

Steps to complete CareFirst Maryland Health Insurance application.

- 1) Print out the attached application.
- 2) Complete application including ALL details and signatures.
Common mistakes that delay the start of application processing are missing social security numbers, heights, weights, doctor's names, etc..
- 3) Return application without payment. If you're approved CareFirst Blue Cross will send you billing information.
- 4) FAX direct to 1-877-877-5801 or Mail all materials to:

5965 Sandy Ridge
Elkridge, MD 21075

- 5) Call with any questions.

1-877-634-1256

*rates subject to change without notice.

Please note that underwriting can take 2-6 weeks (less for healthy applicants with complete applications). You are NOT covered until accepted by Carefirst. During the underwriting period, DON'T cancel any existing coverage. If you don't have coverage you can apply for a temporary health insurance policy to cover you in the interim from our web site <http://www.insurancepickle.com>. Temporary Health Insurance can start as early as tomorrow. Select a monthly payment, so you can keep it during underwriting.

Supplement-65 Application (District of Columbia Residents)

(Coverage designed to supplement benefits under Medicare)

For assistance in completing this application,

CALL 1-877-634-1256



Group Hospitalization and Medical Services, Inc.

INSTRUCTIONS ▼

1. Please fill out all applicable spaces on this application. Print or type all information.
2. Sign this application on page 7 and return it in the postage-paid envelope, if provided. Or mail to:
CareFirst BlueCross BlueShield
Individual Market Division/02-225
5965 Sandy Ridge
Elkridge, Maryland 21075
3. You will be notified by mail 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.

OFFICE USE ONLY:

ID #:	EFF DATE:
GROUP #:	CLASS:

▼ PLEASE CORRECT ANY INCORRECT NAME OR ADDRESS INFORMATION BELOW ▼

Last Name			First Name			Middle Initial		
Residence Address (Number and Street)								
City			State			Zip Code		

1. APPLICANT INFORMATION ▼

Billing Address, if different from Residence Address: (Number & Street) (City & State) (Zip Code-9 digit, if known)

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
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Home Phone: () ()	Work Phone: () ()	Did you establish permanent residence at the above address within the last 31 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Coverage Selected: (check one) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan C <input type="checkbox"/> Plan F	E-mail Address: _____
Your Social Security (or Railroad Retirement) Number: _____	

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 Supplement-65 policy.**

Reason for Entitlement: Age 65 or over Kidney Disease Disabled

HEALTH INSURANCE CLAIM NUMBER:	MEDICARE HOSPITAL (PART A) EFFECTIVE DATE: MONTH DAY YEAR	MEDICARE MEDICAL/SURGICAL (PART B) EFFECTIVE DATE: MONTH DAY YEAR
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FOR BROKER USE ONLY:	Name:	SSN/Tax ID #:	CareFirst-Assigned ID#:
Contracted Broker:			
Sub-Agent/Sub-Agency:			
Writing Agent:			

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

3. ELIGIBILITY INFORMATION ▼

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 application. PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

1. (a) Did you turn age 65 in the last 6 months? Yes No
(b) Did you enroll in Medicare Part B in the last 6 months? Yes No
(c) If yes, what is the effective date? _____

2. Are you covered for medical assistance through the State Medicaid program? Yes No
(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 yes,
(a) Will Medicaid pay your premiums for this Medicare supplement policy? Yes No
(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? Yes No

3. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.
START _____ / _____ / _____ END _____ / _____ / _____
(b) 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
(c) Was this your first time in this type of Medicare plan? Yes No
(d) Did you drop a Medicare supplement policy to enroll in the Medicare plan? Yes No

4. (a) Do you have another Medicare supplement policy in force? Yes No
(b) If yes, with what company, and what plan do you have? _____
(c) If yes, do you intend to replace your current Medicare supplement policy with this policy? Yes No

5. Have you had coverage under any other health insurance within the past 63 days?
(For example, an employer, union, or individual plan) Yes No
(a) If yes, with what company and what kind of policy?

