	$1,755.86	$437.41	$415.78	$120.56	$296.76	$417.32	$312.22	$469.87	$122.11
71	$1,810.35	$450.99	$428.68	$124.30	$305.97	$430.28	$321.91	$484.45	$125.90
72	$1,866.40	$464.95	$441.95	$128.15	$315.44	$443.60	$331.87	$499.45	$129.79
73	$1,924.03	$479.31	$455.60	$132.11	$325.18	$457.29	$342.12	$514.87	$133.80
74	$1,983.28	$494.07	$469.63	$136.18	$335.20	$471.38	$352.66	$530.73	$137.92
75	$2,019.93	$503.20	$478.31	$138.70	$341.39	$480.09	$359.17	$540.54	$140.47
76	$2,094.67	$521.82	$496.01	$143.83	$354.02	$497.85	$372.46	$560.54	$145.67
77	$2,172.17	$541.12	$514.36	$149.15	$367.12	$516.27	$386.24	$581.28	$151.06
78	$2,252.54	$561.15	$533.39	$154.67	$380.71	$535.37	$400.54	$602.78	$156.65
79	$2,335.89	$581.91	$553.13	$160.39	$394.79	$555.18	$415.36	$625.09	$162.44
80	$2,376.49	$592.02	$562.74	$163.18	$401.65	$564.83	$422.57	$635.95	$165.27
81	$2,417.84	$602.32	$572.53	$166.02	$408.64	$574.66	$429.93	$647.02	$168.14
82	$2,459.80	$612.78	$582.47	$168.90	$415.74	$584.63	$437.39	$658.25	$171.06
83	$2,502.22	$623.34	$592.51	$171.81	$422.90	$594.72	$444.93	$669.60	$174.01
84	$2,545.09	$634.02	$602.67	$174.75	$430.15	$604.90	$452.55	$681.07	$176.99
85	$2,588.87	$644.93	$613.03	$177.76	$437.55	$615.31	$460.34	$692.79	$180.04
86	$2,619.92	$652.67	$620.39	$179.89	$442.80	$622.69	$465.86	$701.10	$182.20
87	$2,651.43	$660.52	$627.85	$182.06	$448.12	$630.18	$471.46	$709.53	$184.39
88	$2,683.24	$668.44	$635.38	$184.24	$453.50	$637.74	$477.12	$718.04	$186.60
89	$2,715.51	$676.48	$643.02	$186.46	$458.95	$645.41	$482.86	$726.67	$188.84
90 & Older	$2,747.93	$684.55	$650.70	$188.68	$464.43	$653.11	$488.62	$735.35	$191.10

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CareFirst MedPlus: Level 2, Tobacco Male 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

You can receive a 10% discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan. You can also receive a discount of $2 off your monthly rate or $24 off your annual rate if you elect automated payment via bank withdrawal or credit card payment; or elect the annual payment option. See Section 6 of your application.

Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,588.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,594.32	$397.17	$377.53	$109.47	$269.46	$378.93	$283.49	$426.64	$110.87
66	$1,647.25	$410.36	$390.06	$113.11	$278.40	$391.51	$292.90	$440.81	$114.55
67	$1,701.49	$423.87	$402.90	$116.83	$287.57	$404.40	$302.55	$455.32	$118.33
68	$1,757.03	$437.71	$416.06	$120.64	$296.96	$417.60	$312.43	$470.18	$122.19
69	$1,813.88	$451.87	$429.52	$124.55	$306.57	$431.11	$322.53	$485.40	$126.14
70	$1,870.31	$465.92	$442.88	$128.42	$316.10	$444.53	$332.57	$500.50	$130.07
71	$1,928.35	$480.38	$456.63	$132.41	$325.91	$458.32	$342.89	$516.03	$134.10
72	$1,988.05	$495.26	$470.76	$136.51	$336.00	$472.51	$353.50	$532.00	$138.25
73	$2,049.43	$510.55	$485.30	$140.72	$346.38	$487.10	$364.42	$548.43	$142.52
74	$2,112.55	$526.27	$500.24	$145.05	$357.05	$502.10	$375.64	$565.32	$146.91
75	$2,151.59	$536.00	$509.49	$147.74	$363.64	$511.38	$382.58	$575.77	$149.63
76	$2,231.20	$555.83	$528.34	$153.20	$377.10	$530.30	$396.74	$597.07	$155.16
77	$2,313.75	$576.39	$547.89	$158.87	$391.05	$549.92	$411.42	$619.16	$160.90
78	$2,399.36	$597.72	$568.16	$164.75	$405.52	$570.27	$426.64	$642.07	$166.86
79	$2,488.14	$619.84	$589.18	$170.84	$420.53	$591.37	$442.43	$665.83	$173.03
80	$2,550.41	$635.35	$603.93	$175.12	$431.05	$606.17	$453.50	$682.49	$177.36
81	$2,614.23	$651.25	$619.04	$179.50	$441.84	$621.34	$464.85	$699.57	$181.80
82	$2,679.62	$667.54	$634.52	$183.99	$452.89	$636.88	$476.48	$717.07	$186.35
83	$2,746.57	$684.22	$650.38	$188.59	$464.20	$652.79	$488.38	$734.99	$191.00
84	$2,815.22	$701.32	$666.63	$193.30	$475.81	$669.11	$500.59	$753.36	$195.78
85	$2,885.57	$718.84	$683.29	$198.13	$487.70	$685.83	$513.10	$772.18	$200.67
86	$2,920.18	$727.47	$691.49	$200.51	$493.55	$694.05	$519.25	$781.45	$203.08
87	$2,955.21	$736.19	$699.78	$202.91	$499.47	$702.38	$525.48	$790.82	$205.51
88	$2,990.67	$745.03	$708.18	$205.35	$505.46	$710.81	$531.79	$800.31	$207.98
89	$3,026.56	$753.97	$716.68	$207.81	$511.52	$719.34	$538.17	$809.91	$210.48
90 & Older	$3,062.87	$763.01	$725.27	$210.31	$517.66	$727.97	$544.62	$819.63	$213.00

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CareFirst MedPlus: Level 3, Non-Tobacco Female Rates

