

State: District of Columbia **Filing Company:** First Care, Inc.
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: CareFirst MedPlus
Project Name/Number: CareFirst MedPlus Pre-Sale Brochure/DCO65MEDPLUSPOD (11/16)

Filing at a Glance

Company: First Care, Inc.
Product Name: CareFirst MedPlus
State: District of Columbia
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
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General Information

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 Submitted By: Theresa Durkin Corresponding Filing Tracking Number:

Filing Description:

As we’ve outlined in previous filings, CareFirst obtained permission to migrate our pre-sale fulfillment kit pieces into one comprehensive packet in order to make our pre-sale materials more “user-friendly” for all prospects. The complete “booklet,” in order is: Cover Letter, Brochure, Outline of Coverage & Application.

This filing DCO65MEDPLUSPOD (11/16) is simply a comprehensive, updated version of the previously filed and approved booklet – DCO65MEDPLUSPOD (6/16), SERFF tracking number CF5M-130645114. The recently filed and approved Application DCMEDPLUSAPP (5/16), SERFF tracking number CFBC-130609763 and Outline of Coverage DCMPSUPPOOC (6.16), SERFF tracking number CF5M-130610971 will also be included sections of the booklet.

We only modified the 10% discount verbiage to say “approximately 10%” (due to rating methodology) and added the federally mandated Non-Discrimination language “Notice of Nondiscrimination and Availability of Foreign Language Assistance Services on pages 77 through 80.

Reminder of previously noted updates:

- 10% discount if you reside with someone who is also enrolled in a CareFirst MedPlus Medigap plan.
- Partnership with SilverSneakers (see page12).
- SilverScript Part D coverage plug (see page 17). CareFirst is a broker for SilverScript
- And of course the product name: CareFirst MedPlus.

All Medicare-approved dollar amounts and rates have been bracketed so that materials may be used or updated in subsequent years without re-filing.

Company and Contact

Filing Contact Information

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 Sales Support
 10800 Red Run Blvd. 410-998-7561 [Phone]
 Owings Mills, MD 21117

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Filing Company Information

First Care, Inc.	CoCode: 60113	State of Domicile: Maryland
10455 Mill Run Circle	Group Code:	Company Type:
Owings Mills, MD 21117-5559	Group Name:	State ID Number:
(410) 605-2410 ext. [Phone]	FEIN Number: 52-1962376	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia

Filing Company:

First Care, Inc.

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Form Schedule

Lead Form Number: DCO65MEDPLUSPOD (11/16)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		CareFirst MedPlus Pre-Sale Brochure	DCO65MEDPLUSPOD (11/16)	ADV	Revised	Previous Filing Number:	CFSM-130645114		DCO65MEDPLUSPOD (11.16) Final.pdf
						Replaced Form Number:	DCO65MEDPLUSPOD (6/16)		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



<2017> CareFirst MedPlus Plan Options

Medicare Supplement Insurance Coverage

For individuals residing in the District of Columbia

Welcome

Thank you for considering CareFirst MedPlus (CareFirst) for your Medicare Supplement coverage—also known as Medigap. This book features the Medicare Supplement plans we offer and includes information to help you choose the plan that's right for you.

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

That's why it's so important to protect yourself and your savings with a CareFirst MedPlus Medigap plan. All of our plans offer:

- Low rates with multiple discounts available to help reduce your rate even more
 - <An approximate 10 percent> discount if you reside with someone who is also enrolled in a CareFirst MedPlus Medigap plan
 - An additional <\$2> off monthly or <\$24> annually if you choose the annual payment option or monthly automated payment option
- Flexibility to see any doctor who accepts Medicare with no referrals needed
- A card that is recognized nationwide
- Fitness program, including nationwide access to gyms, equipment, pools and classes through SilverSneakers® Fitness*—at no additional cost
- Dental and vision coverage available at an additional cost

CareFirst MedPlus and CareFirst BlueCross BlueShield are licensed affiliates of the Blue Cross and Blue Shield Association. For nearly 80 years, CareFirst BlueCross BlueShield has provided our community with health care coverage.

If you have any questions, visit us at <www.carefirst.com/medigap> or give us a call at <410-356-8123> or <800-275-3802>, <Monday – Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to noon>.

Sincerely,



Vickie S. Cosby

Vice President, Consumer Direct Sales, Distribution and Communications

**SilverSneakers is a product owned by Healthways, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Healthways does not sell BlueCross or BlueShield products. SilverSneakers is not a benefit guaranteed through your Medigap insurance Policy. It is however a health program option made available outside of the Policy to CareFirst MedPlus members. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries.*

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Why choose CareFirst?

We know choosing health care coverage is an important decision and we appreciate the opportunity to show you why CareFirst is right for you.

Low, affordable rates

CareFirst offers eight Medigap plans with competitive premiums. In addition, we offer discounts to further lower your premiums.