(b) What are your dates of coverage under the other policy?
START _____ / _____ / _____ END _____ / _____ / _____
(If you are still covered under the other policy, leave "END" blank.)

ADDITIONAL CONSUMER INFORMATION ▼

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

4. PRIOR COVERAGE INFORMATION ▼

WITHIN THE PAST 63 DAY PERIOD WERE YOU ENROLLED UNDER:

1. An employee welfare benefit plan that supplemented Medicare benefits and the plan terminated or ceased to provide you with all of the supplemental health benefits? Yes No
2. A Medicare Advantage* plan, or a Program of All-Inclusive Care for the Elderly (PACE) provided under Section 1894 of the Social Security Act, and:
 - (a) the plan's certification under the federal Social Security Act terminated, or the organization no longer provides the plan within the service area in which you reside? Yes No
 - (b) you were unable to continue coverage with the plan because you moved out of the plan's service area? Yes No
 - (c) you can demonstrate that the issuer of the policy substantially violated a material provision of the plan, including a failure to provide medically necessary care on a timely basis or in accordance with medical standards? Yes No
 - (d) you can demonstrate that the issuer or an agent of the issuer materially misrepresented the plan provisions in marketing the policy? Yes No
 - (e) the issuer has notified you that your plan is being discontinued in the area in which you reside? Yes No
3. A Medicare Supplemental policy and your enrollment ceased because:
 - (a) of any involuntary termination of coverage or enrollment under the policy, including termination caused by the bankruptcy of an organization providing the plan? Yes No
 - (b) the issuer of the policy substantially violated a material provision of the policy? Yes No
 - (c) the issuer (or agent or entity acting on the issuer's behalf) materially misrepresented the policy's provision in marketing the policy? Yes No
4. A Medicare Supplemental policy, and transferred your enrollment, **for the first** time to any Medicare Advantage* plan or a PACE plan? SEE THE NOTE BELOW BEFORE ANSWERING THIS QUESTION. Yes No
5. A Medicare Advantage* plan or a PACE plan that you enrolled in upon first becoming eligible for benefits under Medicare Part B at age 65? SEE THE NOTE BELOW BEFORE ANSWERING THIS QUESTION. Yes No

NOTE: You must meet all three requirements below, a, b, and c, in order to answer YES to question 4 or 5.

If any of these items, a, b, or c, are not true, then you must check NO in the box.

- (a) This was the **"first time"** you selected a Medicare Advantage* plan or a PACE plan. If you transferred between different Medicare Advantage* plans or PACE plans, without going back to fee-for-service Medicare, then it will still be considered your **"first time"**.
- (b) During this **"first time"**, you were not covered under any one Medicare Advantage* plan or a PACE plan for a period of more than 12 months.
- (c) It has not been more than 2 years since you first transferred out of the fee-for-service Medicare program. Yes No

*Medicare Advantage plan includes: Coordinated care plans that provide health care services, including health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; medical savings account plans coupled with a contribution into a Medicare Advantage Plan medical savings account; and Medicare Advantage private fee-for-service plans..

If you answered YES to any of the questions above. 1) You will NOT have to meet the pre-existing condition waiting period. 2) You must submit evidence of the date of termination or disenrollment of the other plan along with this application. 3) You do NOT have to complete sections 5 or 6 and can skip to section 7.

5. CREDITABLE COVERAGE INFORMATION ▼

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

If you answered YES, please go to the next question. If you answered NO, please skip ahead to Section 6.

2. Are you age 65 or older or will you be age 65 before the effective date of this Supplement-65 policy? Yes No

If you answered YES, please go to the next question. If you answered NO, please skip ahead to Section 6.