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Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,787.81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$1,916.27	$477.39	$453.76	$131.57	$323.88	$455.45	$340.75	$512.81	$133.26
66	$1,991.96	$496.24	$471.69	$136.77	$336.67	$473.44	$354.21	$533.07	$138.52
67	$2,059.87	$513.16	$487.77	$141.43	$348.15	$489.58	$366.29	$551.24	$143.25
68	$2,107.40	$525.00	$499.02	$144.69	$356.19	$500.88	$374.74	$563.96	$146.55
69	$2,154.54	$536.75	$510.19	$147.93	$364.15	$512.09	$383.12	$576.58	$149.83
70	$2,180.17	$543.13	$516.25	$149.69	$368.48	$518.18	$387.68	$583.44	$151.61
71	$2,204.39	$549.17	$521.99	$151.35	$372.58	$523.93	$391.98	$589.92	$153.30
72	$2,227.06	$554.81	$527.36	$152.91	$376.41	$529.32	$396.02	$595.99	$154.87
73	$2,248.02	$560.04	$532.32	$154.35	$379.95	$534.30	$399.74	$601.60	$156.33
74	$2,295.44	$571.85	$543.55	$157.61	$387.97	$545.57	$408.17	$614.28	$159.63
75	$2,350.98	$585.68	$556.70	$161.42	$397.36	$558.77	$418.05	$629.15	$163.49
76	$2,437.97	$607.36	$577.30	$167.39	$412.06	$579.45	$433.52	$652.43	$169.54
77	$2,528.17	$629.83	$598.66	$173.58	$427.30	$600.89	$449.56	$676.57	$175.81
78	$2,621.71	$653.13	$620.81	$180.01	$443.11	$623.12	$466.19	$701.60	$182.32
79	$2,718.72	$677.30	$643.78	$186.67	$459.51	$646.18	$483.44	$727.56	$189.06
80	$2,765.97	$689.07	$654.97	$189.91	$467.50	$657.41	$491.84	$740.20	$192.35
81	$2,814.10	$701.06	$666.37	$193.22	$475.63	$668.85	$500.40	$753.08	$195.70
82	$2,862.94	$713.23	$677.93	$196.57	$483.88	$680.45	$509.09	$766.15	$199.09
83	$2,912.31	$725.52	$689.62	$199.96	$492.23	$692.19	$517.87	$779.36	$202.53
84	$2,962.20	$737.95	$701.44	$203.39	$500.66	$704.05	$526.74	$792.72	$206.00
85	$3,013.16	$750.65	$713.50	$206.88	$509.27	$716.16	$535.80	$806.35	$209.54
86	$3,049.30	$759.65	$722.06	$209.37	$515.38	$724.75	$542.23	$816.03	$212.05
87	$3,085.97	$768.79	$730.75	$211.88	$521.58	$733.46	$548.75	$825.84	$214.60
88	$3,123.00	$778.01	$739.51	$214.43	$527.84	$742.26	$555.33	$835.75	$217.18
89	$3,160.55	$787.37	$748.41	$217.00	$534.19	$751.19	$562.01	$845.80	$219.79
90 & Older	$3,198.28	$796.77	$757.34	$219.59	$540.56	$760.16	$568.72	$855.89	$222.41

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CareFirst MedPlus: Level 3, Non-Tobacco Male 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

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Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$1,849.41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$2,041.17	$508.50	$483.34	$140.15	$344.99	$485.14	$362.96	$546.24	$141.95
66	$2,121.79	$528.59	$502.43	$145.68	$358.62	$504.30	$377.30	$567.81	$147.55
67	$2,194.13	$546.61	$519.56	$150.65	$370.84	$521.49	$390.16	$587.17	$152.58
68	$2,244.76	$559.22	$531.55	$154.13	$379.40	$533.53	$399.16	$600.72	$156.10
69	$2,294.97	$571.73	$543.44	$157.57	$387.89	$545.46	$408.09	$614.16	$159.60
70	$2,322.27	$578.53	$549.90	$159.45	$392.50	$551.95	$412.94	$621.46	$161.49
71	$2,348.07	$584.96	$556.01	$161.22	$396.86	$558.08	$417.53	$628.37	$163.29
72	$2,372.22	$590.98	$561.73	$162.88	$400.94	$563.82	$421.83	$634.83	$164.97
73	$2,394.55	$596.54	$567.02	$164.41	$404.72	$569.13	$425.80	$640.81	$166.52
74	$2,445.05	$609.12	$578.98	$167.88	$413.25	$581.13	$434.78	$654.32	$170.03
75	$2,504.21	$623.86	$592.99	$171.94	$423.25	$595.19	$445.30	$670.15	$174.15
76	$2,596.87	$646.94	$614.93	$178.30	$438.91	$617.22	$461.77	$694.95	$180.59
77	$2,692.95	$670.88	$637.68	$184.90	$455.15	$640.05	$478.86	$720.66	$187.27
78	$2,792.59	$695.70	$661.27	$191.74	$472.00	$663.74	$496.58	$747.33	$194.20
79	$2,895.92	$721.44	$685.74	$198.83	$489.46	$688.29	$514.95	$774.98	$201.39
80	$2,968.39	$739.50	$702.90	$203.81	$501.71	$705.52	$527.84	$794.37	$206.43
81	$3,042.68	$758.00	$720.49	$208.91	$514.26	$723.18	$541.05	$814.25	$211.59
82	$3,118.78	$776.96	$738.51	$214.14	$527.13	$741.26	$554.58	$834.62	$216.89
83	$3,196.70	$796.37	$756.97	$219.49	$540.30	$759.78	$568.44	$855.47	$222.30
84	$3,276.61	$816.28	$775.89	$224.97	$553.80	$778.77	$582.64	$876.85	$227.86
85	$3,358.49	$836.68	$795.28	$230.59	$567.64	$798.24	$597.20	$898.77	$233.55
86	$3,398.77	$846.71	$804.81	$233.36	$574.45	$807.81	$604.37	$909.55	$236.36
87	$3,439.54	$856.87	$814.47	$236.16	$581.34	$817.50	$611.62	$920.46	$239.19
88	$3,480.82	$867.15	$824.24	$238.99	$588.32	$827.31	$618.96	$931.50	$242.06
89	$3,522.58	$877.56	$834.13	$241.86	$595.38	$837.24	$626.38	$942.68	$244.97
90 & Older	$3,564.84	$888.09	$844.14	$244.76	$602.52	$847.28	$633.90	$953.99	$247.90

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CareFirst MedPlus: Level 3, Tobacco Female 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). Depending on the review of your medical history, you may receive a Level 2 or Level 3 Rate. Your rate also will be based on the plan you select, your age, gender and tobacco use.

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Monthly Premium Rates Effective January 1, 2026									
	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$2,234.28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$2,394.81	$596.59	$567.08	$164.44	$404.75	$569.19	$425.83	$640.86	$166.54
66	$2,489.41	$620.15	$589.48	$170.93	$420.74	$591.67	$442.65	$666.17	$173.12
67	$2,574.28	$641.29	$609.58	$176.76	$435.08	$611.84	$457.74	$688.88	$179.02
68	$2,633.68	$656.09	$623.64	$180.84	$445.12	$625.96	$468.31	$704.78	$183.15
69	$2,692.59	$670.77	$637.59	$184.88	$455.08	$639.96	$478.78	$720.54	$187.25
70	$2,724.61	$678.75	$645.18	$187.08	$460.49	$647.57	$484.48	$729.11	$189.48
71	$2,754.89	$686.29	$652.35	$189.16	$465.61	$654.77	$489.86	$737.21	$191.58
72	$2,783.22	$693.35	$659.06	$191.11	$470.40	$661.50	$494.90	$744.79	$193.55
73	$2,809.42	$699.87	$665.26	$192.90	$474.83	$667.73	$499.56	$751.80	$195.37
74	$2,868.67	$714.63	$679.29	$196.97	$484.84	$681.81	$510.09	$767.66	$199.50
75	$2,938.09	$731.93	$695.73	$201.74	$496.57	$698.31	$522.43	$786.24	$204.32
76	$3,046.79	$759.01	$721.47	$209.20	$514.94	$724.15	$541.77	$815.33	$211.88
77	$3,159.53	$787.09	$748.16	$216.94	$534.00	$750.94	$561.81	$845.49	$219.72
78	$3,276.43	$816.21	$775.84	$224.97	$553.76	$778.73	$582.60	$876.78	$227.85
79	$3,397.66	$846.41	$804.55	$233.29	$574.24	$807.54	$604.15	$909.22	$236.28
80	$3,456.71	$861.12	$818.53	$237.35	$584.22	$821.57	$614.65	$925.02	$240.39
81	$3,516.86	$876.11	$832.78	$241.48	$594.39	$835.87	$625.35	$941.12	$244.57
82	$3,577.90	$891.31	$847.23	$245.67	$604.71	$850.38	$636.20	$957.45	$248.82
83	$3,639.59	$906.68	$861.84	$249.91	$615.13	$865.04	$647.17	$973.96	$253.11
84	$3,701.95	$922.22	$876.61	$254.19	$625.67	$879.86	$658.26	$990.65	$257.44
85	$3,765.63	$938.08	$891.68	$258.56	$636.44	$895.00	$669.58	$1,007.69	$261.87
86	$3,810.80	$949.33	$902.38	$261.66	$644.07	$905.73	$677.62	$1,019.78	$265.01
87	$3,856.63	$960.75	$913.23	$264.81	$651.82	$916.62	$685.77	$1,032.04	$268.20
88	$3,902.90	$972.28	$924.19	$267.99	$659.64	$927.62	$693.99	$1,044.42	$271.42
89	$3,949.83	$983.97	$935.30	$271.21	$667.57	$938.78	$702.34	$1,056.98	$274.68
90 & Older	$3,996.98	$995.71	$946.47	$274.45	$675.54	$949.98	$710.72	$1,069.60	$277.96