- If you reside with someone who is also enrolled in a CareFirst MedPlus plan, you will receive <approximately a 10 percent> discount starting with your initial enrollment. The MedPlus member living with you will also receive <approximately a 10 percent> discount, upon their next renewal. This discount applies to up to two actively-enrolled CareFirst MedPlus members.
- Get an additional discount of <\$2> off your monthly rate if you elect the annual payment option or automated monthly payment via bank withdrawal. That's a savings of <\$24> a year.

See the doctors you want to see

- You can see any provider that accepts Medicare. No referrals needed.
- Carry the card that is recognized nationwide. You get peace of mind knowing your CareFirst MedPlus card is accepted by health care providers throughout the District of Columbia and across the country.

Multiple coverage options, including dental and vision

- CareFirst offers eight plans to meet your health and budget needs.
- <Dental, vision and prescription> coverage is offered for an additional cost.
- Emergency care in a foreign country is available with some of our CareFirst MedPlus Medigap plans.

Fitness program and 24/7 nurse advice line at no additional cost

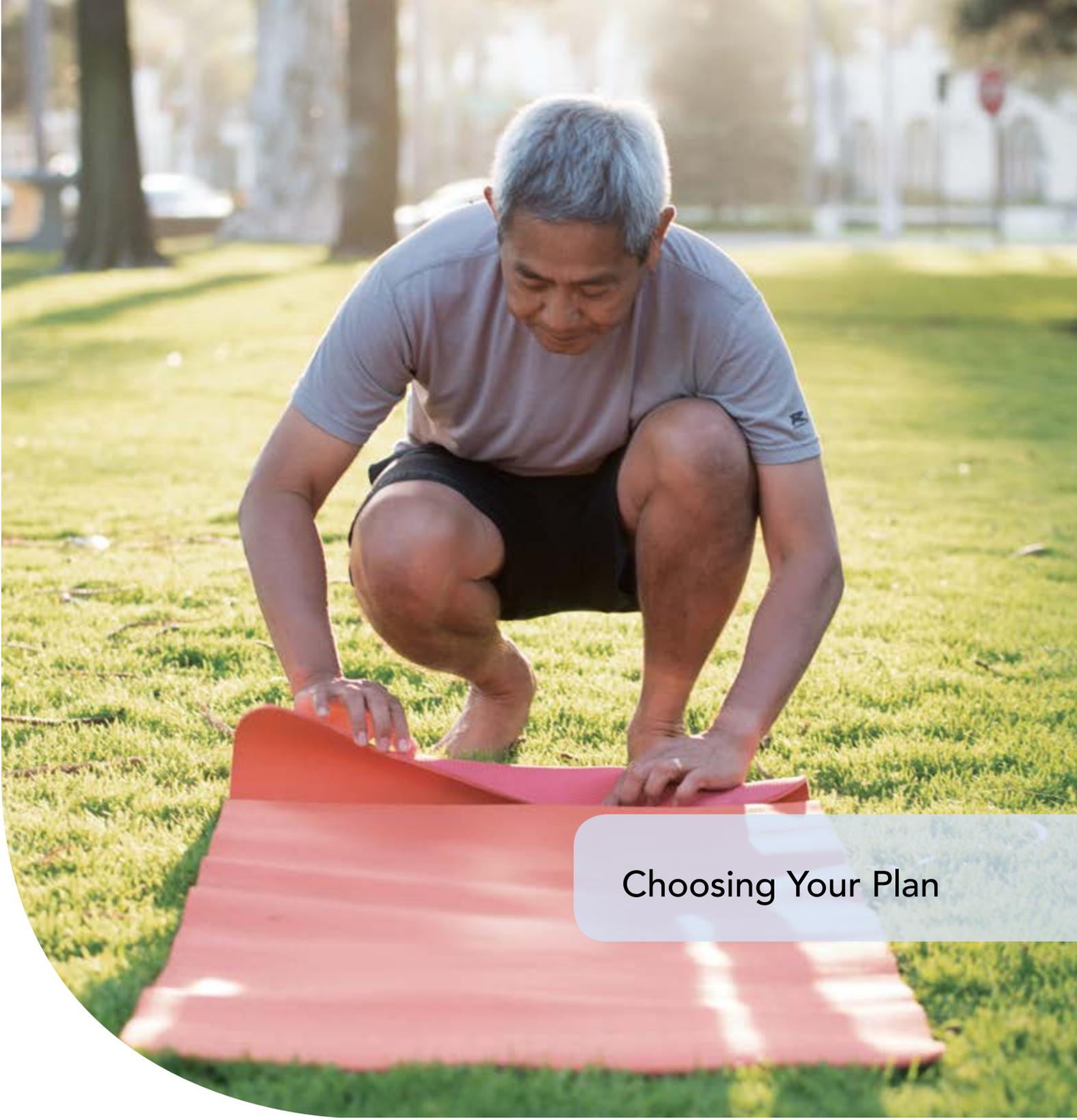
- **SilverSneakers Fitness.** Improve your health, have fun and make friends through the nation's leading exercise program for active older adults. You'll have nationwide access to exercise equipment, fitness classes and social events.
- **Free 24/7 nurse advice line.** If you are unable to reach your primary care physician, or are unsure about your symptoms, FirstHelp registered nurses are available anytime, day or night, to help guide you to the most appropriate care.*

Local service from a local company

We are your neighbors. CareFirst BlueCross BlueShield lives and works in your community. And, as part of the community, we strive to provide resources and volunteer hours to strengthen the people we serve.