3. At the time of this application, do you have a continuous period of Creditable Coverage of at least 6 months, without a break in this coverage of more than 63 consecutive days? Yes No

If you answered NO, please go to the next question. If you answered YES, you will NOT have to meet the pre-existing condition waiting period. You must submit evidence of the Creditable Coverage along with this application. Please skip ahead to Section 6.

4. At the time of this application, do you have a continuous period of Creditable Coverage of less than 6 months, without a break in this coverage of more than 63 consecutive days? Yes No

If you answered YES, then the 90 day pre-existing condition waiting period will be reduced by the number of months of your Creditable Coverage. You must submit evidence of the Creditable Coverage along with this application.

Documents that may be used as evidence of "creditable coverage" in the absence of a certificate include explanations of benefit claims (EOB) or other correspondence from a plan or issuer indicating coverage, paystubs showing a payroll deduction for health coverage, a health insurance identification card, a certificate of coverage under a group health policy, records from medical care providers indicating health coverage, third party statements verifying periods of coverage, and any other relevant documents that evidence periods of health coverage.

DEFINITION OF “CREDITABLE COVERAGE” ▼

Creditable Coverage means coverage under any of the following plans: 1) a group health plan; 2) health insurance coverage; 3) Part A or Part B of Title XVIII of the Social Security Act (Medicare); 4) Medicaid (Title XIX of the Social Security Act), other than coverage consisting solely of benefits for the distribution of pediatric vaccines; 5) CHAMPUS (Chapter 55 of Title 10 U.S.C.); 6) a medical care program of the Indian Health Service or of a tribal organization; 7) a State health benefit risk pool; 8) the Federal Employees Health Benefit Plan; 9) a public health plan as defined in federal regulations; or 10) a health benefit plan Section 5(e) of the Peace Corp Act (22 U.S.C. Section 2504(e)).

Creditable Coverage does not include any combination of the following: 1) coverage for accident only or disability income insurance, or any combination thereof; 2) coverage issued as a supplement to liability insurance; 3) liability insurance, including general liability insurance and automobile liability insurance; 4) Worker’s Compensation or similar coverage; 5) automobile medical payment insurance; 6) credit-only insurance; 7) coverage for on-site medical clinics; or 8) other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

Creditable Coverage does not include coverage for the following benefits if they are provided under a separate policy, certificate, or contract of insurance, or are otherwise not an integral part of a plan of coverage described above: 1) limited scope dental or vision benefits; 2) benefits for long term care; 3) nursing home care; 4) home health care; 5) community based care; 6) any combination of these plans; or 7) other similar limited benefit plans.

Creditable Coverage does not include the following plans if offered as independent benefits paid without regard to any other coverage: 1) coverage only for a specific disease or illness; or 2) hospital indemnity or other fixed indemnity insurance.

Creditable Coverage does not include the following coverage offered as a separate policy, certificate, or contract of insurance: 1) Medicare Supplemental insurance as defined by the Social Security Act; 2) coverage supplemental to CHAMPUS; 3) similar supplemental coverage provided under a group plan; or 4) Catastrophic insurance that supplements basic coverage.

6. HEALTH EVALUATION ▼

1. Are you within 6 months from the first day of the month in which you are first enrolled in Medicare Part B and you are age 65 or older? Yes No
2. Are you applying for Plan A? Yes No
3. Did you answer YES to any of the questions in Section 4? Yes No

If you answered YES to any of the questions above please skip ahead to Section 7, you do not need to complete the Health Screening Questionnaire on the following page.

6. HEALTH EVALUATION, CONTINUED ▼

HEALTH SCREENING QUESTIONNAIRE

Please read and check YES or NO for each question.

Part I

To the best of your knowledge and belief, within the last five (5) years, have you consulted or received treatment by a provider for any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Insulin Dependent Diabetes Mellitus, Diabetes for which you take insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Cirrhosis or other liver disorders/diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Kidney disease or disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Heart condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Cerebrovascular disease, stroke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Hospitalized for any psychiatric or psychological disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Alzheimer's or other brain disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Circulatory condition or peripheral vascular disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Emphysema or chronic obstructive pulmonary (lung) disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II

To the best of your knowledge and belief, have you been hospitalized for any condition within the last year? Yes No

If you do not pass medical underwriting, you can still enroll in Plan C or Plan F at the higher non-medically underwritten rate.

