



Medicare Supplemental Coverage Outline

Supplement-65 District of Columbia

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

Offered by Group Hospitalization and Medical Service, Inc.*, d/b/a CareFirst BlueCross BlueShield, 840 First Street, NE, Washington, DC 20065. A not-for-profit health service plan.

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What Will My Premium Be?

The premium you pay will be based on:

- Your gender
- Your age when coverage becomes effective
- When you enrolled in Medicare Part B
- Whether you are in a Guaranteed Issue Period
- The plan you select
- Your tobacco usage (ONLY if you are applying more than 6 months past your Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- A review of your Medical History through Medical Underwriting (ONLY if you are applying more than 6 months past your Medicare Part B effective date and are not applying during a Guaranteed Issue Period)

Please Note

- If you are applying within 6 months of your Medicare Part B Effective Date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 Rate applies and is dependent on the plan you selected, your age and gender. You are **not** required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, the tobacco use and health screening questions will not be used in determining your rate.
- If you are applying more than 6 months past your Medicare Part B effective date and are **not** applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender, and tobacco usage.

	Guaranteed Issue Period
If you apply within 6 months of your Medicare Part B effective date, or during a Guaranteed Issue Period, you will receive:	Level 1 Rate

Example: Mary is 67 years old. Her Medicare Part B effective date is October 1, 2012, as found on her red, white and blue Medicare identification card. She is applying for Supplement-65 Plan F coverage on November 1, 2012, which is within 6 months of her Medicare Part B effective date. Because this is her Open Enrollment Period, Mary gets a Level 1 Rate of \$134.00, and she does not have to answer tobacco use and health screening questions.

	Rates Based on Tobacco Use and Review of Medical History
If you apply over 6 months past your Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, you will receive:	Level 2 Tobacco or Non-Tobacco Rate Level 3 Tobacco or Non-Tobacco Rate

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 1, Female Rates

- If you are applying within 6 months of your Medicare Part B Effective Date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 rate applies and is dependent on the plan you selected, your age and gender. You are not required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, tobacco use and health screening questions will not be used in determining your rate.

Monthly Premium Rates Effective September 1, 2012

Level 1, Female Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$618	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$117	\$97	\$123	\$46	\$114	\$87	\$104	\$83
66	\$123	\$102	\$129	\$48	\$119	\$91	\$109	\$87
67	\$127	\$106	\$134	\$50	\$124	\$95	\$113	\$90
68	\$132	\$110	\$139	\$51	\$128	\$98	\$117	\$93
69	\$138	\$115	\$145	\$54	\$134	\$102	\$123	\$97
70	\$144	\$120	\$151	\$56	\$140	\$107	\$128	\$102
71	\$150	\$125	\$158	\$58	\$146	\$111	\$133	\$106
72	\$156	\$129	\$164	\$61	\$151	\$116	\$139	\$110
73	\$162	\$134	\$170	\$63	\$157	\$120	\$144	\$114
74	\$166	\$138	\$175	\$65	\$161	\$123	\$148	\$117
75	\$171	\$142	\$180	\$67	\$166	\$127	\$152	\$121
76	\$175	\$146	\$185	\$68	\$170	\$130	\$156	\$124
77	\$180	\$150	\$190	\$70	\$175	\$134	\$160	\$127
78	\$185	\$154	\$195	\$72	\$180	\$138	\$165	\$131
79	\$190	\$158	\$200	\$74	\$185	\$141	\$169	\$134
80	\$196	\$162	\$206	\$76	\$190	\$145	\$174	\$138
81	\$201	\$167	\$211	\$78	\$195	\$149	\$179	\$142
82	\$206	\$171	\$217	\$80	\$200	\$153	\$184	\$146
83	\$212	\$176	\$223	\$83	\$206	\$157	\$189	\$150
84	\$218	\$181	\$229	\$85	\$211	\$162	\$194	\$154
85	\$224	\$186	\$235	\$87	\$217	\$166	\$199	\$158
86	\$226	\$188	\$237	\$88	\$219	\$168	\$201	\$159
87	\$228	\$190	\$240	\$89	\$221	\$169	\$203	\$161
88	\$230	\$191	\$242	\$90	\$224	\$171	\$205	\$163
89	\$233	\$193	\$245	\$91	\$226	\$173	\$207	\$164
90 and older	\$235	\$195	\$247	\$92	\$228	\$175	\$209	\$166

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 1, Male Rates

- If you are applying within 6 months of your Medicare Part B Effective Date (Open Enrollment) or during a Guaranteed Issue Period, the Level 1 rate applies and is dependent on the plan you selected, your age and gender. You are not required to answer any health or tobacco use questions found in Section 4 of the application. Therefore, tobacco use and health screening questions will not be used in determining your rate.