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	Plans available to all applicants							Medicare eligible before 1/1/20 only	
	Plan A	Plan B	Plan G	High-Ded G	Plan L	Plan M	Plan N	Plan F	High-Ded F
Under 65	$2,311.26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	$2,550.91	$635.47	$604.04	$175.15	$431.13	$606.29	$453.59	$682.63	$177.40
66	$2,651.67	$660.57	$627.90	$182.07	$448.16	$630.24	$471.51	$709.59	$184.40
67	$2,742.06	$683.09	$649.31	$188.28	$463.44	$651.72	$487.58	$733.78	$190.69
68	$2,805.34	$698.86	$664.29	$192.62	$474.14	$666.76	$498.83	$750.71	$195.09
69	$2,868.09	$714.49	$679.15	$196.93	$484.74	$681.67	$509.99	$767.51	$199.46
70	$2,902.20	$722.99	$687.23	$199.27	$490.51	$689.78	$516.05	$776.63	$201.83
71	$2,934.45	$731.02	$694.86	$201.49	$495.96	$697.45	$521.79	$785.26	$204.07
72	$2,964.63	$738.54	$702.01	$203.56	$501.06	$704.62	$527.15	$793.34	$206.17
73	$2,992.53	$745.49	$708.62	$205.48	$505.77	$711.25	$532.12	$800.81	$208.11
74	$3,055.65	$761.21	$723.56	$209.81	$516.44	$726.25	$543.34	$817.70	$212.50
75	$3,129.59	$779.63	$741.07	$214.89	$528.94	$743.83	$556.49	$837.48	$217.64
76	$3,245.38	$808.48	$768.49	$222.84	$548.51	$771.35	$577.08	$868.47	$225.69
77	$3,365.46	$838.39	$796.93	$231.08	$568.80	$799.89	$598.43	$900.60	$234.04
78	$3,489.98	$869.41	$826.41	$239.63	$589.85	$829.48	$620.57	$933.92	$242.70
79	$3,619.11	$901.58	$856.99	$248.50	$611.67	$860.17	$643.53	$968.48	$251.68
80	$3,709.68	$924.14	$878.44	$254.72	$626.98	$881.70	$659.64	$992.72	$257.98
81	$3,802.52	$947.27	$900.42	$261.09	$642.67	$903.77	$676.14	$1,017.56	$264.44
82	$3,897.63	$970.96	$922.94	$267.62	$658.75	$926.37	$693.06	$1,043.01	$271.05
83	$3,995.01	$995.22	$946.00	$274.31	$675.20	$949.52	$710.37	$1,069.07	$277.82
84	$4,094.87	$1,020.10	$969.65	$281.17	$692.08	$973.25	$728.13	$1,095.79	$284.77
85	$4,197.20	$1,045.59	$993.88	$288.19	$709.38	$997.57	$746.32	$1,123.18	$291.88
86	$4,247.54	$1,058.13	$1,005.80	$291.65	$717.88	$1,009.53	$755.27	$1,136.65	$295.39
87	$4,298.49	$1,070.83	$1,017.87	$295.15	$726.50	$1,021.65	$764.34	$1,150.28	$298.93
88	$4,350.07	$1,083.68	$1,030.08	$298.69	$735.21	$1,033.90	$773.51	$1,164.09	$302.52
89	$4,402.27	$1,096.68	$1,042.44	$302.27	$744.04	$1,046.31	$782.79	$1,178.05	$306.15
90 & Older	$4,455.08	$1,109.84	$1,054.95	$305.90	$752.96	$1,058.86	$792.18	$1,192.19	$309.82

Rates displayed are for the 2026 plan year and are subject to change. The rates in this book are specifically for individuals residing in the following counties: St. Mary's, Charles, Calvert, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester.

Medicare Supplement: Plan A

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization[1]			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$0	$1,736 (Part A Deductible)
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	$0	Up to $217 a day
101st 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.

Medicare Supplement: 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	$0

[1] Once you have been billed $283 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.

Medicare Supplement: Plan B

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan B Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	$0	Up to $217 a day
101st 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.*

Medicare Supplement: 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	$0

[1] Once you have been billed $283 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.

Medicare Supplement: Plan F

Medicare Part A hospital services per benefit period[1]

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F and High-Deductible Plan F.

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1]			
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
21st thru 100th day	All but $217 a day	$217 a day	$0
101st 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.*

Medicare Supplement: Plan F

Medicare Part B medical services per calendar year

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F and High-Deductible Plan F.

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 $283 of Medicare-approved amounts[1]	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$283 (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 $283 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.*

Medicare Supplement: High-Deductible Plan F

Medicare Part A hospital services per benefit period[1]

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F and High-Deductible Plan F.

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan F Pays	In addition to $2,950 deductible,[2] You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st 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 $2,950 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are $2,950. 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.*

Medicare Supplement: High-Deductible Plan F

Medicare Part B medical services per calendar year

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F and High-Deductible Plan F.

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan F Pays	In addition to $2,950 deductible,[2] 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 $283 of Medicare-approved amounts[1]	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$283 (Part B Deductible)	$0
▪ Remainder of Medicare-approved amounts	80%	20%	$0

Medicare Supplement: High-Deductible Plan F

Medicare Part B medical services per calendar year

Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F and High-Deductible Plan F.

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan F Pays	In addition to $2,950 deductible,[2] 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

[1] *Once you have been billed $283 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 $2,950 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are $2,950. 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.*

Medicare Supplement: Plan G

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st 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.

Medicare Supplement: 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 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.