CareFirst BlueCross BlueShield has been providing health care coverage in our community for nearly 80 years and is committed to being there when you need us for many years to come. When you choose CareFirst BlueCross BlueShield, you get more than health insurance. You gain a partner who is committed to helping you live the healthiest life possible.

**Important—if you believe a situation is a medical emergency, call 911 immediately or go to the nearest emergency facility. In an urgent situation, contact your doctor for advice. If your doctor isn't available, you can call FirstHelp. Our registered nurses can help you determine what your symptoms mean and if they are serious.*



Choosing Your Plan

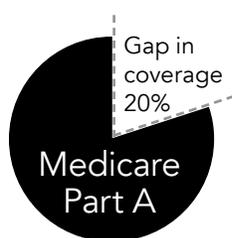


Understanding Your Medicare Options

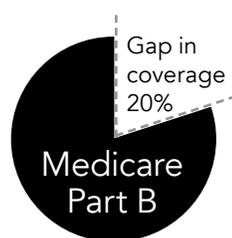
Medicare, which consists of Part A (hospital) and Part B (medical) and is commonly referred to as Original Medicare, was never designed to cover all of your health care expenses. With Medicare alone, you could be responsible for thousands of dollars in copays and deductibles. This is why purchasing additional insurance is an important decision. For supplemental insurance, you have two main options—Medicare Supplement, also known as Medigap, and Medicare Advantage plans.*

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

Medigap plans supplement Original Medicare by paying for the health care costs—the gaps in coverage—that Original Medicare doesn't pay.



Hospital coverage
(generally covers 80% of charges)



Medical coverage
(generally covers 80% of charges)

Medigap 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 Medigap 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 restricted 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.

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

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 Medigap Plan F, You Pay
Days 1-60	<\$1,288> Part A deductible	<\$0>
	+	+
Days 61-90	<\$9,660> \$322 copay x 30 days	<\$0>
	+	+
Days 91-150**	<\$38,640> \$644 copay x 60 days	<\$0>
	=	=
<p>A 150-day hospitalization would cost you:</p>		
	<\$49,588> With Medicare Part A	OR
		<\$0> With CareFirst Plan F

**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 Medigap 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 <2016> deductibles, copayment and coinsurance. These amounts may change on <January 1, 2017>.

Plan Options

Having Original Medicare alone could leave you with gaps in coverage and cost you thousands of dollars in health care costs each year. Purchasing a Medigap plan will cover the gaps in your Medicare coverage. You can pick from any of the eight plans listed below. See the comparison chart on pages <10–11> to compare plan options.

Medigap Plan F*

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

Plan F, our most popular plan, offers the highest level of protection against high medical expenses. Plan F covers all the gaps of Medicare and your monthly health care expenses are predictable, regardless of care received, illness or injury. Plan F covers 100 percent of your Medicare Part A and Part B deductibles,¹ copayments, coinsurance and skilled nursing copayments. Plan F also provides emergency coverage for care you receive in a foreign country² and includes balance billing protection.*

*** Includes 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> percent more than Medicare allows), Plan F, Plan G and High-Deductible Plan F will cover these extra charges.

Medigap High-Deductible Plan F*

 **Our plan with the lowest monthly premium**

High-Deductible Plan F is our lowest premium Medigap plan. If you prefer to share in more of your health care costs in exchange for a lower monthly premium, consider High-Deductible Plan F. This plan offers the same benefits as regular Plan F, after you have met your <\$2,180> annual deductible.

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

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

Medigap Plan A

Plan A delivers basic coverage to protect against the financial strain caused by a serious illness or lengthy hospital stay. After you've satisfied your Medicare Part A deductible¹ of <\$1,288> and Part B deductible¹ of <\$166>, this plan pays your Medicare Part A hospital copayments and Part B coinsurance.

Medigap Plan B

Plan B is a moderately-priced plan that includes the same benefits featured in Plan A and pays your <\$1,288> Medicare Part A hospital deductible. This plan protects against the high cost of hospitalization.

What is not covered?

Medigap 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. Medigap 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 Medigap plan. <Information on a prescription plan from SilverScript can be found on page 17.>

Medigap Plan G

Plan G offers the same coverage as Plan F, at a lower monthly premium. However, you are responsible for the <\$166> Medicare Part B deductible. This plan also includes balance billing protection. If you see a doctor who does not accept Medicare's reimbursement as payment in full for services, you're covered for these extra charges.

Medigap Plan L

With Plan L, you receive the added protection of an out-of-pocket limit that caps your costs at <\$2,480> during the calendar year. Most basic benefits are covered at 75 percent, including the Medicare Part A deductible of <\$1,288>. After the Part A deductible is met, your hospitalization is covered at 100 percent.