7. CONDITIONS OF ENROLLMENT (PLEASE READ THIS SECTION CAREFULLY) ▼

I hereby apply for an individual Supplement-65 policy for the plan checked. This application is subject to acceptance, exclusions and all other provisions contained in such policy. I agree to pay the charge for the policy as billed.

I have carefully read this application and agree to the terms specified herein. To the best of my knowledge, the foregoing statements are complete, true and correctly recorded, and are representations made to induce the issuance of, and form part of, the consideration for the policy for which I have applied.

This information is subject to verification. Failure to complete any section may delay the processing of your application and/or claims payment. If we determine that additional information is needed, you will receive an authorization to release that information. Failure to execute an authorization may result in the denial of your application for coverage.

Please sign and date the application.
This application is not complete unless signed and dated.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

▲ NOTE: MUST BE SIGNED ▲

URGENT! NEW SUPPLEMENT-65 DC RATES EFFECTIVE JANUARY 1, 2007

DC

PLEASE NOTE: The correct 2007 rates and deductibles are as stated below. Please disregard the 2006 rates and deductibles which are listed in the enclosed Outline of Coverage brochure.

We apologize for any inconvenience this may have caused.

MONTHLY RATES EFFECTIVE JANUARY 1, 2007* (BILLED MONTHLY)

Age	Plan A	Plan C - Male	Plan C - Female	Plan F - Male	Plan F - Female
65	N/A	\$118.50	\$107.21	\$118.99	\$107.66
66	N/A	\$124.42	\$112.57	\$124.94	\$113.04
67	N/A	\$127.00	\$114.90	\$127.53	\$115.38
68	N/A	\$129.63	\$117.28	\$130.17	\$117.77
69	N/A	\$132.31	\$119.71	\$132.87	\$120.21
70	N/A	\$141.57	\$128.09	\$142.17	\$128.63
71	N/A	\$144.51	\$130.74	\$145.11	\$131.29
72	N/A	\$147.50	\$133.45	\$148.12	\$134.01
73	N/A	\$150.55	\$136.21	\$151.18	\$136.78
74	N/A	\$153.67	\$139.04	\$154.31	\$139.62
75	N/A	\$156.85	\$141.91	\$157.51	\$142.51
76	N/A	\$160.10	\$144.85	\$160.77	\$145.46
77	N/A	\$163.42	\$147.85	\$164.10	\$148.47
78	N/A	\$166.80	\$150.92	\$167.50	\$151.55
79	N/A	\$170.26	\$154.04	\$170.97	\$154.69
80	N/A	\$173.78	\$157.23	\$174.51	\$157.89
81	N/A	\$177.38	\$160.49	\$178.12	\$161.16
82	N/A	\$181.05	\$163.81	\$181.81	\$164.50
83	N/A	\$184.80	\$167.20	\$185.58	\$167.90
84	N/A	\$188.63	\$170.67	\$189.42	\$171.38
85 and over	N/A	\$192.54	\$174.20	\$193.34	\$174.93

**Rates available for subscribers who either meet the eligibility criteria specified by the Federal Government or pass medical underwriting. Rates not available if you are under age 65 and have Medicare. Plan A is only available at the higher non-medically underwritten rate (see rate chart below).*

Non-Medically Underwritten			
Monthly Rates Effective January 1, 2007** (Billed Monthly)			
Age	Plan A	Plan C	Plan F
Under 65 ***	\$416.78	\$380.39	N/A
65	\$236.81	\$212.13	\$200.70
66-69	\$236.81	\$226.24	\$214.04
70-74	\$277.30	\$274.28	\$259.50
75-79	\$320.56	\$300.37	\$284.20
80-84	\$368.95	\$317.35	\$300.24
85 and over	\$378.89	\$348.75	\$329.94

***Rates available for subscribers who either do not meet the eligibility criteria specified by the Federal Government or do not pass medical underwriting.*

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

IMPORTANT NOTE: Beginning January 1, 2007, CareFirst BlueCross BlueShield will offer Medicare Supplemental Coverage to individuals under age 65 who have Medicare in DC. This coverage is available in Plans A and C only.