Monthly Premium Rates Effective September 1, 2012

Level 1, Male Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$648	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$123	\$102	\$129	\$48	\$119	\$91	\$110	\$87
66	\$129	\$107	\$135	\$50	\$125	\$96	\$115	\$91
67	\$135	\$112	\$142	\$53	\$131	\$100	\$120	\$95
68	\$141	\$117	\$148	\$55	\$137	\$105	\$125	\$99
69	\$147	\$122	\$155	\$57	\$143	\$109	\$131	\$104
70	\$154	\$128	\$162	\$60	\$150	\$114	\$137	\$109
71	\$161	\$134	\$169	\$63	\$156	\$120	\$143	\$114
72	\$168	\$140	\$177	\$66	\$164	\$125	\$150	\$119
73	\$176	\$146	\$185	\$69	\$171	\$131	\$157	\$124
74	\$182	\$152	\$192	\$71	\$177	\$135	\$162	\$129
75	\$189	\$157	\$198	\$74	\$183	\$140	\$168	\$133
76	\$195	\$162	\$205	\$76	\$190	\$145	\$174	\$138
77	\$202	\$168	\$213	\$79	\$196	\$150	\$180	\$143
78	\$209	\$174	\$220	\$82	\$203	\$155	\$186	\$148
79	\$217	\$180	\$228	\$84	\$210	\$161	\$193	\$153
80	\$224	\$186	\$236	\$87	\$218	\$166	\$199	\$158
81	\$232	\$193	\$244	\$90	\$225	\$172	\$206	\$164
82	\$240	\$199	\$252	\$94	\$233	\$178	\$214	\$169
83	\$248	\$206	\$261	\$97	\$241	\$185	\$221	\$175
84	\$257	\$214	\$270	\$100	\$250	\$191	\$229	\$182
85	\$266	\$221	\$280	\$104	\$258	\$198	\$237	\$188
86	\$269	\$223	\$283	\$105	\$261	\$200	\$239	\$190
87	\$272	\$226	\$286	\$106	\$264	\$202	\$242	\$192
88	\$274	\$228	\$288	\$107	\$266	\$204	\$244	\$194
89	\$277	\$230	\$291	\$108	\$269	\$206	\$246	\$196
90 and older	\$280	\$232	\$294	\$109	\$272	\$208	\$249	\$197

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 2, Non-Tobacco Female Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 2, Non-Tobacco Female Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$717	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$176	\$146	\$185	\$69	\$171	\$131	\$157	\$124
66	\$183	\$152	\$192	\$71	\$177	\$136	\$163	\$129
67	\$189	\$157	\$198	\$74	\$183	\$140	\$168	\$133
68	\$191	\$159	\$201	\$75	\$186	\$142	\$170	\$135
69	\$193	\$160	\$203	\$75	\$187	\$143	\$172	\$136
70	\$194	\$161	\$204	\$76	\$189	\$144	\$173	\$137
71	\$195	\$162	\$205	\$76	\$189	\$145	\$174	\$138
72	\$196	\$163	\$206	\$76	\$191	\$146	\$175	\$139
73	\$197	\$164	\$207	\$77	\$192	\$147	\$176	\$139
74	\$198	\$164	\$208	\$77	\$192	\$147	\$176	\$140
75	\$198	\$165	\$208	\$77	\$192	\$147	\$176	\$140
76	\$204	\$169	\$214	\$79	\$198	\$151	\$181	\$144
77	\$209	\$174	\$220	\$82	\$203	\$155	\$186	\$148
78	\$215	\$179	\$226	\$84	\$209	\$160	\$191	\$152
79	\$221	\$183	\$232	\$86	\$214	\$164	\$196	\$156
80	\$227	\$188	\$239	\$88	\$220	\$168	\$202	\$160
81	\$233	\$194	\$245	\$91	\$226	\$173	\$207	\$164
82	\$239	\$199	\$252	\$93	\$232	\$178	\$213	\$169
83	\$246	\$204	\$259	\$96	\$239	\$183	\$219	\$174
84	\$253	\$210	\$266	\$98	\$245	\$188	\$225	\$178
85	\$259	\$216	\$273	\$101	\$252	\$193	\$231	\$183
86	\$262	\$218	\$275	\$102	\$254	\$195	\$233	\$185
87	\$265	\$220	\$278	\$103	\$257	\$197	\$235	\$187
88	\$267	\$222	\$281	\$104	\$259	\$198	\$238	\$189
89	\$270	\$224	\$284	\$105	\$262	\$200	\$240	\$191
90 and older	\$273	\$227	\$287	\$106	\$265	\$202	\$243	\$192