Medigap Plan M

Plan M is a moderately-priced plan that includes the benefits of Plan A and coverage for half of your <\$1,288> Medicare Part A hospital deductible. Plus, it also covers emergency care received in a foreign country² and skilled nursing copayments.

Medigap Plan N

Plan N offers the broad coverage of Plan F but costs less because you are responsible for the <\$166> Medicare Part B deductible and a small copay for office and emergency room visits. When traveling in a foreign country, your emergency care is covered.² Plan N does not include balance billing protection.

See detailed benefits and rates in the Outline of Coverage on pages <19–52>.

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

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

Coverage is available on a guaranteed issue basis

Your acceptance into one of CareFirst's eight Medigap 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!

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. This assessment will determine your acceptance and the premium you will receive. 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 <410-356-8123> or <800-275-3802>. 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/pubs/pdf/02110-medicare-medigap.guide.pdf> to download a copy or call us at <410-356-8123> or <800-275-3802> to receive a printed guide.

Plan Options Comparison Chart

What You Pay with Original Medicare versus CareFirst Medigap Plans					
	With Original Medicare alone, You Pay:	With Medigap Plan A You Pay:	With Medigap Plan B You Pay:	With Medigap Plan F You Pay:	With Medigap High-Deductible Plan F* You Pay:
Hospital Services (Part A)					
Inpatient hospital deductible	<\$1,288>	<\$1,288>	\$0	\$0	\$0 after plan deductible
Hospital days 61-90	<\$322>/day	\$0	\$0	\$0	\$0 after plan deductible
Hospital days 91-150 (lifetime reserve)	<\$644>/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	<\$161>/day	<\$161>/day	<\$161>/day	\$0	\$0 after plan deductible
Medical Expenses (Part B)					
Medical expense deductible	<\$166>	<\$166>	<\$166>	\$0	\$0 after plan deductible
Medical expenses after deductible	20%	0%	0%	0%	\$0 after plan deductible
Excess charges above Medicare approved amounts	100%	100%	100%	\$0	\$0 after plan deductible
Other Expenses					
Foreign country emergency care (beginning the first 60 days of each trip outside the USA)	100%	100%	100%	<\$250> deductible, then 20%***	<\$250> deductible after plan deductible, then 20%***

Plan Options Comparison Chart

What You Pay with Original Medicare versus CareFirst Medigap Plans				
	With Medigap Plan G You Pay:	With Medigap Plan L** You Pay:	With Medigap Plan M You Pay:	With Medigap Plan N You Pay:
Hospital Services (Part A)				
Inpatient hospital deductible	\$0	<\$322>	<\$644>	\$0
Hospital days 61-90	\$0	\$0	\$0	\$0
Hospital days 91-150 (lifetime reserve)	\$0	\$0	\$0	\$0
365 days after hospital benefits stop	\$0	\$0	\$0	\$0
Skilled nursing facility days 21-100	\$0	Up to <\$40.25>/day	\$0	\$0
Medical Expenses (Part B)				
Medical expense deductible	<\$166>	<\$166>	<\$166>	<\$166>
Medical expenses after deductible	0%	5%	0%	Office visit – up to <\$20> ER visit – up to <\$50>
Excess charges above Medicare approved amounts	0%	100%	100%	100%
Other Expenses				
Foreign country emergency care (beginning the first 60 days of each trip outside the USA)	<\$250> deductible, then 20%***	100%	<\$250> deductible, then 20%***	<\$250> deductible, then 20%***

Dollar amounts shown are the <2016> deductibles, copayment and coinsurance. These amounts may change on <January 1, 2017>.

*With High-Deductible Plan F, there is an annual plan deductible of <\$2,180>. After you meet the deductible, you pay <\$0>.

**With Plan L, there is an out-of-pocket limit of <\$2,480>. After you meet the out-of-pocket limit, you pay <\$0>.

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

Health and Wellness Programs



Looking to get active, have fun and make friends?

Through SilverSneakers,¹ CareFirst gives our members a way to get healthy and have fun—at no additional cost. SilverSneakers works to improve your overall well-being, fitness, and strength and gives you the chance to socialize, make new friends and connect with your community.

CareFirst and SilverSneakers offer you:

- Membership at more than <13,000> gyms and fitness locations in the United States
- Access to fitness equipment
- Specially-designed, signature exercise classes for all fitness levels²
- Pools, tennis courts and walking tracks³

Can't get to a fitness location? SilverSneakers also offers an at-home option for members who want to start working out, but can't get to a fitness location.

Enrolling couldn't be easier. You'll be automatically enrolled in SilverSneakers once you become a CareFirst MedPlus member. Your SilverSneakers welcome letter and member ID will be mailed to you.



Enroll in CareFirst and you'll have nationwide access to gym memberships, fitness classes,² pools and tennis courts³—at no additional cost.

¹ SilverSneakers is a product owned by Healthways, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Healthways does not sell BlueCross or BlueShield products. SilverSneakers is not a benefit guaranteed through your Medigap insurance Policy. It is however a health program option made available outside of the Policy to CareFirst MedPlus members. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries.

