



# MEDICARE & MEDPLUS OVERVIEW

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*CareFirst Medicare Sales Broker Presentation*

## 2024 UPDATES

# WHAT IS MEDICARE?

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# What is Medicare?



Medicare\* is a health insurance program administered by the federal government for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant)

Original Medicare is made up of:

- Part A (hospital insurance) and
- Part B (medical insurance)

# A Closer Look at Medicare Part A



Medicare **Part A** covers most inpatient costs; however, beneficiaries are still responsible for paying deductibles, copayments and coinsurance during each **benefit period**.

Length of Inpatient Hospital Stay	What A Beneficiary Pays***
Days 1–60 in Benefit Period	\$1,632 member deductible
Days 61–90 in Benefit Period	\$408 per day
Days 91–150 in Benefit Period (“Lifetime Reserve Days”*)	\$816 per day
Length of Skilled Nursing Facility** Stay	What A Beneficiary Pays***
Days 1–20 in Benefit Period	\$0
Days 21–100 in Benefit Period	\$204 per day
Each day after Day 100 in Benefit Period	All costs for stay

# What is Medicare Part B



- Medicare **Part B** covers 80% of medically necessary doctor services
- Covers medically necessary doctor services
- To receive Medicare **Part B** coverage, a beneficiary:
  - Must generally enroll or be enrolled in Medicare **Part A**
  - Pay the current **Part B** premium of \$174.70 per month (or higher depending on the beneficiary's income)

## What does Medicare Part B cover?

Inpatient & Outpatient Doctor Visits

Inpatient & Outpatient Medical Services

Inpatient & Outpatient Surgical Services and Supplies

Physical and Speech Therapies

Diagnostic Tests

Durable Medical Equipment

Outpatient Wellness Exams and Preventive Care

Approved Home Health and Clinical Lab Services



# A Closer Look at Medicare Part B

With Part B, just like Part A, the beneficiary is still responsible for deductibles, copayments and coinsurance.

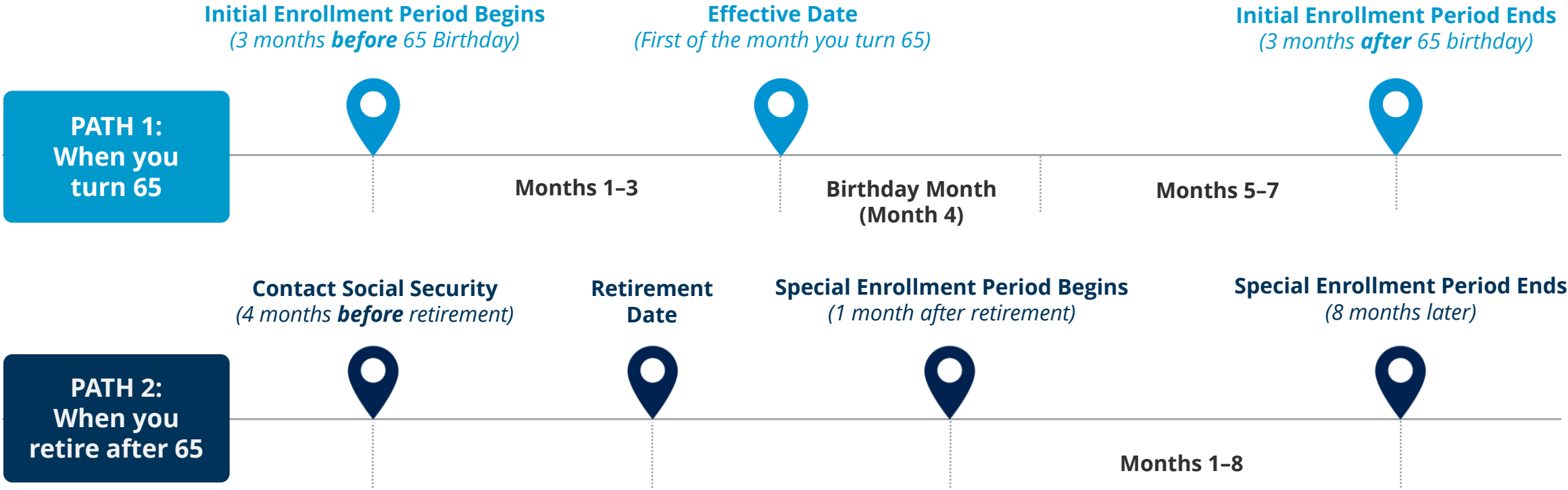
## Annual Costs NOT Covered by Part B

Yearly Calendar Deductible*	\$240
Medical expenses for inpatient and outpatient physician services	20% of Medicare-approved amount
Outpatient Mental Health Services	20% of cost for service



# When Can I Get Medicare?

You can receive Medicare through one of two ways\*: 1) you enroll in Medicare when you turn 65, or 2) you retire and enroll in Medicare after age 65.



# What if I Retire after Age 65 and Delay Enrollment in Medicare?

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The **size of the employer** determines whether the beneficiary may be able to delay Part A and Part B without having to pay a penalty if they decide to enroll in Medicare later.

If the employer has **fewer than 20 employees**, the beneficiary should sign up for Part A and Part B when they are first eligible. Otherwise, they may have to pay a Part B late enrollment penalty and they may have a gap in coverage if they decide to delay enrollment.