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 2, Non-Tobacco Male Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 2, Non-Tobacco Male Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$752	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$185	\$153	\$194	\$72	\$179	\$137	\$164	\$130
66	\$192	\$159	\$202	\$75	\$186	\$142	\$171	\$135
67	\$199	\$166	\$210	\$78	\$194	\$148	\$177	\$141
68	\$204	\$170	\$215	\$80	\$198	\$152	\$182	\$144
69	\$206	\$171	\$217	\$80	\$200	\$153	\$184	\$146
70	\$208	\$173	\$219	\$81	\$202	\$155	\$185	\$147
71	\$210	\$174	\$220	\$82	\$203	\$156	\$186	\$148
72	\$212	\$176	\$223	\$83	\$206	\$158	\$189	\$150
73	\$215	\$179	\$226	\$84	\$209	\$160	\$191	\$152
74	\$217	\$180	\$228	\$85	\$211	\$161	\$193	\$153
75	\$219	\$182	\$230	\$85	\$212	\$163	\$195	\$155
76	\$227	\$188	\$238	\$88	\$220	\$168	\$202	\$160
77	\$234	\$195	\$247	\$91	\$228	\$174	\$209	\$166
78	\$243	\$202	\$255	\$95	\$236	\$180	\$216	\$171
79	\$251	\$209	\$264	\$98	\$244	\$187	\$223	\$177
80	\$260	\$216	\$273	\$101	\$252	\$193	\$231	\$184
81	\$269	\$224	\$283	\$105	\$261	\$200	\$239	\$190
82	\$278	\$231	\$293	\$109	\$270	\$207	\$248	\$197
83	\$288	\$240	\$303	\$112	\$280	\$214	\$256	\$203
84	\$298	\$248	\$314	\$116	\$290	\$222	\$265	\$211
85	\$309	\$257	\$325	\$120	\$300	\$229	\$275	\$218
86	\$312	\$259	\$328	\$122	\$303	\$232	\$277	\$220
87	\$315	\$262	\$331	\$123	\$306	\$234	\$280	\$222
88	\$318	\$264	\$335	\$124	\$309	\$236	\$283	\$225
89	\$321	\$267	\$338	\$125	\$312	\$239	\$286	\$227
90 and older	\$325	\$270	\$341	\$126	\$315	\$241	\$289	\$229

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 2, Tobacco Female Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 2, Tobacco Female Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$897	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$220	\$183	\$231	\$86	\$213	\$163	\$196	\$155
66	\$228	\$190	\$240	\$89	\$222	\$170	\$203	\$161
67	\$236	\$196	\$248	\$92	\$229	\$175	\$210	\$166
68	\$239	\$199	\$252	\$93	\$232	\$178	\$213	\$169
69	\$241	\$200	\$254	\$94	\$234	\$179	\$215	\$170
70	\$243	\$202	\$255	\$95	\$236	\$180	\$216	\$171
71	\$244	\$203	\$256	\$95	\$237	\$181	\$217	\$172
72	\$245	\$204	\$258	\$96	\$238	\$182	\$218	\$173
73	\$247	\$205	\$259	\$96	\$239	\$183	\$219	\$174
74	\$247	\$205	\$260	\$96	\$240	\$184	\$220	\$174
75	\$248	\$206	\$260	\$96	\$240	\$184	\$220	\$175
76	\$254	\$211	\$267	\$99	\$247	\$189	\$226	\$180
77	\$261	\$217	\$275	\$102	\$254	\$194	\$233	\$185
78	\$269	\$223	\$282	\$105	\$261	\$199	\$239	\$190
79	\$276	\$229	\$290	\$108	\$268	\$205	\$246	\$195
80	\$283	\$236	\$298	\$110	\$275	\$211	\$252	\$200
81	\$291	\$242	\$306	\$113	\$283	\$216	\$259	\$206
82	\$299	\$249	\$315	\$117	\$290	\$222	\$266	\$211
83	\$307	\$255	\$323	\$120	\$298	\$228	\$273	\$217
84	\$316	\$262	\$332	\$123	\$306	\$234	\$281	\$223
85	\$324	\$269	\$341	\$126	\$315	\$241	\$288	\$229
86	\$327	\$272	\$344	\$128	\$318	\$243	\$291	\$231
87	\$331	\$275	\$348	\$129	\$321	\$246	\$294	\$233
88	\$334	\$278	\$351	\$130	\$324	\$248	\$297	\$236
89	\$337	\$280	\$355	\$131	\$327	\$251	\$300	\$238
90 and older	\$341	\$283	\$358	\$133	\$331	\$253	\$303	\$241