Medicare Supplement: High-Deductible Plan G

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan G Pays	In addition to $2,950 deductible,[2] You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
■ Additional 365 days	$0	100% of Medicare-eligible Expenses	$0
■ Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] 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
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st 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 G after one has paid a calendar year $2,950 deductible. Benefits from the High-Deductible Plan G will not begin until out-of-pocket expenses are $2,950. 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.

Medicare Supplement: High-Deductible Plan G

Medicare Part B medical services per calendar year

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan G Pays	In addition to $2,950 deductible,[2] 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (unless Part B Deductible has been met)
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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (unless Part B Deductible has been met)
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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (unless Part B Deductible has been met)
▪ Remainder of Medicare-approved amounts	80%	20%	$0

Medicare Supplement: High-Deductible Plan G

Medicare Part B medical services per calendar year

Services	Medicare Pays	After you pay $2,950 deductible,[2] High-Deductible Plan G Pays	In addition to $2,950 deductible,[2] 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

[1] Once you have been billed $283 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 G after one has paid a calendar year $2,950 deductible. Benefits from the High-Deductible Plan G will not begin until out-of-pocket expenses are $2,950. 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.

Medicare Supplement: Plan L

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan L Pays	You Pay[1]
Hospitalization[2] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,302 (75% of Part A Deductible)	$434♦ (25% of Part A Deductible)
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[2] 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
21st thru 100th day	All but $217 a day	Up to $162.75 a day (75% of Part A Coinsurance)♦	Up to $54.25 a day (25% of Part A Coinsurance)♦
101st 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 $4,000 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.*

Medicare Supplement: Plan L

Medicare Part B medical services per calendar year

Services	Medicare Pays	Plan L Pays	You Pay[1]
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 $283 of Medicare-approved amounts[2]	$0	$0	$283[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 $4,000[1])
Blood			
First 3 pints	$0	75%	25%♦
Next $283 of Medicare-approved amounts[2]	$0	$0	$283♦ (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 $283 of Medicare-approved amounts[3]	$0	$0	$283♦ (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 $4,000 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 $283 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.*

Medicare Supplement: Plan M

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan M Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$868 (50% of Part A Deductible)	$868 (50% of Part A Deductible)
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
■ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st 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.

Medicare Supplement: 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 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.

Medicare Supplement: Plan N

Medicare Part A hospital services per benefit period[1]

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but $868 a day	$868 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 Care[1] 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
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st 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.

Medicare Supplement: 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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (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 $283 of Medicare-approved amounts[1]	$0	$0	$283 (Part B Deductible)
■ Remainder of Medicare-approved amounts	80%	20%	$0

[1] Once you have been billed $283 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.

Medicare Supplement: 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 Policy Form Numbers:
FCI/MG PLAN A (1/16)
FCI/MG PLAN B (1/16)
FCI/MG PLAN F (1/16)
FCI/MG PLAN HI DED F (1/16)
FCI/MG PLAN G (1/16)
FCI/MG PLAN HI DED G (6/19)
FCI/MG PLAN L (1/16)
FCI/MG PLAN M (1/16)
FCI/MG PLAN N (1/16)

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 MedPlus nor its agents represent, work for or are compensated by the Federal or State government or Medicare. CareFirst MedPlus is the business name of First Care, Inc. First Care, Inc. is a health insurance company incorporated under the laws of the State of Maryland.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or CareFirst MedPlus.



First Care, Inc.
10455 Mill Run Circle
Owings Mills, Maryland 21117
carefirst.com

First Care, Inc. is a health insurance company incorporated under the laws of the State of Maryland.

CareFirst MedPlus is the business name of First Care, Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MDESSUPPOOC (6/19) CDS1270-1P (12/25)

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 MedPlus 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.

***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.

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.

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
- 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 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.

G. Enrollment termination from Virginia Medicaid, meaning:

- The individual enrolled in Medicare Part B while enrolled in Virginia Medicaid;
- The individual remained in Virginia Medicaid during the Public Health Emergency due to the suspension of terminations in the program; and
- The individual was not disenrolled from the Virginia Medicaid until at least 6 months after the effective date of Medicare Part B enrollment and therefore missed their Medicare Supplement initial enrollment period. In this case, the individual's Guaranteed Issue period will be a 63-day period following the date they are terminated from Virginia Medicaid or the end of their initial open enrollment period.

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) and First Care, Inc. (doing business as CareFirst MedPlus), (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



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 **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 833-987-0765 (TTY: 711). 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 **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:
  - Write to:
    CareFirst BlueCross BlueShield
    Quality of Care Department
    P.O. Box 17636
    Baltimore, MD 21297
  - Fax a written complaint to: 301-470-5866

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 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:

Maryland Insurance Administration
Inquiry and Investigation, Life and Health
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 410-468-2244 or 800-492-6116

Office of Health Care Quality
Spring Grove Center, Bland-Bryant Building
55 Wade Avenue
Catonsville, MD 21228
Phone: 410-402-8016 or 877-402-8218

For assistance in resolving a billing or payment dispute with the health plan or a health care provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Health Education and Advocacy Unit
Consumer Protection Division
Office of the Attorney General
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: 410-528-1840 or 877-261-8807
Fax: 410-576-6571
www.oag.state.md.us

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 PHI 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 PHI 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**.

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.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkpariṭa ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchííd hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

Policy Form Numbers

The benefits described are issued under policies:
Form Numbers: FCI/MG PLAN A (1/16); FCI/MG PLAN B (1/16); FCI/MG PLAN F (1/16); FCI/MG PLAN HI DED F (1/16); FCI/MG PLAN G (1/16); FCI/MG PLAN HI DED G (6/19); FCI/MG PLAN L (1/16); FCI/MG PLAN M (1/16); FCI/MG PLAN N (1/16)

BlueVision℠ Plan:
Legal entity CareFirst of Maryland, Inc.; policy #: CFMI/BLUEVISION (R. 1/06) and any amendments
Legal entity Group Hospitalization and Medical Services, Inc.; policy #: GHMSI BlueVision (R. 1/06) and any amendments

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

BlueDental Preferred:
Legal Entity CareFirst of Maryland, Inc.:
HIGH Option: CFMI/DEN/IEA (R. 1/24); CFMI/DB/SADP DOCS ON-OFF EXCH (1/24); CFMI/DB/SADP SOB HIGH ON-OFF EXC (1/24); CFMI/DOL APPEAL (R. 9/11); CFMI/SADP DENTAL APPEALS AMEND (1/24) and any amendments.
LOW Option: CFMI/DEN/IEA (R. 1/24); CFMI/DB/SADP DOCS ON-OFF EXCH (1/24); CFMI/DB/SADP SOB LOW ON-OFF EXC (1/24); CFMI/DOL APPEAL (R. 9/11); CFMI/SADP DENTAL APPEALS AMEND (1/24) and any amendments.

Legal Entity Group Hospitalization and Medical Services, Inc.:
HIGH Option: MD/CF/DEN/IEA (R. 1/24); MD/CF/DB/SADP DOCS ON-OFF EXCH (1/24); MD/CF/DB/SADP SOB HIGH ON-OFF EXC (1/24); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/SADP DENTAL APPEALS AMEND (1/24) and any amendments.
LOW Option: MD/CF/DEN/IEA (R. 1/24); MD/CF/DB/SADP DOCS ON-OFF EXCH (1/24); MD/CF/DB/SADP SOB LOW ON-OFF EXC (1/24); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/SADP DENTAL APPEALS AMEND (1/24) 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 MedPlus is the business name of First Care, Inc. CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst MedPlus, CareFirst BlueCross BlueShield and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

CD1244-1P (12/23)

Apply Today

Three Ways to Apply

Applying for a CareFirst MedPlus Medicare Supplement 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 **carefirst.com/medigap**.
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.