- The Part B premium penalty is 10% for **each** 12 month-period that they were eligible for Part B and did not sign up. The monthly Part B will reflect the late enrollment penalties.

If the employer has **20 or more employees**, and the beneficiary has group health coverage based on current employment, they may be able to delay Part A and Part B and will not have to pay a lifetime late enrollment penalty if they enroll later. If they are eligible for premium-free Part A, they can enroll in Part A at any time after they are first eligible for Medicare.

- If the beneficiary signs up for Part B during a Special Enrollment Period, they do not usually pay a late enrollment penalty. The beneficiary will have 8 months to sign up for Part B without a penalty, whether they choose COBRA or not.

For additional information please visit <https://www.cms.gov/Outreach-and-Education/Find-Your-Provider-Type/Employers-and-Unions/Top-5-things-you-need-to-know-about-Medicare-Enrollment>





# Original Medicare Doesn't Cover It All

There are many services that Medicare **Part A** and **Part B** do **NOT** cover:

- Outpatient prescription drugs
- Acupuncture
- Cosmetic surgery
- Dental care and dentures
- Custodial care (long-term care)
- Hearing aids
- Routine eye care and most eyeglasses
- Routine foot care

*\*(except in the case of diabetes-related or medically necessary treatment)*

# CAREFIRST BLUECROSS BLUESHIELD

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# CareFirst BlueCross BlueShield (CareFirst)

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## 80 YEARS

Marylanders have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years.



CareFirst has been recognized as one of the World's Most Ethical Companies®—11 years in a row.

## NOT-FOR-PROFIT

As a not-for-profit, CareFirst answers to its members and the communities it serves.

# Our Mission in Action



## Accessible, Affordable, High-Quality Care

Increase equitable access to affordable, high-quality and culturally sensitive healthcare for all.

## Chronic Conditions

Promote social, environmental and economic resources to support and promote health and wellness.

## Behavioral Health

Increase equitable access to behavioral health services in environments that foster social, emotional and mental well-being.

## Educational opportunities

Provide access to education, skills training, and employment opportunities.

## Economic Inclusion

Ensure people are stably and safely housed, can earn family-sustaining wages and live in health communities with thriving “Main Streets.”

## Social Responsibility and Impact

Improve the health and well-being among CareFirst employees and all people in the communities and environments where we work to transform the healthcare experience.

# CAREFIRST MEDPLUS MEDICARE SUPPLEMENT

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# Medicare Supplement Open Enrollment Period

The best time for a beneficiary to sign up is during their Medicare Supplement open enrollment period. The Medicare Supplement Open Enrollment Period lasts for 6 months, beginning the 1st day of the month when an individual is both:

- 65 years old or older, and
- Enrolled in Medicare Part B

If an individual was born on the first day of any month, he or she is considered to have turned 65 on the first of the previous month. For example, if an individual's birthday is February 1st, he or she is deemed to have turned 65 on January 1st.



# CareFirst MedPlus Portfolio

CareFirst MedPlus currently offers **9** of the 12 Standardized Plans:



Only plan available for individuals under age 65, disabled and who are eligible for Medicare

As of 1/1/2020, Plan F and High Deductible F will **only** be available to beneficiaries eligible for Medicare before 1/1/2020.

Most Popular

Second Most Popular

# What You Pay with Original Medicare vs. with Medicare + CareFirst MedPlus

Beneficiary pays this amount with Medicare Supplement Plan:					
	Original Medicare Alone	MedPlus Plan A	MedPlus Plan B	MedPlus Plan F	MedPlus High Deductible Plan F
<b>Hospital Services (Part A)</b>					
Inpatient hospital deductible first 60 days	\$1,632	\$1,632	\$0	\$0	\$0 after plan deductible
Hospital days 61-90	\$408	\$0	\$0	\$0	\$0 after plan deductible
Hospital days 91-150 (lifetime reserve)	\$816	\$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	\$204/day	All but \$204/day	All but \$204/day	\$0	\$0 after plan deductible
<b>Medical Expenses (Part B)</b>					
Medical expense deductible	\$240	\$240	\$240	\$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
<b>Other Expenses</b>					
Foreign country emergency care (beginning during the first 60 days of each trip outside the USA)	100%	100%	100%	\$250 deductible, then 20%	\$250 deductible after plan deductible, then 20%

# What You Pay with Original Medicare vs. with Medicare + CareFirst MedPlus (con't)

Beneficiary pays this amount with Medicare Supplement Plan:						
	Original Medicare Alone	MedPlus Plan G	MedPlus High Deductible Plan G	MedPlus Plan L	MedPlus Plan M	MedPlus Plan N
<b>Hospital Services (Part A)</b>						
Inpatient hospital deductible first 60 days	\$1,632	\$0	\$0 after plan deductible and Part B deductible, if applicable	25% of the Part A deductible (\$408)	50% of the Part A deductible (\$816)	\$0
Hospital days 61-90	\$408	\$0	\$0 after plan deductible	\$0	\$0	\$0
Hospital days 91-150 (lifetime reserve)	\$816	\$0	\$0 after plan deductible	\$0	\$0	\$0
365 days after hospital benefits stop	All costs	\$0	\$0 after plan deductible	\$0	\$0	\$0
Skilled nursing facility days 21-100	\$204/day	\$0	\$0 after plan deductible	Up to \$51.00/day	\$0	\$0
<b>Medical Expenses (Part B)</b>						
Medical expense deductible	\$240	\$240	\$240	\$240	\$240	\$240
Medical expenses after deductible	20%	\$0	\$0 after plan deductible and Part B deductible	5%	0%	OV up to \$20 ER up to \$50
Excess charges above Medicare approved amounts	100%	\$0	\$0 after plan deductible and Part B deductible	100%	100%	100%
<b>Other Expenses</b>						
Foreign country emergency care (beginning during the first 60 days of each trip outside the USA)	100%	\$250 deductible, then 20%	\$250 deductible after plan deductible, then 20%	100%	\$250 deductible, then 20%	\$250 deductible, then 20%

# Mary's Inpatient Stay—Medicare Part A

Mary was admitted to the hospital for an inpatient stay for a full 150 consecutive days within the same benefit period.