² Classes not offered at all locations.

³ Amenities vary by location.

Interactive tools and resources

Visit <www.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



Wellness discount program

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 <www.carefirst.com/wellnessdiscounts> to learn more.

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

We're here to answer your questions.

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

Dental coverage (optional)

Your smile says a lot about your overall health. That's why good dental care is so important. Consider completing your health coverage with a dental plan from CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. We offer three options:*

- < ■ **Individual Select Dental HMO** offers lower, predictable copayments for routine and major dental services such as preventive and diagnostic care, surgical extractions, root canal therapy and orthodontic treatment. Select from a network of more than <600> participating providers. There is no deductible to meet.
- **Individual Select Preferred Dental** offers 100 percent coverage for preventive and diagnostic dental care and potential in-network savings for major procedures, 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 <5,000> providers in Maryland, Washington, D.C. and Virginia and access to <123,000> 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. BlueDental Preferred has no benefit waiting periods.>



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 product specialists at <855-503-4862>.

<*Individual Select Dental HMO is underwritten by CareFirst BlueChoice, Inc.; Individual Select Preferred Dental is underwritten by Group Hospitalization and Medical Services, Inc.; BlueDental Preferred is underwritten by Group Hospitalization and Medical Services, Inc.; CareFirst BlueCross BlueShield is the business name of 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> copay at the time of service, plus discounts of approximately <30> percent 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 specialists at <410-356-8123> or <800-275-3802>.

Locate a Davis Vision provider at <800-783-5602> or visit <www.carefirst.com>.

**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.*

Note: The dental and vision plans referenced are not part of any MedPlus Medigap 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 or vision plan. The plans are not offered as an inducement to purchase a Medigap policy from CareFirst.



Interested in learning more about dental and vision coverage? Give us a call at <855-503-4862>—or complete and mail this Free Information Request Card.



CareFirst 
Family of health care plans

Mail this card for free information

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

<Dental Plan Options

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

Vision Option

- BlueVision>

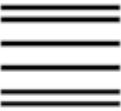
O65ANC2016

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____



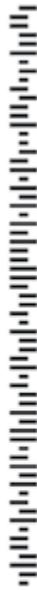
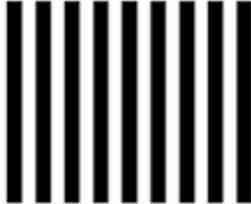
ROUTE TO: MAIL STOP RRE-375

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 57 OWINGS MILLS MD

POSTAGE WILL BE PAID BY ADDRESSEE

CAREFIRST BLUECROSS BLUESHIELD
10455 MILL RUN CIRCLE
OWINGS MILLS MD 21117-9782

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



< Interested in Prescription Drug Coverage?

SilverScript is one of the nation's largest Medicare Part D (prescription drug) plan sponsors¹—offering two affordable prescription drug plans designed to provide you extensive coverage and convenience.

SilverScript Choice (PDP) features:

- \$0 annual deductible
- Low monthly premium, copays and coinsurance rates
- Nationwide pharmacy with more than <66,000>² retail locations

SilverScript Plus (PDP) gives you everything the Choice plan offers—plus additional benefits and opportunities to save more at preferred pharmacies:

- \$0 annual deductible
- \$0 copays on Tier 1 drugs at preferred pharmacies even in the Part D coverage gap
- Enhanced coverage in the Part D coverage gap for Tier 1 drugs
- Nationwide pharmacy network with more than <69,000>² retail locations
- Preferred network includes more than <40,000>² preferred pharmacies, where you get lower copays and coinsurance than at non-preferred pharmacies.

Both SilverScript Choice and SilverScript Plus have an extensive formulary covering more than <3,200>² of the drugs most often prescribed for individuals with Medicare. Save even more when you fill 90-day prescription supplies on Tier 1, 2 & 3 drugs³ at any retail pharmacy or through CVS/caremark Mail Service Pharmacy^{TM4} with no charge for standard delivery.



**Interested in
prescription drug
coverage?**

To speak with a licensed agent, call <410-356-8123> or toll-free at <800-275-3802> (TTY:711), <Monday-Friday, 8 a.m. to 6 p.m. and Saturday 8 a.m. to noon.>

Prescription drug coverage is optional and is not included in any CareFirst MedPlus Medigap plan.

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

SilverScript Insurance Company is an independent company solely responsible for the services it provides and does not provide BlueCross BlueShield products or services.

¹ CMS, Monthly Enrollment by Plan report, March 2016. (www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Monthly-Enrollment-by-Plan.html)

² Internal SilverScript[®] Insurance Company pharmacy network report, dated <July 2015> and Formulary dated <June 2015>. Pharmacy network and formulary may change at any time. You will receive notice when necessary.

³ Cost savings may be lower for those who receive Extra Help.

⁴ The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to <10 days>. Enrollees have the option to sign up for automated mail order delivery.

This is not a complete listing of plans available in your service area. For a complete listing please contact <1-800-MEDICARE> (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult medicare.gov.