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 2, Tobacco Male Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 2, Tobacco Male Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$939	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$231	\$192	\$243	\$90	\$224	\$171	\$205	\$163
66	\$240	\$199	\$252	\$93	\$233	\$178	\$213	\$169
67	\$249	\$207	\$262	\$97	\$242	\$185	\$222	\$176
68	\$255	\$212	\$268	\$100	\$248	\$190	\$227	\$180
69	\$258	\$214	\$271	\$100	\$250	\$191	\$229	\$182
70	\$260	\$216	\$273	\$101	\$252	\$193	\$231	\$184
71	\$262	\$218	\$275	\$102	\$254	\$194	\$233	\$185
72	\$265	\$220	\$279	\$103	\$258	\$197	\$236	\$187
73	\$269	\$223	\$282	\$105	\$261	\$199	\$239	\$190
74	\$271	\$225	\$285	\$106	\$263	\$201	\$241	\$191
75	\$274	\$227	\$288	\$107	\$266	\$203	\$243	\$193
76	\$283	\$235	\$298	\$110	\$275	\$210	\$252	\$200
77	\$293	\$243	\$308	\$114	\$284	\$218	\$261	\$207
78	\$303	\$252	\$319	\$118	\$294	\$225	\$270	\$214
79	\$314	\$261	\$330	\$122	\$305	\$233	\$279	\$222
80	\$325	\$270	\$342	\$127	\$315	\$241	\$289	\$229
81	\$336	\$279	\$354	\$131	\$326	\$250	\$299	\$237
82	\$348	\$289	\$366	\$136	\$338	\$258	\$310	\$246
83	\$360	\$299	\$379	\$140	\$350	\$268	\$321	\$254
84	\$373	\$310	\$392	\$145	\$362	\$277	\$332	\$263
85	\$386	\$321	\$406	\$150	\$375	\$287	\$343	\$272
86	\$390	\$324	\$410	\$152	\$378	\$289	\$347	\$275
87	\$394	\$327	\$414	\$153	\$382	\$292	\$350	\$278
88	\$398	\$330	\$418	\$155	\$386	\$295	\$354	\$281
89	\$402	\$334	\$422	\$156	\$390	\$298	\$357	\$283
90 and older	\$406	\$337	\$426	\$158	\$394	\$301	\$361	\$286

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 3, Non-Tobacco Female Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 3, Non-Tobacco Female Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$990	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$235	\$195	\$247	\$91	\$228	\$174	\$209	\$166
66	\$243	\$202	\$255	\$95	\$236	\$180	\$216	\$171
67	\$248	\$206	\$261	\$97	\$241	\$185	\$221	\$175
68	\$251	\$208	\$264	\$98	\$243	\$186	\$223	\$177
69	\$255	\$212	\$268	\$99	\$247	\$189	\$227	\$180
70	\$259	\$215	\$272	\$101	\$251	\$192	\$230	\$183
71	\$263	\$218	\$276	\$102	\$255	\$195	\$234	\$185
72	\$265	\$220	\$278	\$103	\$257	\$197	\$236	\$187
73	\$267	\$222	\$281	\$104	\$259	\$198	\$237	\$188
74	\$269	\$224	\$283	\$105	\$261	\$200	\$240	\$190
75	\$273	\$227	\$287	\$106	\$265	\$203	\$243	\$193
76	\$281	\$233	\$295	\$109	\$273	\$209	\$250	\$198
77	\$289	\$240	\$303	\$112	\$280	\$214	\$257	\$204
78	\$296	\$246	\$312	\$116	\$288	\$220	\$264	\$209
79	\$305	\$253	\$320	\$119	\$296	\$226	\$271	\$215
80	\$313	\$260	\$329	\$122	\$304	\$232	\$278	\$221
81	\$321	\$267	\$338	\$125	\$312	\$239	\$286	\$227
82	\$330	\$274	\$347	\$129	\$320	\$245	\$294	\$233
83	\$339	\$282	\$357	\$132	\$329	\$252	\$302	\$239
84	\$348	\$289	\$366	\$136	\$338	\$259	\$310	\$246
85	\$358	\$297	\$376	\$139	\$347	\$266	\$318	\$253
86	\$361	\$300	\$380	\$141	\$351	\$268	\$322	\$255
87	\$365	\$303	\$384	\$142	\$354	\$271	\$325	\$258
88	\$369	\$306	\$388	\$144	\$358	\$274	\$328	\$260
89	\$372	\$309	\$391	\$145	\$361	\$277	\$331	\$263
90 and older	\$376	\$312	\$395	\$147	\$365	\$279	\$335	\$265