With Original Medicare with **NO** Medicare Supplement plan, Mary would pay:

- **Days 0–60:** Mary pays the member deductible (**\$1,632**)
- **Days 61–90:** Mary pays a copay (**\$408/day**) for each day she is in the hospital
- **Days 91–150:** Mary pays a copay (**\$816/day**) for each day she is in the hospital

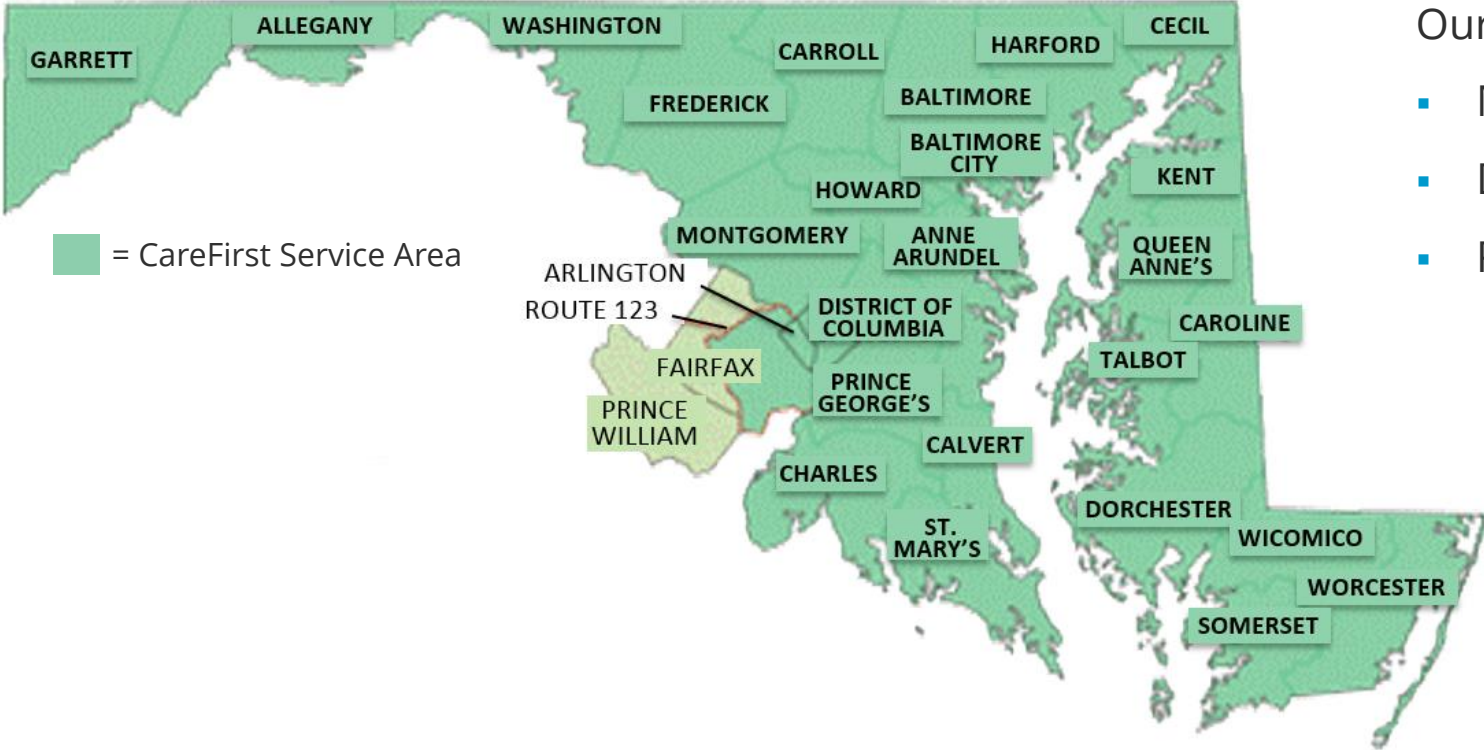
## Original Medicare—No CareFirst MedPlus



## Original Medicare and CareFirst MedPlus Plan G



# CareFirst Service Area Map



Our service area includes:

- Maryland
- District of Columbia
- Portions of Northern Virginia :
  - Cities of Alexandria and Fairfax
  - Town of Vienna
  - Arlington County
  - Areas of Fairfax and Prince William Counties in Virginia lying east of Route 123.