2007 Medicare Deductibles Effective January 1, 2007	
Medicare Part A deductible	
Hospital days 61-90	
Hospital days 91-150	
Skilled nursing facility coinsurance	\$124



CareFirst[®]  
BlueCross BlueShield

Supplement-65 District of Columbia

Find out why Medicare Supplement Coverage is so important

Offered by Group Hospitalization and Medical Services, Inc.

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Supplement-65

District of Columbia

Medicare was never designed to cover all of your health care costs. In fact, it began in 1967 as a way to cover some of the costs incurred during an illness. Some of the inpatient hospital costs, some of the doctor costs. But it has never covered all of the costs. In fact, every year Medicare requires you to pay significant deductibles and copayments. That means money out of your pocket, each year, before Medicare begins paying for your health care.

That's why it's so important for you to purchase a Medicare Supplement plan. A Medicare Supplement plan

Coverage You Need

does just what its name suggests: covers the “gaps” in coverage left by Medicare. It doesn't duplicate your Medicare coverage, or replace it. It simply gives you protection against those important costs that Medicare doesn't cover. Costs that can add up to thousands of dollars each year. Consider the following:

Medicare's “Gaps” are what you could pay each year:

Part A deductible: \$992	Medicare requires you to pay the Part A hospital deductible. You pay the first \$992 for charges if you are hospitalized, each year.
Part A copayments: up to \$7,440	If you're in the hospital for more than 60 days, Medicare requires you to pay \$248 a day for days 61-90.
Lifetime reserve days: up to \$29,760	Medicare gives you 60 “lifetime reserve days.” If you are in the hospital for 91-150 days, you will pay \$496 a day.
Hospital days over 150: unlimited	After 150 days of hospitalization, Medicare pays nothing at all.

You can see that with a lengthy hospitalization, Medicare could leave you holding a bill for over \$38,000. With a longer hospitalization, you'll pay even more. Now look at what you'll pay for other health care services each year:

Part B deductible: \$131	Medicare requires you to pay the first \$131 of outpatient services each year.
Part B copayments: 20% of charges	You must pay 20% of all outpatient charges, after you pay your deductible.
Skilled Nursing Care: up to \$9,920	Medicare only pays for the first 20 days in a skilled nursing facility. After that, you must pay \$124 a day for days 21-100.
Care in a foreign country: all charges	Medicare does not pay for emergency care in a foreign country. You are responsible for all charges.

It's easy to see how having Medicare alone can add up to thousands of dollars in costs out of your pocket, each year. That's why your enrollment today in a CareFirst BlueCross BlueShield (CareFirst) Supplement-65 plan is so important.



From the Company You Trust

Your health and your money are important. Make sure you entrust them to a worthy company: CareFirst BlueCross BlueShield. CareFirst has been serving people with Medicare for over 70 years. In fact, more local people have turned to us than to any other company for their Medicare Supplement protection.

Consider the advantages:

Carry the card that's recognized nationwide. Once enrolled, you'll experience the security of knowing that your CareFirst BlueCross BlueShield card is accepted for medical treatment by health care providers throughout the District of Columbia and beyond. It's your assurance of the care you need...where you need it and when you need it.

Get local service from a local company. CareFirst BlueCross BlueShield is a local company. That means you'll have local customer service over the phone. You'll receive courteous, friendly service from dedicated, experienced representatives—they may even be your neighbors!