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 3, Non-Tobacco Male Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 3, Non-Tobacco Male Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,037	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$246	\$205	\$259	\$96	\$239	\$183	\$219	\$174
66	\$255	\$212	\$268	\$99	\$247	\$189	\$227	\$180
67	\$263	\$218	\$276	\$102	\$255	\$195	\$234	\$185
68	\$268	\$222	\$282	\$104	\$260	\$199	\$238	\$189
69	\$273	\$227	\$287	\$106	\$265	\$202	\$243	\$192
70	\$277	\$231	\$292	\$108	\$269	\$206	\$247	\$196
71	\$282	\$234	\$297	\$110	\$274	\$209	\$251	\$199
72	\$286	\$238	\$301	\$112	\$278	\$213	\$255	\$202
73	\$291	\$242	\$306	\$113	\$282	\$216	\$259	\$205
74	\$295	\$245	\$311	\$115	\$287	\$219	\$263	\$208
75	\$302	\$251	\$317	\$118	\$293	\$224	\$269	\$213
76	\$313	\$260	\$329	\$122	\$303	\$232	\$278	\$221
77	\$323	\$269	\$340	\$126	\$314	\$240	\$288	\$228
78	\$335	\$278	\$352	\$130	\$325	\$249	\$298	\$236
79	\$346	\$288	\$364	\$135	\$336	\$257	\$308	\$245
80	\$359	\$298	\$377	\$140	\$348	\$266	\$319	\$253
81	\$371	\$308	\$390	\$145	\$360	\$276	\$330	\$262
82	\$384	\$319	\$404	\$150	\$373	\$285	\$342	\$271
83	\$398	\$330	\$418	\$155	\$386	\$295	\$354	\$281
84	\$412	\$342	\$433	\$160	\$399	\$306	\$366	\$290
85	\$426	\$354	\$448	\$166	\$413	\$316	\$379	\$301
86	\$430	\$357	\$452	\$168	\$418	\$319	\$383	\$304
87	\$434	\$361	\$457	\$169	\$422	\$323	\$387	\$307
88	\$439	\$365	\$461	\$171	\$426	\$326	\$390	\$310
89	\$443	\$368	\$466	\$173	\$430	\$329	\$394	\$313
90 and older	\$448	\$372	\$471	\$174	\$434	\$332	\$398	\$316