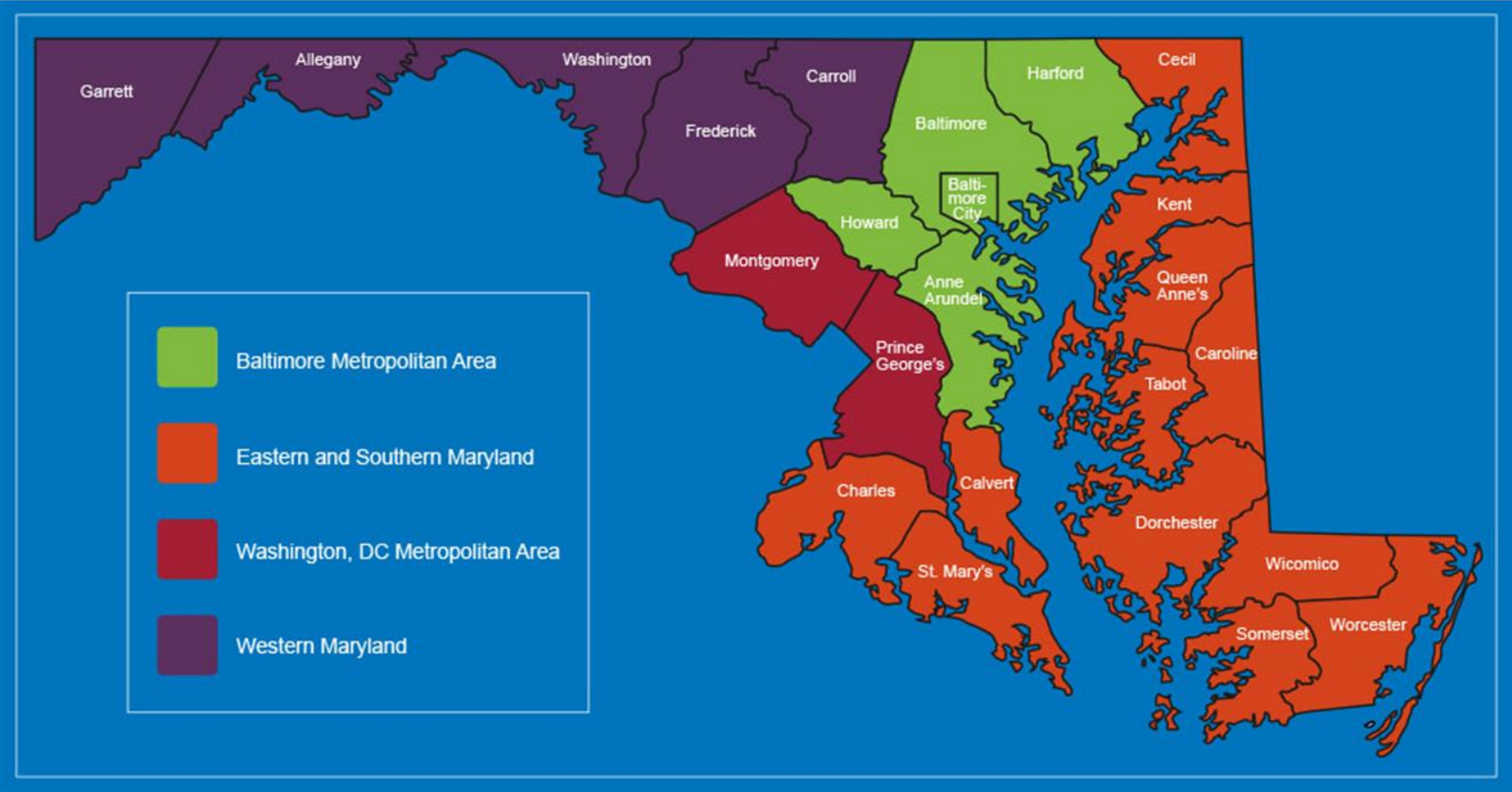
# CareFirst MedPlus Rating Methodology

Premiums are based on:

- Gender
- Age
- Enrollment date in Medicare Part B
- Guaranteed Issue Period
- Plan selected
- Geographical location (MD only)
- Tobacco use (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- Review of medical history through medical underwriting (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- CareFirst MedPlus Level 1 rating of qualified applicants has been expanded for individuals applying less than 10 years from their Part B effective date.



# CareFirst MedPlus Geographical Rating in Maryland



The ability for CareFirst MedPlus to geographically rate allow for more flexibility in market growth and with future business.

# CareFirst MedPlus Value—Household Discount

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CareFirst MedPlus subscribers will be eligible for a **10%** discount off the monthly premium when they initially enroll or at the time of their plan renewal.

Since CareFirst MedPlus policies are individual contracts, subscribers will be identified as being in the same household meeting the following criteria:

- Two enrollees per household are required (they do not need to be married).
- Both must be enrolled in a CareFirst MedPlus plan.
- The two enrollees must reside at the same residence.



# CareFirst MedPlus Value—Household Discount (continued)

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## CareFirst MedPlus Household (HH) Discount Ineligibility

Subscribers can be deemed ineligible for the HH Discount for any of the following reasons:

- Neither subscriber is in a CareFirst MedPlus product.
- One of the subscribers already has a HH Discount with someone else.
- The address for the second subscriber does not match the address of the current subscriber.
- There are two subscribers in the same household already receiving the MedPlus HH Discount.
- Eligibility could not be determined with the information provided.

If a subscriber is deemed ineligible for the HH Discount, then they will receive the **Household Ineligibility Letter**.