Once you have submitted your application, you can call the Application Status Hotline at 800-722-2235 with questions. Your coverage will become effective the first of the month following the month in which we approve your application.

Steps to apply:

- Review the plan options and premiums in the Outline of Coverage.
- Complete your application. Don't forget to:
  - ☐ Indicate the Medicare Supplement plan you've selected.
  - ☐ 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 fold the application into thirds before placing it into the enclosed envelope.



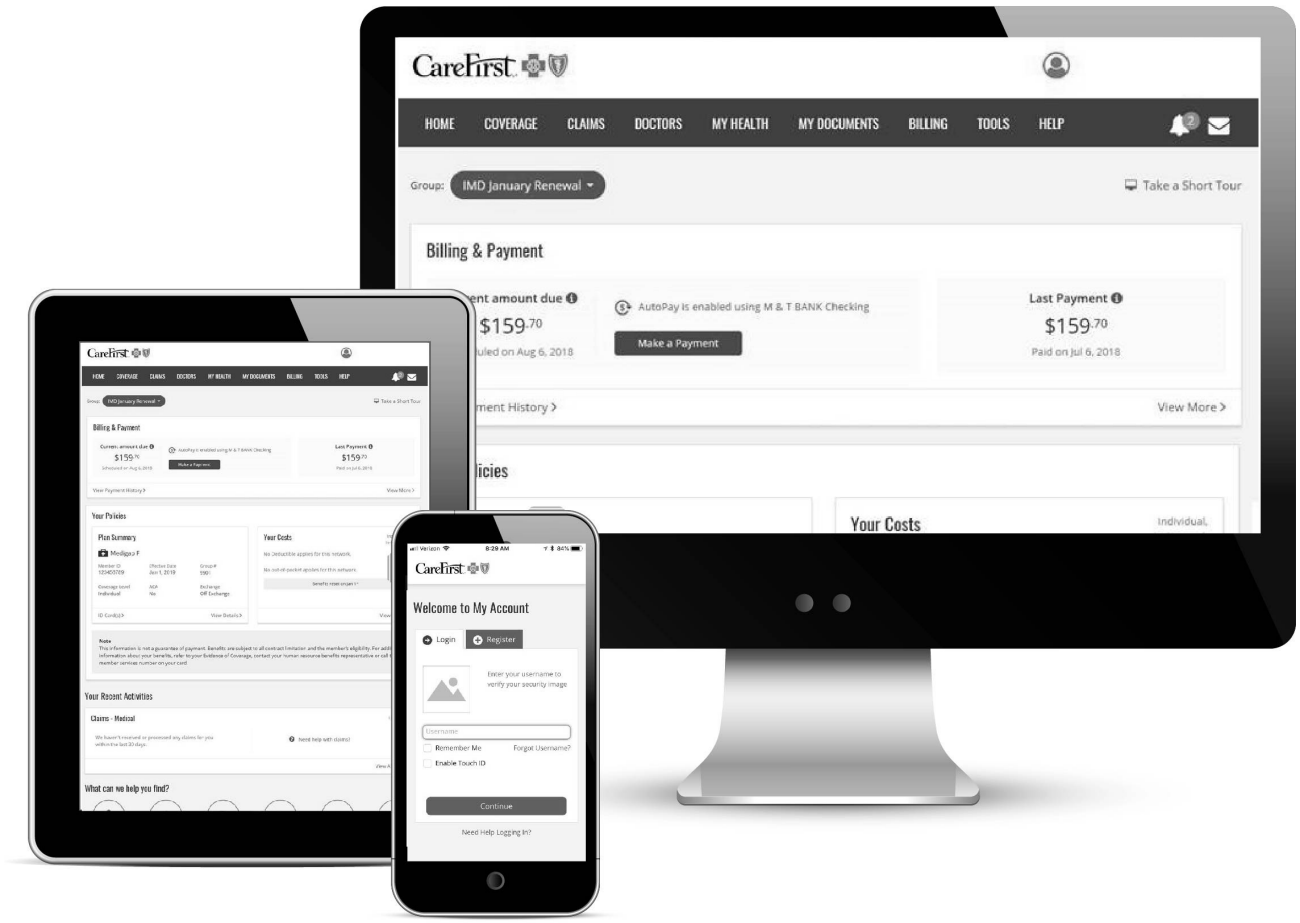
My Account

View a wealth of personalized information with our easy-to-use, secure member website called My Account. Simply log in to **carefirst.com/myaccount** from your computer, tablet or smartphone and get real-time plan information, tools and technology. Convenient features allow you to:

- Check the status of your payment, claims and any outstanding balances.
- View and pay your monthly bill.
- Sign up for automated credit card payment.
- Go paperless and stop worrying about mailing in your payment.

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 833-987-0765 (TTY: 711). You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.



Medicare Supplement Application

Maryland Residents

Coverage designed to supplement benefits under Medicare

CareFirst MedPlus

First Care, Inc., doing business as CareFirst MedPlus

First Care, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117

INSTRUCTIONS

1. Please fill out all applicable spaces on this application. Print or type all information.
2. Sign this application on page 15 and return it in the postage-paid envelope, if provided. Or mail to:

   Mail 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 833-987-0765. Note: Please consider retaining your existing plan coverage until it is determined you have passed medical underwriting (if applicable).

SECTION 1. APPLICANT INFORMATION

1A. PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Residence Address (Number and Street, Apt #):		Residence County:
City:	State:	Zip Code (9-digit, if known):
Billing Address, if different from Residence 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: ◯ Male ◯ Female	

CareFirst MedPlus is the business name of First Care, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered service marks of the Blue Cross and Blue Shield Association. The CareFirst name and logo are registered service marks of Group Hospitalization and Medical Services, Inc.

SECTION 1. APPLICANT INFORMATION (CONTINUED)

1B. PLAN OPTIONS

Please check the CareFirst MedPlus plan for which you are applying (check only one plan):

◯ **PLAN A*** ◯ **PLAN B** ◯ **PLAN G** ◯ **HIGH-DEDUCTIBLE PLAN G**

◯ **PLAN L** ◯ **PLAN M** ◯ **PLAN N**

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

◯ **PLAN F**** ◯ **HIGH-DEDUCTIBLE PLAN F****

** **PLAN F** *and* **HIGH-DEDUCTIBLE PLAN F** *are only available for sale to individuals who were newly eligible for Medicare before January 1, 2020.*

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 your effective date.

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

1D. HOUSEHOLD INFORMATION (IF APPLICABLE)

The following information will be used to collect data to determine eligibility for the Household Discount. If you reside in the same household as another CareFirst MedPlus member, please provide their information below:

Last Name:	First Name:
Date of Birth: _____ / _____ / _____ Month Day Year	Subscriber ID# (optional):

◯ Check to confirm that your address is the same as the CareFirst MedPlus member you listed.