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 3, Tobacco Female Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 3, Tobacco Female Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under 65	\$1,237	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$293	\$244	\$308	\$114	\$285	\$218	\$261	\$207
66	\$303	\$252	\$319	\$118	\$294	\$225	\$270	\$214
67	\$311	\$258	\$327	\$121	\$301	\$231	\$276	\$219
68	\$314	\$260	\$330	\$122	\$304	\$233	\$279	\$221
69	\$319	\$265	\$335	\$124	\$309	\$237	\$284	\$225
70	\$324	\$269	\$340	\$126	\$314	\$240	\$288	\$228
71	\$328	\$273	\$345	\$128	\$318	\$244	\$292	\$232
72	\$331	\$275	\$348	\$129	\$321	\$246	\$294	\$234
73	\$333	\$277	\$351	\$130	\$324	\$248	\$297	\$235
74	\$336	\$280	\$354	\$131	\$327	\$250	\$299	\$238
75	\$342	\$284	\$359	\$133	\$331	\$254	\$304	\$241
76	\$351	\$292	\$369	\$137	\$341	\$261	\$312	\$248
77	\$361	\$300	\$379	\$141	\$350	\$268	\$321	\$255
78	\$370	\$308	\$390	\$144	\$360	\$275	\$330	\$262
79	\$381	\$316	\$400	\$148	\$369	\$283	\$339	\$269
80	\$391	\$325	\$411	\$152	\$380	\$290	\$348	\$276
81	\$402	\$334	\$422	\$157	\$390	\$298	\$357	\$284
82	\$413	\$343	\$434	\$161	\$400	\$306	\$367	\$291
83	\$424	\$352	\$446	\$165	\$411	\$315	\$377	\$299
84	\$435	\$362	\$458	\$170	\$423	\$323	\$387	\$307
85	\$447	\$371	\$470	\$174	\$434	\$332	\$398	\$316
86	\$452	\$375	\$475	\$176	\$438	\$335	\$402	\$319
87	\$456	\$379	\$480	\$178	\$443	\$339	\$406	\$322
88	\$461	\$383	\$484	\$180	\$447	\$342	\$410	\$325
89	\$465	\$387	\$489	\$181	\$452	\$346	\$414	\$328
90 and older	\$470	\$390	\$494	\$183	\$456	\$349	\$418	\$332

Take Advantage of CareFirst BlueCross BlueShield's Competitive Rates

Supplement-65 District of Columbia: Level 3, Tobacco Male Rates

- If you are applying more than 6 months past your Medicare Part B effective date, and are NOT applying during a Guaranteed Issue Period, your medical history will be reviewed (Medical Underwriting). If you pass medical underwriting, you will receive a Level 2 or Level 3 rate, depending upon the review of your medical history information. Your rate also will be based on the plan you selected, your age, gender and tobacco usage.

Monthly Premium Rates Effective September 1, 2012

Level 3, Tobacco Male Rate								
	Plan A	Plan B	Plan F	High-Ded F	Plan G	Plan L	Plan M	Plan N
Under>65	\$1,296	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$308	\$256	\$323	\$120	\$299	\$228	\$274	\$217
66	\$319	\$265	\$335	\$124	\$309	\$237	\$283	\$225
67	\$328	\$273	\$345	\$128	\$319	\$244	\$292	\$232
68	\$335	\$278	\$352	\$130	\$325	\$248	\$298	\$236
69	\$341	\$283	\$358	\$133	\$331	\$253	\$303	\$241
70	\$347	\$288	\$365	\$135	\$337	\$257	\$308	\$245
71	\$352	\$293	\$371	\$137	\$342	\$262	\$314	\$249
72	\$358	\$297	\$376	\$140	\$347	\$266	\$319	\$253
73	\$363	\$302	\$382	\$142	\$353	\$270	\$323	\$256
74	\$369	\$307	\$388	\$144	\$358	\$274	\$328	\$261
75	\$377	\$314	\$397	\$147	\$366	\$280	\$336	\$266
76	\$391	\$324	\$411	\$152	\$379	\$290	\$347	\$276
77	\$404	\$336	\$425	\$158	\$392	\$300	\$360	\$285
78	\$418	\$348	\$440	\$163	\$406	\$311	\$372	\$295
79	\$433	\$360	\$455	\$169	\$420	\$322	\$385	\$306
80	\$448	\$372	\$471	\$175	\$435	\$333	\$399	\$316
81	\$464	\$385	\$488	\$181	\$450	\$344	\$413	\$327
82	\$480	\$399	\$505	\$187	\$466	\$357	\$427	\$339
83	\$497	\$413	\$522	\$194	\$482	\$369	\$442	\$351
84	\$514	\$427	\$541	\$200	\$499	\$382	\$458	\$363
85	\$532	\$442	\$560	\$207	\$517	\$395	\$474	\$376
86	\$538	\$447	\$565	\$209	\$522	\$399	\$478	\$379
87	\$543	\$451	\$571	\$212	\$527	\$403	\$483	\$383
88	\$548	\$456	\$577	\$214	\$532	\$407	\$488	\$387
89	\$554	\$460	\$582	\$216	\$538	\$411	\$493	\$391
90 and older	\$559	\$465	\$588	\$218	\$543	\$415	\$498	\$395

CareFirst BlueCross BlueShield

Outline of Medicare Supplement Coverage

Premium Information

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

Notice About Attained Age Rated Medicare Supplemental Policies

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

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

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after September 1, 2012. Policies sold for effective dates prior to September 1, 2012 have different benefits.