# CareFirst MedPlus Value – SilverSneakers

Through SilverSneakers<sup>1</sup>, CareFirst MedPlus gives members a way to get healthy and have fun—**at no additional cost!**

- Membership to thousands of gyms and fitness locations in the United States
- Members can enroll at multiple locations at any time
- Specially-designed, signature exercise classes led by certified instructors for all fitness levels<sup>3</sup>
- Members have access to facilities, classes, pools, free weights, fitness equipment, tennis courts and walking tracks
- SilverSneakers also provides digital resources through SilverSneakers LIVE™ virtual classes, SilverSneakers On-Demand™ videos, and the SilverSneakers GO™ app



SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved. Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of L basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



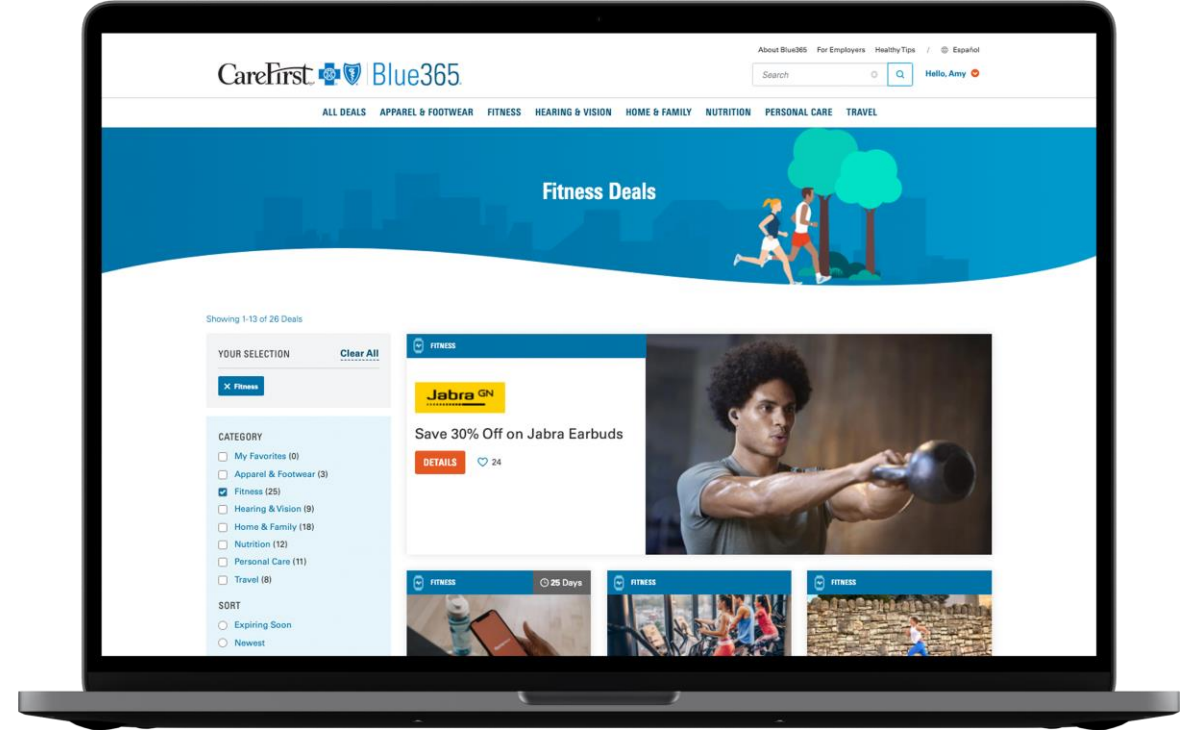
# Enrolling in SilverSneakers Couldn't Be Easier!



- Members are automatically enrolled in SilverSneakers once they become a CareFirst MedPlus member.
- The SilverSneakers member ID card along with the closest 3 locations is mailed to new members
- CareFirst also ensures members understand the SilverSneakers by making an outreach Welcome call to new members!

# Blue365 Program Overview

- Blue365 is an online wellness discount program designed to give members access to discounts on products and services for a well balanced and healthy lifestyle.
- All CareFirst members have access to this program.
- Members create terms and conditions.
- Blue365 provides CareFirst members with a wide an account and agree to the Blue365 range of savings from top health and wellness brands including Jenny Craig, LasikPlus, TruHearing, etc.
- There are weekly “Featured Deals” and long term “Ongoing Deals” on healthy products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences, financial health, etc.
- Personal care was ranked by 1/3 of respondents in a survey conducted by CareFirst as the #1 category of interest. Current discounts in this category include: LasikPlus, TruHearing, LensCrafters, Glasses.com, etc.



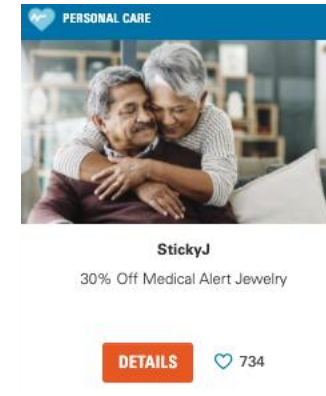


# CareFirst MedPlus Value—Blue365 Discount Program

## Some of the discounts available!

- Medical Emergency Bracelets—30% discount
- TruHearing—30-60% off hearing aids, 23% off over-the-counter hearing aids
- Beltone—free hearing screening and set discounted pricing on hearing aids
- Vitamins and Supplements—50% off the retail price
- GeoBlue – discounts on international travel health plans

<https://member.carefirst.com/members/health-wellness/staying-healthy/discounts-on-wellness-services.page>