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 CareFirst MedPlus policy.**

Medicare Number:

Medicare Hospital (**PART A**) Effective Date:	Medicare Medical/Surgical (**PART B**) Effective Date:
_____ / _____ / _____ Month Day Year	_____ / _____ / _____ Month Day Year

SECTION 3. ELIGIBILITY INFORMATION

Please answer the following questions regarding your eligibility:

3A.	Did you turn age 65 in the last 6 months?	◯ Yes ◯ No
3B.	Please answer Yes if one of the following applies: You are age 65 or older and, at the time of this application, you are within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B **OR**, you are turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B **OR**, you are turning 65 and - your birthdate falls on the first of the month - your Medicare Part B enrollment is the first of the month *prior* to the month you turn 65	◯ Yes ◯ No
3C.	Are you under age 65, eligible for Medicare due to a disability, AND 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
3D.	Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months? If your Part B effective date was more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months, please state the date of your Medicare Eligibility Notification letter below and include a copy of the notification letter with this application. The date of your Medicare Eligibility Notification letter is: _____ / _____ / _____	◯ Yes ◯ No
3E.	Are you applying on or during the 30 days following your birthday for a replacement Medicare supplement policy with equal or lesser benefits? (Please attach a copy of supporting documentation showing your active Medicare Supplement plan enrollment.) For available MedPlus plan options, with equal or lesser benefits, please contact our Medicare Sales Consultants at 833-987-0765 (TTY 711). Hours are 8 a.m.–6 p.m. Monday to Friday and 8 a.m.–12 p.m. Saturday or visit **carefirst.com/medicare-options/compare-medicare-plans/medicare-birthday-rule-enrollment.html**	◯ Yes ◯ No

NOTE:

- If you answered **YES** to **3A, 3B, 3C, 3D** or **3E**, your acceptance is guaranteed. Skip 3F and Section 4, and go directly to Section 5.
- If you answered **NO** to **3A, 3B, 3C, 3D** and **3E** then proceed to section **3F**.

3F. Please answer questions 1–8 in this section.

1.	Were you enrolled under an employer group health plan or union coverage that pays after Medicare pays (Medicare Supplement plan) and that plan is ending or will no longer provide you with supplemental health benefits, and the applicable coverage was terminated or ceased within the past 63 days? **OR**, did you receive a notice of termination or cessation of all supplemental health benefits within the past 63 days (if you did not receive the notice, did the date you received notice that a claim has been denied because of a termination or cessation of all supplemental health benefits occur within the past 63 days)?	◯ Yes ◯ No

SECTION 3. ELIGIBILITY INFORMATION (CONTINUED)	
WITHIN THE PAST 63-DAY PERIOD WERE YOU ENROLLED UNDER:	
2. A Medicare health plan* such as a Medicare Advantage Plan or you are 65 years of age or older and enrolled with a Program of All-Inclusive Care For the Elderly (PACE) and at least one of the following was met: a. The plan was terminated, no longer provides or has discontinued the plan in the service area where you live. b. You were not able to continue coverage with the plan because you moved out of the plan's service area or other change in circumstances specified by the Secretary of the Department of Health and Human Services (HHS). This does not include failure to pay premiums on a timely basis. c. You are leaving because you can show that the plan substantially violated a material provision of the policy including not providing medically necessary care on a timely basis or in accordance with medical standards. d. You are leaving because you can show that the plan or its agent misled you in marketing the policy. e. The certification of the organization was terminated. f. You meet any other exceptional condition as the Secretary of the Department of HHS may provide.	◯ Yes ◯ No
3. A Medicare Supplement policy and your enrollment ended and at least one of the following was met: a. Through no fault of your own, or because your insurance company has gone bankrupt and you lost coverage, or is going bankrupt and you will be losing your coverage. b. You are leaving because you can show that the company substantially violated a material provision of the policy. c. You are leaving because you can show that the company or its agent misled you in marketing the policy.	◯ Yes ◯ No
4. A Medicare health plan* such as a Medicare Advantage or PACE plan that you joined when you first enrolled under Medicare Part B at age 65 or older, and within 12 months of enrolling you decided to switch to a Medicare Supplement policy.	◯ Yes ◯ No
5. A Medicare Supplement plan that you dropped and subsequently enrolled for the first time with a Medicare health plan* such as Medicare Advantage or PACE plan; and you have been in the plan less than 12 months and want to return to a Medicare Supplement plan.	◯ Yes ◯ No
6. A Medicare Part D plan, and ALSO were enrolled under a Medicare Supplement plan that covers outpatient prescription drugs. When you enrolled in Medicare Part D, you terminated enrollment in the Medicare Supplement plan that covered outpatient prescription drug coverage.	◯ Yes ◯ No
7. An employer group health plan or union coverage that provides health benefits and the plan terminated, and solely because of your Medicare eligibility, you are not eligible for the tax credit for health insurance costs (under Section 35 of the Internal Revenue Code).	◯ Yes ◯ No

* *Medicare health plan includes a Medicare Advantage Plan; a Medicare Cost plan (under 1876 of the federal Social Security Act); a similar organization operating under demonstration project authority effective for periods before April 1, 1999); a Health Care Prepayment Plan (under an agreement under 1833 (a)(1)(A) of the federal Social Security Act), a Medicare Select policy, HCFA certified provider sponsored organization, or a Program of All-Inclusive Care for the Elderly (PACE).*

SECTION 3. ELIGIBILITY INFORMATION (CONTINUED)	
8. Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023, are you applying for a Medicare Supplement policy due to dis-enrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months?	◯ Yes ◯ No

NOTE:

- If you answered **YES** to Question 8 in Section **3F** please do not answer Section 4 Health Evaluation, you are guaranteed issuance.
- If you answered **YES** to any question in Section **3F** you must submit evidence of the date of termination or disenrollment of the other plan **OR** evidence of enrollment in Medicare Part D along with this application. Skip Section 4 and go directly to Section 5.
- If you answered **NO** to ALL questions in Section 3 (**3A**, **3B**, **3C**, **3D, 3E AND 3F**) continue to Section 4.

SECTION 4. HEALTH EVALUATION	
Have you had a physical exam within the last 5 years?	◯ Yes ◯ No
Have you used tobacco products within the last 5 years?	◯ Yes ◯ No
Please complete sections 4A, 4B, 4C, 4D and 4E. Check each item YES or NO.	
4A. 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 5 years, have you consulted a physician, licensed medical provider, been diagnosed, treated, OR advised by a medical practitioner to have treatment for known symptoms or known indications of the following conditions: **NOTE: ALL QUESTIONS MUST BE CHECKED YES OR NO OR YOUR APPLICATION WILL BE RETURNED.**	
1. Diabetes with complications including retinopathy, blindness, kidney disease, peripheral vascular disease (PVD), vascular insufficiency or amputation	◯ Yes ◯ No
2. Cancer (except skin or thyroid)	◯ Yes ◯ No
3. Melanoma, Hodgkin's Disease, Non-Hodgkin's Disease, Leukemia or Multiple Myeloma	◯ Yes ◯ No
4. Kidney disease or disorder: Including kidney failure, kidney dialysis or end stage renal disease (ESRD)	◯ Yes ◯ No
5. Amyotrophic Lateral Sclerosis or Anterior Horn Disease	◯ Yes ◯ No
6. Alzheimer's, Senile Dementia, or other organic brain disorders, including alcoholic psychosis	◯ Yes ◯ No
7. An organ transplant (kidney, liver, heart, lung, or bone marrow), or are on a waiting list for a transplant	◯ Yes ◯ No
8. History of esophageal varices or end stage liver disease	◯ Yes ◯ No
9. Amputation due to disease including diabetes or vascular insufficiency	◯ Yes ◯ No
10. Chronic pulmonary lung disorders including COPD, emphysema, chronic bronchitis, Chronic Obstructive Lung Disease, chronic asthma, chronic interstitial lung disease, chronic pulmonary fibrosis, sarcoidosis and bronchiectasis, or any condition that requires you to use oxygen	◯ Yes ◯ No