Read Your Policy Very Carefully

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

Right to Return Policy

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

Group Hospitalization and Medical Services, Inc.

d/b/a CareFirst BlueCross BlueShield

840 First Street, NE

Dept. AF23

Washington, DC 20065

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

Policy Replacement

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

Notice

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

Complete Answers Are Very Important

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

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

CareFirst BlueCross BlueShield

Outline of Medicare Supplement Coverage

Benefit Chart of Medicare Supplement Plans

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

Basic Benefits:

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

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses)

or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

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

* Plan F also has an option called a High Deductible Plan F. This High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,070 deductible. Benefits from High Deductible Plans F will not begin until out-of-pocket expenses exceed \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

G	K	L	M	N
Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$4,660; paid at 100% after limit reached	Out-of-pocket limit \$2,330; paid at 100% after limit reached		

Supplement-65: PLAN A

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$0	\$1,156 (Part A Deductible)
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN A

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B deductible will have been met for the calendar year.

Supplement-65: PLAN B

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan B Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN B

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan B Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

Supplement-65: PLAN F

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN F

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel-Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

Supplement-65: High-Deductible PLAN F

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	High-Deductible Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies		After you pay \$2,070 deductible², High-Deductible Plan F pays	In addition to \$2,070 deductible², you pay
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ³
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

² This High-Deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,070 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

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

Supplement-65: High-Deductible PLAN F

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	High-Deductible Plan F Pays	You Pay
Medical Expenses-In Or Out Of Hospital And Outpatient Hospital Treatment Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:		After you pay \$2,070 deductible², High-Deductible Plan F pays	In addition to \$2,070 deductible², you pay
First \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$140 (Part B Deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel-Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

² This High-Deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,070 deductible. Benefits from the High-Deductible Plan F will not begin until out-of-pocket expenses are \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Supplement-65: PLAN G

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN G

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel-Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

Supplement-65: PLAN L

Medicare Part A Hospital Services Per Benefit Period²

Services	Medicare Pays	Plan L Pays	You Pay ¹
Hospitalization² Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$867 (75% of Part A Deductible)	\$289* (25% of Part A Deductible)
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ³
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$108.38 a day (75% of Part A Coinsurance)*	Up to \$36.12 a day (25% of Part A Coinsurance)*
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	75%	25%*
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance*

¹ You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,330 each calendar year. The amounts that count toward your annual limit are noted with diamonds "*" in the chart above. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Supplement-65: PLAN L

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan L Pays	You Pay ¹
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ²	\$0	\$0	\$140 ² (Part B Deductible) [♦]
Preventive Benefits for Medicare-covered Services	Generally 80% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% [♦]
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket ³ limit of \$2,330 ¹)
Blood			
First 3 pints	\$0	75%	25% [♦]
Next \$140 of Medicare-approved amounts ²	\$0	\$0	\$140 (Part B Deductible) [♦]
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% [♦]
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B Deductible) [♦]
• Remainder of Medicare-approved amounts	80%	15%	5% [♦]

¹ This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,330 per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

² Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

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

Supplement-65: PLAN M

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan M Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$578 (50% of Part A Deductible)	\$578 (50% of Part A Deductible)
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN M

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan M Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment			
Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible) [♦]
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits Not Covered by Medicare			
Foreign Travel-Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

Supplement-65: PLAN N

Medicare Part A Hospital Services Per Benefit Period¹

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61 st thru 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after:			
■ While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used:			
■ Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ²
■ Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respice care	Medicare copayment/coinsurance	\$0

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

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

Supplement-65: PLAN N

Medicare Part B Medical Services Per Calendar Year

Services	Medicare Pays	Plan N Pays	You Pay
Medical Expenses-In or Out of Hospital and Outpatient Hospital Treatment Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges			
(Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Medicare Parts A and B			
Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$140 of Medicare-approved amounts ¹	\$0	\$0	\$140 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

¹ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with a footnote), your Part B Deductible will have been met for the calendar year.

Supplement-65: PLAN N

Medicare Part B Medical Services Per Benefit Period

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

These benefits described are issued under policies:

DC/CF/MG PLAN A (6/10)
DC/CF/MG PLAN G (5/12)
DC/CF/MG PLAN L (5/12)
DC/CF/MG PLAN M (5/12)
as amended

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

DC/CF/MG PLAN HI F SOB (6/10)
as amended

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