**PERSONAL CARE**

**StickyJ**  
30% Off Medical Alert Jewelry

**DETAILS** ❤️ 734



**HEARING & VISION**

**TruHearing**  
Save 30% to 60% on Hearing Aids

**DETAILS** ❤️ 1.2k

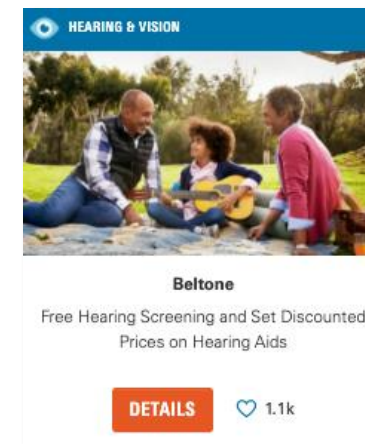


**TRAVEL**

**GeoBlue**  
Don't Let a Medical Issue Ruin Your Trip. Save on International Travel Health Insurance Plans.

**DETAILS**

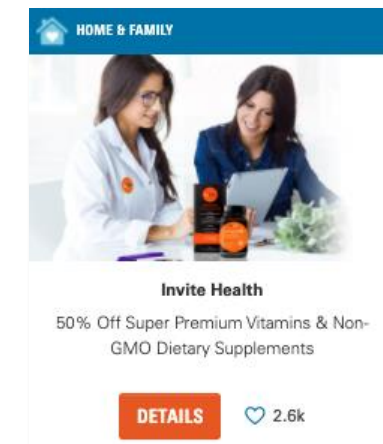
1.5k Favorites



**HEARING & VISION**

**Beltone**  
Free Hearing Screening and Set Discounted Prices on Hearing Aids

**DETAILS** ❤️ 1.1k



**HOME & FAMILY**

**Invite Health**  
50% Off Super Premium Vitamins & Non-GMO Dietary Supplements

**DETAILS** ❤️ 2.6k

# CareFirst MedPlus Payment Methods

Payment Methods	
<b>My Account</b>	A secure, personalized member web site on <a href="https://carefirst.com">carefirst.com</a> . Make a payment or set up recurring payments
<b>Phone</b>	Members may call Member Services at 855-444-3121
<b>CheckFreePay</b>	Pay by cash at select Walmart locations. Go to <a href="https://checkfreepay.com/info/payinperson">checkfreepay.com/info/payinperson</a> to find a participating location.
<b>Mail</b>	Members may mail a check or money order (made out to CareFirst BlueCross BlueShield) and invoice stub to CareFirst BlueCross BlueShield, P.O. Box 70250, Philadelphia, PA 19176-0250



# MEDPLUS MEDICAL UNDERWRITING

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# CareFirst MedPlus Medical Underwriting

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- A prospective applicant who applies for a CareFirst MedPlus product is subject to medical underwriting if they meet one of the following
  - Outside of the Guarantee Issue or Open Enrollment Period
  - Disabled and under the age of 65
- Under age 65 disabled individuals who are eligible for Medicare and turn 65 will be eligible for a 6 month Guaranteed Issue Period and qualify for Level 1 rates during this period.
- Section 4A—answering “yes” disqualifies the application for coverage as noted on the application.
- Section 4B, 4C, 4D, 4E—answering “yes”, medical underwriting would review the complexity of the condition.
- If an existing CareFirst MedPlus subscriber wishes to change their CareFirst MedPlus plan, then medical underwriting would apply if they want to move to a richer plan.
- All pre-MedPlus Medigap members (prior to launch of CareFirst MedPlus 2016) must undergo medical underwriting to apply for a CareFirst MedPlus plan. (Unless the applicant is eligible for the new Maryland Birthday Rule, explanation to follow further in this presentation.)
- The member should NOT terminate their original coverage until the results of medical underwriting for the new plan are known.

# MedPlus Underwriting – Existing MedPlus Member Downgrading Plan

IS MEDICAL UNDERWRITING REQUIRED?									
MOVING FROM MEDPLUS PLAN:	MOVING TO MEDPLUS PLAN:								
	High Ded G	High Ded F	A	N	L	B	M	G	F
High Ded Plan G	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
High Ded Plan F	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan A	No	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes
Plan N	No	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Plan L	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Plan B	No	No	No	No	No	N/A	Yes	Yes	Yes
Plan M	No	No	No	No	No	No	N/A	Yes	Yes
Plan G	No	No	No	No	No	No	No	N/A	Yes
Plan F	No	No	No	No	No	No	No	No	N/A

CareFirst is currently reviewing a unified matrix that will incorporate the Birthday Rule matrix and this member downgrading matrix later in 2024.