This information is available for free in other languages. Please call Customer Care at <1-855-771-9286> (TTY: 711), Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente al <1-855-771-9286> (teléfono de texto (711), <las 24 horas del día, los 7 días de la semana>.





Outline of Coverage



Outline of Coverage



[Apply Today](#)



Three Ways to Apply

Applying for a CareFirst MedPlus Medigap plan is easy. Select one of the three ways to apply from the list below.

1. Apply online and be approved in as little as 24 hours at www.carefirst.com/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 <877-746-7515> 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 Medigap 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 note: We recommend folding the application into thirds before placing it into the enclosed envelope.



www.carefirst.com/medigap



Medicare Supplement Insurance Health Care Coverage for Medicare Beneficiaries

Applicant's Gender: --

Applicant's Date of Birth: / /

I want my coverage to begin on: 11/01/2016

Zip Code:

Eligible for Medicare? Yes No

Medicare Part B effective date: ? Nov 2016

Outside your enrollment period?
Check here if you qualify for a Special
Guaranteed Issue Period.

[GET QUOTES](#)

Ways to save

As a member, you have options to save time and money.

- You can receive <approximately a 10 percent> discount if you reside with someone who is also actively enrolled in a CareFirst MedPlus plan, by filling out Section 1D on the application.
- Set up monthly automatic bill payment and receive a discount of <\$2> off your monthly rate if you elect the annual payment option or monthly automated payment via bank withdrawal. Just fill out Section 6 on the enclosed application with your checking account information or sign up for automatic bill payment through *My Account*.

With *My Account*, you can:

- View and pay your monthly bill online 24 hours a day, seven days a week.
- Check the status of your payment and any outstanding balances.
- 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 <410-356-8123> or <800-275-3802>. You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.

CareFirst Family of health care plans

Home Our Plans Find Providers Using Your Plan Health & Wellness Log In

Member Login - My Account

Username

Remember Me What's This? >

Log In

Not Yet Registered?

Forgot Username? > Forgot Password? >

New to CareFirst?

Register Now for My Account

www.carefirst.com/myaccount

Application



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

*A Medicare Health Plan is defined as:

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

the individual with supplemental health benefits and the coverage was terminated or ceased within the last 63 days;

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

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

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

- i. The plan was terminated, no longer provides or has discontinued to offer coverage in the service area where the individual lives;
- ii. The individual lost coverage because of a move out of the plan's service area or experienced other change in circumstances specified by Health and Human Services (NOTE: This does not include failure to pay premiums on a timely basis.);
- iii. The individual terminated because he or she can show that the Plan violated the terms of the Plan's contract such as failing to provide timely medically necessary care or in accordance with medical standards;
- iv. The individual can show that the Plan or its agent misled them in marketing the Plan; or
- v. The certificate of the organization was terminated.

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.

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 Group Hospitalization and Medical Services, Inc. (doing business as CareFirst BlueCross BlueShield), First Care, Inc. (doing business as CareFirst MedPlus), and 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.



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 <410-356-8123> or <800-275-3802>. You'll receive courteous, knowledgeable assistance from one of our dedicated product consultants.

Rights and Responsibilities

Notice of privacy practices

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

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

Member satisfaction

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

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

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

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

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

District of Columbia

Medical Necessity Issues: Department of Health Office of the General Counsel

Grievance and Appeals Coordinator
825 North Capitol Street, NE, Room
4119 Washington, DC 20002 Phone:
202-442-5977 / Fax: 202-442-4797

Issues other than Medical Necessity: Department of Insurance, Securities, and Banking

810 First Street, NE, Suite 701
Washington, DC 20002
Phone: 202-727-8000

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 protected health information on your behalf.

Our responsibilities

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

Your rights

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.

- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

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

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

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and does 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 aids 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 that 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:

Telephone Number	410-528-7820
Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Fax Number	410-505-2011
Email Address	civilrightscordinator@carefirst.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

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>.

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 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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Itétílékò: Àkiyèsí yíì ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbèsè ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yíì àti irànlówó ní èdè rẹ lófèfè. Àwọn omọ-egbé gbòdò pe nòmbà fòdùn tò wà lèyìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fì sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǝ̀ nìà kɛ bá nyɔ̀ bǝ̀ kɛ̀ m̀ gbo kpá bó nì fùà-fúá-tiìn nyɛɛ̀ jè dyí. Bǝ̀ nìà kɛ̀ bédé wé jéé bǝ̀ bɛ̀ m̀ kɛ̀ dɛ̀ wa mó m̀ kɛ̀ nyuɛɛ̀ nyu hwɛ̀ bɛ̀ wé bɛ̀a kɛ̀ zi. ɔ̀ m̀ nì kpé bɛ̀ m̀ kɛ̀ bǝ̀ nìà kɛ̀ kè gbo-kpá-kpá m̀ m̀ɔɛ̀ dyé dɛ̀ nì bídí-wùdù mú bɛ̀ m̀ kɛ̀ se wídí d̀ pɛ̀é. Kpooò nyɔ̀ bǝ̀ mɛ̀ d́ fúùn-nòbà nìà dɛ̀ waa I.D. káàò dɛ̀ín nyɛ. Nyɔ̀ t̀ò sɛ̀ín mɛ̀ d́ nòbà nìà kɛ̀: 855-258-6518, kɛ̀ m̀ mɛ̀ fò tee bɛ̀ wa kɛ̀ m̀ gbo cɛ̀ bɛ̀ m̀ kɛ̀ nòbà m̀à 0 kɛ̀ dyi pàdàìn hwɛ̀. ɔ̀ jǔ kɛ̀ nyɔ̀ d̀ dyi m̀ gǝ̀ jǔìn, po wuɖu m̀ mó pɔɛ̀ dyiɛ, kɛ̀ nyɔ̀ d̀ mu bó niìn bɛ̀ ɔ̀ kɛ̀ nì wuɖuò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請口出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention : cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855- 258 -6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Policy Form Numbers