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

Once you're enrolled in Supplement-65, you'll automatically become a member of *Options*,* a discount program available only to CareFirst members. Your free membership in *Options* gives you exclusive discounts on services such as hearing screenings and hearing aids, fitness club memberships, contact lenses and laser vision correction, acupuncture, chiropractic and more. Just look in the *Options* brochure for more details on this exclusive plan, available only to CareFirst members.

Most importantly, you know you'll never have to worry about the high costs that Medicare doesn't pay. With a Supplement-65 plan from CareFirst BlueCross BlueShield, you're covered.

**This program is not an insurance product, nor is it offered as an inducement to purchase a policy of insurance from CareFirst BlueCross BlueShield.*

The CareFirst BlueCross BlueShield Family of Plans

Having Medicare alone could cost you thousands of dollars in health costs each year; costs that Medicare was never designed to cover. Purchasing a Supplement-65 plan will cover the “gaps” in your Medicare coverage.

Supplement-65 Plan A

Plan A provides protection against the financial strain caused by serious illness and lengthy hospital stays. After you’ve satisfied your Medicare deductibles, this plan pays your Part A hospital copayment, your Part B copayments, and protects you for a full 365 days of hospital care after your Medicare benefits stop.

Supplement-65 Plan C

For solid protection at an attractive rate, choose Supplement-65 Plan C

Plan C gives you great protection by covering the Part A deductible and copayments; 100% of hospital charges for 365 days after you’ve used your “lifetime reserve days”; the Part B deductible and copayments; skilled nursing copayments; and emergency care you receive in a foreign country.

Supplement-65 Plan F

For the broadest protection against high medical expenses, choose Supplement-65 Plan F—our most popular plan

If you see doctors who do not accept Medicare’s reimbursement as payment in full for services, consider Plan F. These doctors may charge you up to 15% more than Medicare allows. Supplement-65 Plan F will cover these extra charges from non-Medicare doctors, plus all the things that Supplement-65 Plan C covers.

What Medicare Does Not Pay:	The Protection You Get With Supplement-65:		
	Plan A	Plan C	Plan F
Part A Hospital Services			
\$992 inpatient hospital deductible (each benefit period)		COVERED	COVERED
\$248 a day copayment for hospital days 61-90 (each benefit period)	COVERED	COVERED	COVERED
\$496 a day copayment for hospital days 91-150 (Lifetime Reserve Days)	COVERED	COVERED	COVERED
100% of Medicare allowable expenses for additional 365 days after Medicare hospital benefits stop completely	COVERED	COVERED	COVERED
First three pints of blood	COVERED	COVERED	COVERED
\$124 a day for days 21-100 in a skilled nursing facility (each benefit period)		COVERED	COVERED
Part B Outpatient Services			
\$131 Part B annual deductible		COVERED	COVERED
20% of outpatient charges	COVERED	COVERED	COVERED
100% of charges over Medicare’s allowed amount (excess charges)			COVERED
Other Expenses			
Medically necessary emergency care received in a foreign country (\$250 deductible; \$50,000 lifetime maximum)		COVERED	COVERED



You'll be happy to know that as a CareFirst member, you will have access to additional health care services from Blue Cross and Blue Shield affiliates.

So that everyone can enroll in these important benefits, Supplement-65 is available in two different ways.

Coverage is available on a guaranteed issue basis. If you are enrolled in Medicare Part B, your acceptance into your choice of CareFirst's Supplement-65 plans is guaranteed! There is no health screening or medical exam. What's more, as long as you've had continuous health coverage for the past 12 months, with no more than a 63-day break, you will have no waiting period for pre-existing conditions. That means all medical conditions will be covered the day your policy goes into effect!*

Coverage is available on an underwritten basis. By answering a few questions on the enclosed application, you may find you qualify for our lower, medically-underwritten rates. The guidelines for this coverage were established by the federal Medicare program – and may save you an additional \$900 - \$2,000 per year on your premium for coverage.