# Medical Underwriting

Guaranteed Issue Period/Open Enrollment Period*	
If a member applies within six months of their Medicare Part B effective date, or during a Guaranteed Issue Period*, they will receive:	Level 1 Rate Highly Competitive!
Outside of Guaranteed Issue/Open Enrollment Period Rates Based on Tobacco Use and Review of Medical History	
If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they will receive:	Level 1 Non-Tobacco Rate, within 7 Months to less than 10 years past their Part B effective date Level 2 Tobacco or Non-Tobacco Rate, Level 3 Tobacco or Non-Tobacco Rate or Denial



# CareFirst MedPlus Level 1 Rate Expansion

- If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they could receive a Level 1 rate by medical underwriting if:
  - They are non- smoker and;
  - Have high blood pressure or high cholesterol with no other medical conditions and;
  - Take up to only 1 medication

CareFirst Underwriting			
Time since Medicare Part B effective date due to turning 65	Smoker	Medical underwriting	Rating Level
0 to < 7 Months	N/A	Guaranteed Issue	Level 1
Less than 10 years from Part B effective date.	No	Hypertension or Hypercholesterolemia Disorder and no other medical conditions (with none to 1 medication)	Level 1
		Minor medical issue or Hypertension or Hypercholesterolemia Disorder (with 2 medications)	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/Minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
Extreme medical issue		Denied	
10 Years or More	No	No/minor medical issue	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
		Extreme medical issue	Denied

# 2023 MARYLAND AND VIRGINIA MANDATES AND RULES

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# MARYLAND BIRTHDAY RULE

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# 2023 New Maryland Mandates – Medicare Supplement Policies

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## **Maryland House Bill 247 – “Birthday Rule”**

### **Open Enrollment Period Following Birthday**

This bill requires a carrier that sells Medicare supplement policies to provide an enrolled individual the opportunity to switch to a different Medicare supplement policy with equal or lesser benefits within 30 days following the individual’s birthday.

A carrier is prohibited from denying or conditioning a new policy, discriminating in the pricing of the policy, or denying, reducing, or conditioning coverage because of the health status, claims experience, receipt of health care, or medical condition of the individual.

The bill was effective January 1, 2023 that began with July 1, 2023 birthdays.

# CareFirst and the Maryland Birthday Rule

## Changes to the Maryland MedPlus application

As a result of the passing of HB247, effective July 1, 2023, The Maryland MedPlus application will now have a new question (3E) specifically asking if the applicant is applying for coverage 30 days following their birthday.

The “note” now includes question 3E as guaranteed acceptance.

SECTION 3. ELIGIBILITY INFORMATION	
Please answer the following questions regarding your eligibility:	
3A. Did you turn age 65 in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No
3B. Please answer Yes if one of the following applies:  You are age 65 or older and, at the time of this application, you are within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B OR, you are turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B OR, you are turning 65 and - your birthdate falls on the first of the month - your Medicare Part B enrollment is the first of the month *prior* to the month you turn 65	<input type="radio"/> Yes <input type="radio"/> No
3C. Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B?	<input type="radio"/> Yes <input type="radio"/> No
3D. Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months?  If your Part B effective date was more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months, please state the date of your Medicare Eligibility Notification letter below and include a copy of the notification letter with this application.  The date of your Medicare Eligibility Notification letter is: ____ / ____ / ____	<input type="radio"/> Yes <input type="radio"/> No
3E. Are you applying on or during the 30 days following your birthday for a replacement Medicare supplement policy with equal or lesser benefits? (Please attach a copy of supporting documentation showing your active Medicare Supplement plan enrollment.)	<input type="radio"/> Yes <input type="radio"/> No
<b>NOTE:</b> <ul style="list-style-type: none"> <li>■ If you answered YES to 3A, 3B, 3C, 3D or 3E, your acceptance is guaranteed. Skip 3F and Section 4, and go directly to Section 5.</li> <li>■ If you answered NO to 3A, 3B, 3C, 3D and 3E then proceed to section 3F.</li> </ul>	

# CareFirst and the Maryland Birthday Rule

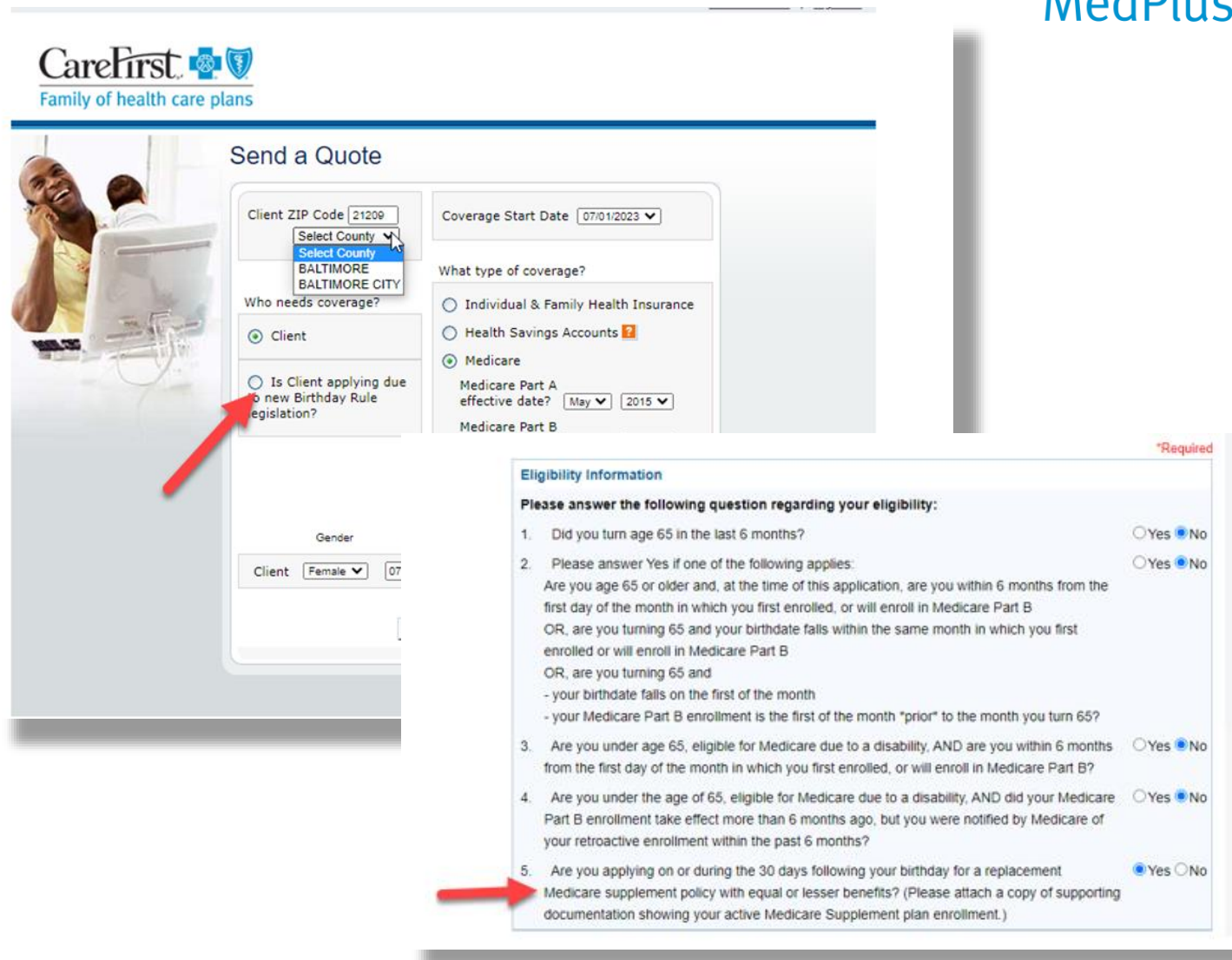
## Changes to the Agent iStore Demographic Screen