The benefits described are issued under policies:

Form Numbers: <DC/FCI/PLAN A (6/16); DC/FCI/PLAN B (6/16); DC/FCI/PLAN F (6/16); DC/FCI/PLAN HI DED F (6/16); DC/FCI/PLAN G (6/16); DC/FCI/PLAN L (6/16); DC/FCI/PLAN M (6/16); DC/FCI/PLAN N (6/16)>

BlueVision Plan Form Numbers:

<DC GHMSI BlueVision (R. 1/06)>, and any amendments.

Individual Select Dental HMO:

CareFirst BlueChoice, Inc. Form Numbers: <DN001DC (R. 1/10), FORM DN4001DC (R. 1/10)>, and any amendments

Individual Select Preferred Dental Form Numbers:

<DC/GHMSI/DB/IEA-DENTAL (2/08),DC/GHMSI/DB/DOCS-DENTAL (2/08),DC/GHMSI/DB/ES-DENTAL (2/08)>, and any amendments.

BlueDental Preferred Form Numbers:

BlueDental Preferred HIGH Option: <DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB (R. 1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2017 DENTAL AMEND (1/17); DC/GHMSI/DOL APPEAL (R. 11/11)>; and any amendments

BlueDental Preferred LOW Option: <DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB LOW (1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2017 DENTAL AMEND (1/17); DC/GHMSI/DOL APPEAL (R. 11/11)>; 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.

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Owings Mills, MD 21117-5559

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SERFF Tracking #:

CFSM-130818092

State Tracking #:

Company Tracking #:

DC065MEDPLUSPOD (11/16)

State: District of Columbia **Filing Company:** First Care, Inc.
TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010
Product Name: CareFirst MedPlus
Project Name/Number: CareFirst MedPlus Pre-Sale Brochure/DC065MEDPLUSPOD (11/16)

Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DISBR CareFirst MedPlus Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	DISBR Readability Compliance Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	DISBR Statement of Variability.pdf
Item Status:	
Status Date:	

CareFirst MedPlus
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com



NAIC #53007

11/22/2016

Government of the District of Columbia
Commissioner
Department of Insurance and Securities Regulation
Insurance Products Division
810 First Street, N.E., Suite 701
Washington, DC 20002

Re: Medigap Advertising
DCO65MEDPLUSPOD (11/16)

Dear Commissioner:

First Care, Inc. is submitting the Medigap advertising piece identified above pursuant to Section 31-3701 of the Medicare Supplement Insurance Act and Section 2223 of the Medicare Supplement Insurance Regulations.

As we've outlined in previous filings, CareFirst obtained permission to migrate our pre-sale fulfillment kit pieces into one comprehensive packet in order to make our pre-sale materials more "user-friendly" for all prospects. The complete "booklet," in order is: Cover Letter, Brochure, Outline of Coverage & Application.

This filing **DCO65MEDPLUSPOD (11/16)** is simply a comprehensive, updated version of the previously filed and approved booklet – **DCO65MEDPLUSPOD (6/16)**, SERFF tracking number **CFSM-130645114**. The recently filed and approved Application **DCMEDPLUSAPP (5/16)**, SERFF tracking number **CFBC-130609763** and Outline of Coverage **DCMPSUPPOOC (6.16)**, SERFF tracking number **CFSM-130610971** will also be included sections of the booklet.

We only modified the 10% discount verbiage to say "approximately 10%" (due to rating methodology) and added the federally mandated Non-Discrimination language "Notice of Nondiscrimination and Availability of Foreign Language Assistance Services on pages 77 through 80.

Reminder of previously noted updates:

- 10% discount if you reside with someone who is also enrolled in a CareFirst MedPlus Medigap plan.
- Partnership with SilverSneakers (see page 12).
- SilverScript Part D coverage plug (see page 17). CareFirst is a broker for SilverScript
- And of course the product name: CareFirst MedPlus.

All Medicare-approved dollar amounts and rates have been bracketed so that materials may be used or updated in subsequent years without re-filing.

If you have any questions, I can be reached at 410-998-6870 or via email at Theresa.Durkin@Carefirst.com.