SECTION 4. HEALTH EVALUATION (CONTINUED)

11. Tested positive for exposure to the HIV infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection, or other sickness or condition derived from such infection	◯ Yes ◯ No



If you answered **YES** to any of the questions in Section 4A, you are **NOT** eligible for these plans at this time. If your health status changes in the future, allowing you to answer NO to all of the questions in this section, please submit an application at that time. For information regarding plans that may be available, contact agency of aging.

If you answered **NO** to **ALL** the questions in Section 4A, please continue to Section 4B.

4B. 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:		

4C. HEALTH QUESTIONNAIRE

To the best of your knowledge and belief, in the last 5 years, have you consulted a physician, licensed medical provider, been diagnosed, treated, OR advised by a medical practitioner to have treatment for known symptoms or known indications of the following conditions:

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)	◯ Yes ◯ No
2. Liver disease or disorder: including cirrhosis of liver, Hepatitis C	◯ Yes ◯ No
3. Back or spinal surgery: a. Spinal fusion surgery of the lumbar or sacral spine (back) b. Surgery for spinal stenosis	 ◯ Yes ◯ No ◯ Yes ◯ No
4. Heart or circulatory surgery of any type, including angioplasty, bypass, stent placement or replacement, valve placement or replacement	◯ Yes ◯ No
5. Heart conditions including heart failure, congestive heart failure, heart attack, cardiomyopathy, heart rhythm disorders including pacemakers or defibrillators	◯ Yes ◯ No

SECTION 4. HEALTH EVALUATION (CONTINUED)		
6.	Coronary Artery Disease (CAD) including hypertension or elevated or high cholesterol	○ Yes ○ No
7.	Stroke (CVA)	○ Yes ○ No
8.	Transient Ischemic Attack (TIA)	○ Yes ○ No
9.	Multiple Sclerosis, Parkinson's Disease, Muscular Dystrophy or Paralysis of any type	○ Yes ○ No
10.	Immune Deficiency or Auto Immune Deficiency conditions including, Rheumatoid Arthritis, Polymyositis, Systemic Lupus, Scleroderma, and other connective tissue conditions	○ Yes ○ No
11.	Nervous or mental disorder requiring psychiatric care or hospitalization, including substance or alcohol abuse	○ Yes ○ No
12.	Thyroid cancer	○ Yes ○ No
13.	Chronic pancreatitis	○ Yes ○ No

4D. 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?	○ Yes ○ No
2.	Have you been advised by a medical practitioner, in the past 5 years, 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 6 months?	○ Yes ○ No
3.	Have you been advised by a medical professional, in the past 5 years, that surgery may be required within the next 12 months?	○ Yes ○ No
4.	Have you had medical tests in the last year for which you have not yet received results?	○ Yes ○ No
5.	Have you been hospitalized or had a condition that required hospitalization that occurred during the past 7 years immediately before the date of this application? **Duration Dates:** From: _____/_____/_____ To: _____/_____/_____ **Condition:** _____	○ Yes ○ No

6.	What is your current height and weight?	Height: ___ ft. ___ in.	Weight: ____ lbs.

SECTION 4. HEALTH EVALUATION (CONTINUED)

4E. EXPLANATION OF DIAGNOSIS AND TREATMENTS

If you have checked Yes to any part of SECTION 4C or 4D, for each circle 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 (past 7 years only)	Explain treatment (including all medications, hospitalizations, surgery and diagnostic test results and physician/hospital name)	Recovery (check one)
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ Partial
		From: To:		◯ Full ◯ 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 for 24 months, if requested, during your entitlement to benefits under Medicaid. 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 reinstituted 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 reinstituted 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 reinstituted 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 reinstituted 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 medical assistance through the state Medicaid program, including benefits through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

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

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.*** *(Please check* ***YES*** *or* ***NO****.)*

5A. Did you turn age 65 in the last 6 months?	◯ Yes ◯ No
5B. Please answer Yes if one of the following applies: You are age 65 or older and, at the time of this application, you are within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B **OR**, you are turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B **OR**, you are turning 65 and - your birthdate falls on the first of the month - your Medicare Part B enrollment is the first of the month *prior* to the month you turn 65	◯ Yes ◯ No

SECTION 5. PAST AND CURRENT COVERAGE (CONTINUED)		
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**.	◯ Yes ◯ No
5E.	Will Medicaid pay your premiums for this Medicare Supplement policy?	◯ Yes ◯ No
5F.	Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	◯ Yes ◯ No
5G.	Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (e.g., 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 _____ / _____ / _____	◯ Yes ◯ 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?	◯ Yes ◯ No
5I.	Was this your first time in this type of Medicare plan?	◯ Yes ◯ No
5J.	Did you drop a Medicare Supplement policy to enroll in the Medicare plan?	◯ Yes ◯ 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 _____	◯ Yes ◯ No
5L.	Since you have another Medicare Supplement policy in force, do you intend to replace your current Medicare Supplement policy with this policy?	◯ Yes ◯ No

SECTION 5. PAST AND CURRENT COVERAGE (CONTINUED)

5M. Have you had medical coverage under an employer or union group plan, COBRA coverage, or been enrolled in a Medicare Advantage plan within the past 63 days? ◯ Yes ◯ No

If **NO**, continue to question **5N**.

If **YES**:

What company and what kind of policy?

Company Name _____

Membership number IF a CareFirst Policy _____

Policy Type: (Please select only ONE circle)

◯ HMO/PPO ◯ Major Medical ◯ Employer Plan
◯ Union Plan ◯ 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 _____ / _____ / _____

5N. ***Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023,*** are you applying for a Medicare Supplement policy due to dis-enrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? (Please attach a copy of supporting documentation such as a redetermination letter from the State Medicaid program or a Certificate of Coverage) ◯ Yes ◯ No

If **NO**, continue to Section 6.

If YES, fill in the start and end dates during which you were covered for medical assistance through the state Medicaid program:

START _____ / _____ / _____ END _____ / _____ / _____

SECTION 6. PREMIUM PAYMENT

6A. BILLING FREQUENCY

Please indicate your billing frequency preference: ◯ Monthly ◯ Annually

6B. AUTOMATED PREMIUM PAYMENTS

◯ Please check this circle if you DO NOT wish to set up an automated payment.

CareFirst MedPlus 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 or credit card. Once you are a member, you can sign up for automated payment via credit card by visiting **www.carefirst.com/myaccount**.