You are automatically eligible for the lower, underwritten rates if you will be age 65 or older when your Supplement-65 coverage begins, and if your Supplement-65 coverage will begin within six months from the first day of month of your first effective date in Medicare Part B.

Please refer to the Outline of Coverage, located in the left pocket of this brochure, for current pricing.



Your acceptance is guaranteed – with no risk!*

You risk nothing by applying today. After you mail your application, we'll send you a Certificate of Coverage. Please read it carefully. If you're not satisfied with the coverage described, do not pay your bill. Your coverage will not go into effect. And you'll be under no further obligation.

If you're switching your coverage from another carrier, there's also no risk. We give you full credit for every day you've already spent toward your waiting period for pre-existing health conditions on your previous policy. Plus, we'll give you full credit for every dollar you've already spent toward your Medicare Part B deductible.

Other Important Coverage from CareFirst

You'll be happy to know that as a CareFirst member, you will have access to additional health care services from Blue Cross and Blue Shield affiliates. You've already turned to us for Supplement-65 coverage, which provides security for the "gaps" in Medicare coverage. Now you can look to the Blue Cross and Blue Shield Plans for these important coverage options:

Prescription Coverage available through Medi-CareFirst BlueCross BlueShield. Neither Medicare nor Supplement-65 cover prescription drugs. Yet most of us need them at one time or another; many of us rely on them everyday for our health and well-being. Now you can get help paying for the high cost of prescription drugs.

Medi-CareFirst BlueCross BlueShield is a CareFirst BlueCross BlueShield (CareFirst) affiliate** that contracts with the Federal government to provide Medicare Prescription Drug Coverage (sometimes called Part D). You'll find that the Blue Rx plans work with your Medicare and Supplement-65 to give you well-rounded coverage. Call our Product Specialists at **1-888-784-0790** for more details.

Dental Coverage available through The Dental Network.*** Your smile tells people a lot about you. So take care of it! Get coverage for the high cost of dental expenses, at a low monthly rate. You'll get discounts on routine care and fillings, as well as dentures and other important dental work. Call our Product Specialists at **1-877-634-1256** for more details.

**If you have had more than a 63-day break in health insurance coverage, you may be subject to a waiting period of up to 90 days for any medical condition you had prior to enrollment in this plan.*

***Medi-CareFirst BlueCross BlueShield is the business name of First Care, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.*

****The Dental Network Inc. is an independent licensee of the Blue Cross and Blue Shield Association.*



It's easy to apply!

Applying for a Supplement-65 plan from CareFirst BlueCross BlueShield couldn't be easier. Just follow these easy steps:

1. Complete your application, being sure to indicate the Supplement-65 plan of your choice.
2. Carefully read Sections 4 and 5 of your application to see if you automatically qualify for the lowest rates.
3. If you answer NO to the questions in Section 4 and 5, simply complete Section 6 of your application to find out if you qualify for the lowest, underwritten rates.
4. Don't forget to sign your application.
5. Mail your application in the enclosed, postage-paid envelope.

Send no money now. We'll process your application quickly, and soon you'll be enjoying all the benefits of being a member of CareFirst BlueCross BlueShield, one of the most recognized names in health care. It's that simple!

What is not covered by Supplement-65.

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

CareFirst's Privacy Practices:

Our Commitment to Our Members

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

For questions, please contact us by calling the Member Services telephone number listed on your membership card.

CareFirst[®]  
BlueCross BlueShield

The Benefits of Blue

The benefits described are issued under policies:

MEDIGAP PLAN A (5/99) DC
MEDIGAP PLAN C (5/99) DC
MEDIGAP PLAN F (5/99) DC
MEDIGAP UW PLAN C (1/01) DC
MEDIGAP UW PLAN F (1/01) DC

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

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



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