Sincerely,

Theresa Durkin
Marketing Support Collateral Specialist

CareFirst MedPlus is the business name of First Care, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association.
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READABILITY COMPLIANCE CERTIFICATION

NAME & ADDRESS OF INSURER: Group Hospitalization and Medical Services, Inc. doing business
as CareFirst BlueCross BlueShield (CareFirst)
840 First Street, NE, Washington, DC 20065
202-479-8000

TITLE OF FORM: CareFirst MedPlus Pre-Sale Brochure

FORM NUMBER: DCO65MEDPLUSPOD (11/16)

I hereby certify that the above policy form will attach to an evidence of coverage with a Flesch reading ease score above 40.

CareFirst has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of the District of Columbia Code, particularly §31-4725 and §31-4726(b)(2) of the District of Columbia Code.



Signed by Officer of the Insurer
Chester E. Burrell
President and Chief Executive Officer

11/22/2016

Date

EXPLANATION OF VARIATIONS FOR FORM: DCO65MEDPLUSPOD (11/16)

An explanation for the information that will populate the bracketed text throughout the Brochure section of this booklet has been listed below, and has been broken out first by page number, and then by explanation.

Phone number and website are bracketed at the bottom of every page so that we may update without having to refile.

- **“Cover Page”**: The year is bracketed so that it may be updated year to year without refiling.
- **“Welcome,” Page 1**: The 10% percent household discount is bracketed so that if the percentage should change year to year we can make that change without refiling. The dollar amounts (\$2 and \$24) are bracketed so that it may be updated year to year without refiling should it need to change. Brackets have been placed around the website, contact phone numbers, and days of the week and hours as they could change in future benefit years.
- **“Table of Contents,” Page 2**: The page numbers are all bracketed after Dental and Vision so that we can change the page numbers without refiling.
- **“Why Choose CareFirst?,” Page 3**: Brackets have been placed around the contact phone numbers, as they could change in future benefit years. Additionally, the 10%, \$2 and \$24 discount figures that members could save if they elect automated payment withdrawal during the application process have been placed in brackets.
Page 4 –Dental, vision and prescription are bracketed as this could change in the future and we would be able to make that change without refiling.
- **“Understanding Your Medicare Options,” Pages 5—6**: Website and phone number are bracketed as they may change year to year. The dollar amounts on these pages come directly from the government, and represent the placement for 2016 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Parts A & B. The year 2016 has been bracketed in the brochure so that it may be updated in subsequent years without re-filing. Years and dates are bracketed as they need to be updated annually.
- **“Plan Options” Pages 7-11**: Page references are bracketed as they may change year to year. 15% is bracketed as that statistic may change and bracketing allows us to be able to update it. Website and phone numbers are bracketed throughout this booklet – as explained before – these could change year to year as we look to enhance our member experience. The dollar amounts on these pages represent the Medicare-approved benefit dollar amounts that are updated every year. And again all page references are bracketed as the order and layout of this book may change year to year.

- **“Health and Wellness Programs” Pages 12-13:** Brackets have been placed around the website and contact phone numbers, as they could change in future benefit years. The number of gyms is bracketed as this number may change. All websites and phone numbers are bracketed as they may change in future years.
- **“Dental and Vision” Pages 14-15:** The numbers of providers are bracketed as these may change year to year. Phone numbers are bracketed as well for same reason. \$2 is bracketed on page 15, as the premium for BlueVision may change year to year. Same goes for the \$10 copay and the 30 percent discount. Consistently the websites and phone numbers are bracketed as well – as they may change in subsequent years.
- **“Interested in Prescription Drug Coverage?” Page 17:** This entire page is bracketed because we may not always have a broker relationship with SilverScript and we may choose to remove it. The number of locations and pharmacies are bracketed as they may change year to year. Phone numbers are bracketed as well, since they could change year to year. Days and hours of operation are also bracketed as these could change due to business practices. Years, dates, phone numbers and websites again are bracketed as they may need to be updated annually.
ALL PAGE NUMBERS AFTER THIS PAGE ARE BRACKETED SO THAT WE CAN CHANGE THE PAGE NUMBERS WITHOUT REFILING, IN THE EVENT WE NEED TO REMOVE THE SILVERSCRIPT PAGE.

- **“Three Ways to Apply” Page 53-54:** The website and contact phone numbers have been bracketed, as they could change in future benefit years. Additionally, the discounts that members could save if they elect automated payment withdrawal during the application process have been placed in brackets. The contact days and hours via phone are bracketed as they may change due to business practices. The screenshot is bracketed as this may be updated year to year as we look to enhance the customer experience. Page number bracketed – see explanation above in all caps.
- **“Additional Information”, Page 69-71:** Phone numbers and websites have been bracketed, as they are subject to change.
- **“Policy Form Numbers,” Page 81:** The bracketed Policy Form Numbers on the submitted advertisement represent the contracts that will be issued to members upon enrollment in any of the CareFirst MedPlus offered plans. Website and phone number are bracketed as well as they are subject to change.