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

◯ Checking Account ◯ Savings Account

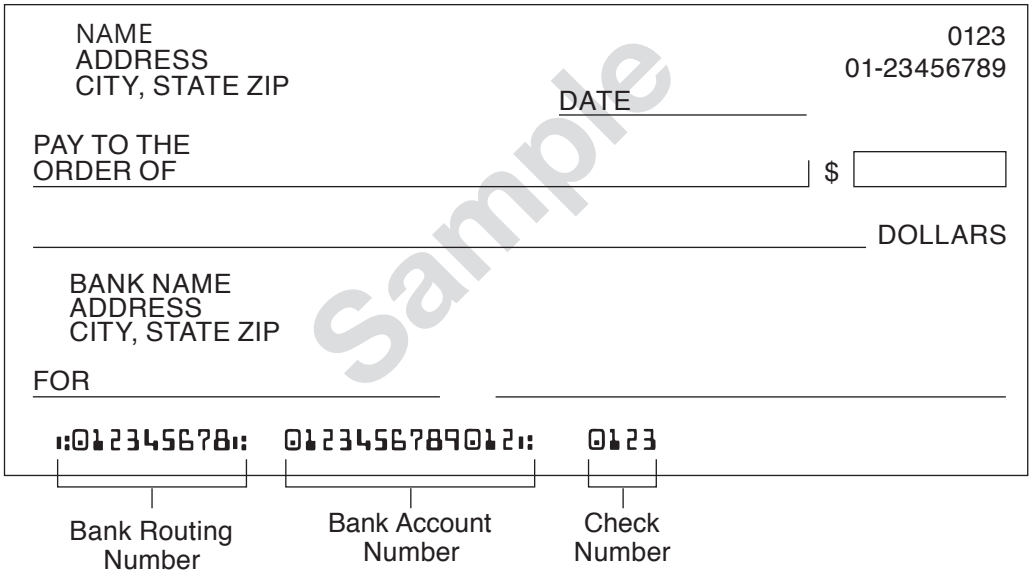
Bank Name:

Bank Routing Number:

Bank Account Number:

Name that appears on the Account:

SECTION 6. PREMIUM PAYMENT (CONTINUED)



I hereby authorize CareFirst MedPlus 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 MedPlus 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 MedPlus 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), with the payment due date the first of the month. 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**. Termination requests must be received prior to the end of the month before the termination date (ex: Termination is October 1st so the request must be received by September 30). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal. Requests to disable auto-draft must be completed in My Account, www.carefirst.com/myaccount. Using the self-service functionality within the My Account website, navigate to the Billing & Payment Section. The auto-draft feature must be disabled in the Manage AutoPay section. You will be responsible for any fees incurred by their bank, such as non-sufficient funds (NSF).

Signature of Account Holder:	Date:
X_____	_____/_____/_____

SECTION 7. ELECTRONIC COMMUNICATION CONSENT

CareFirst MedPlus 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 MedPlus health care coverage through email and/or text messaging by providing your email address and/or mobile phone number and consent below.

Electronic notices regarding your CareFirst MedPlus 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 current plan(s) and services along with new plans and services that may interest you.

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

I understand that to access information sent by email, I must have all three of the following:

- Internet access
- An email account that allows me to send and receive emails
- 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 by text messaging:

- A text messaging plan with my mobile phone provider is required
- Standard text messaging rates will apply

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

◯ Email only

◯ Mobile phone text messaging only

◯ Email and mobile phone text messaging

Applicant Name:	
Email Address:	Mobile Phone Number:

CareFirst MedPlus will not sell your email or phone number to any third party and we do not share it with third parties except for CareFirst MedPlus 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 MedPlus.

This information is subject to verification. To do so I authorize CareFirst MedPlus, 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 MedPlus, CareFirst MedPlus' 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 MedPlus. 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 MedPlus to use my medical information for underwriting and to determine my eligibility for insurance benefits. For these purposes, this authorization remains in effect for a period of 30 months from the date of signature on this application.

I understand this authorization may be used for the purpose of collecting information in connection with a claim for 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 MedPlus has already taken action in reliance on this authorization.

I also understand that CareFirst MedPlus' Notice of Privacy Practices includes information pertaining to authorizations. A copy of the Full Notice of Information Practices may be obtained by contacting the CareFirst MedPlus Privacy Office at 800-853-9236 or 10455 Mill Run Circle, Owings Mills, Maryland 21117-5559. CareFirst MedPlus will not use or disclose medical information for any purposes other than those listed above except as may be required by law. CareFirst MedPlus 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 MedPlus 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.

CareFirst MedPlus reserves the right to perform an audit to determine the status of eligibility for any programs or discounts offered. If this audit determines a loss of eligibility or a change in eligibility status, an adjustment to the premium may be made upon the next anniversary date of the policy.

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 MedPlus 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 MedPlus 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 MedPlus.

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. (This section does not apply to applicants who are permitted to skip Section 4 of this application and are issued a policy under the Guaranteed Issue provisions.)

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 (PLEASE READ THIS SECTION CAREFULLY) (CONTINUED)

WARNING: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The undersigned applicant and agent, if applicable, certifies 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.

Applicant's Signature (Please do not print):	**Date:**
X_____	_____/_____/_____

SECTION 9. RACE, ETHNICITY, LANGUAGE (THIS INFORMATION IS VOLUNTARY)

As required by Maryland law, CareFirst MedPlus is asking its members to voluntarily provide their race, ethnicity and language attributes. The information provided, while voluntary, will assist the state of Maryland and CareFirst MedPlus in improving quality of care and access to care thereby reducing health care disparities to promote better health outcomes. The information you provide will not have a negative impact on any services we provide you. The information is kept strictly confidential and will not be shared unless required by law to disclose it.

Race

White/Caucasian
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Other—(to include Multi-Racial)
Decline to answer
Unknown—could not be determined

Ethnicity

Hispanic/Latino/Spanish origin

Preferred Spoken Language*

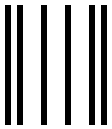
01 English
02 Albanian
03 Amharic
04 Arabic
05 Burmese
06 Cantonese
07 Chinese (simplified & traditional)
08 Creole (Haitian)
09 Farsi
10 French (European)
11 Greek
12 Gujarati
13 Hindi
14 Italian
15 Korean
16 Mandarin
17 Portuguese (Brazilian)
18 Russian
19 Serbian
20 Somali
21 Spanish (Latin America)
22 Tagalog (Filipino)
23 Urdu
24 Vietnamese
98 Other and unspecified languages
99 Unknown

Race:	Ethnicity:	Country of Origin:

Preferred Spoken Language (*specify number from above):

FOR OFFICE USE ONLY:
◯ Re-sign and re-date below only if circle is checked. Signature of Applicant: X_____ Date _____ / _____ / _____

FOR BROKER USE ONLY:				
	Name	NPN#	Tax ID#	CareFirst MedPlus-Assigned ID#
General Agency		[redacted]		
Writing Agent				[redacted]



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 11562 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

MAIL ADMINISTRATOR
PO BOX 14651
LEXINGTON KY 40512-9876



First Care, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

CareFirst MedPlus

CONNECT WITH US:

CareFirst MedPlus is the business name of First Care, Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MGO65ESPOD (12/24)

CDS1203-1P (12/25)