Effective 7/1/23, a new question appears on the quote screen and the application when selecting a county in Maryland.

The question displayed is “Is the client applying due to new Birthday Rule legislation?”

Those who are eligible and applying during the birthday rule open enrollment period, will be presented **non-tobacco Level 3 Maryland MedPlus Rates**.

However, after review, CareFirst is updating our initial rating guidelines and systems for eligible individuals applying under the Birthday Rule. CareFirst will apply the **preferred Level 1 rates** to eligible individuals upon review of the application and supporting documentation.



**Send a Quote**

Client ZIP Code: 21209  
Coverage Start Date: 07/01/2023

What type of coverage?  
 Individual & Family Health Insurance  
 Health Savings Accounts  
 Medicare

Medicare Part A effective date? May 2015  
Medicare Part B

Who needs coverage?  
 Client  
 Is Client applying due to new Birthday Rule legislation?

Gender: Client Female 07

**Eligibility Information** \*Required

Please answer the following question regarding your eligibility:

- Did you turn age 65 in the last 6 months?  Yes  No
- Please answer Yes if one of the following applies:  
Are you age 65 or older and, at the time of this application, are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B  
OR, are you turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B  
OR, are you turning 65 and  
- your birthdate falls on the first of the month  
- your Medicare Part B enrollment is the first of the month "prior" to the month you turn 65?  Yes  No
- Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B?  Yes  No
- Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months?  Yes  No
- Are you applying on or during the 30 days following your birthday for a replacement Medicare supplement policy with equal or lesser benefits? (Please attach a copy of supporting documentation showing your active Medicare Supplement plan enrollment.)  Yes  No



# CareFirst and the Maryland Birthday Rule

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Those eligible to enroll **under the MD Birthday Rule** in an equal or lesser benefit plan with Maryland MedPlus plan preferred Level 1 rates include the following applicants:

- Active Maryland Medicare Supplement members from another carrier applying 30 days from their birthday.
- Existing active CareFirst Maryland MedPlus members applying 30 days from their birthday.
- Existing active CareFirst Maryland Medicare Supplement members (in our closed blocks) applying for a MD MedPlus plan 30 days from their birthday.

## **Outside of the MD Birthday Rule,**

- Existing CareFirst MD MedPlus members can move to a lesser benefits plan at any time. For now, CareFirst will continue the current matrix when moving from a MedPlus plan to lesser benefits MedPlus plan with no medical underwriting. Current MD MedPlus members will remain in the level rating they are currently in.
- Existing MD CareFirst Medicare Supplement members (closed block) will continue to be medically underwritten when applying for any MedPlus plan outside of the Birthday Rule.

# MD BIRTHDAY RULE PLAN MATRIX

This Birthday Rule matrix represents the available CareFirst MedPlus plan options for an eligible individual who is a Maryland resident with an active Medicare Supplement plan.

Refer to the “existing plan” column to determine the individual’s current active Medicare Supplement plan. Compare available plans equal to or lesser MedPlus plan options available.

CareFirst MedPlus does not offer the following Medicare Supplement plans: C, D, E, H, I, J, High Deductible J, and K.

If your existing plan is ...	CareFirst MedPlus Plans of Equal or Lesser Value Are:
Plan A	Plan A
Plan B	Plan A or B
Plan C	Plan A, B, L, M or N
Plan D	Plan A, B, L, M or N
Plan E	Plan A, B, L, M, or N
Plan F	Plan A, B, F, F with a high deductible, G, G with a high deductible, L, M, or N
Plan F with a high deductible	Plan F with a high deductible or G with a high deductible
Plan G	Plan A, B, G, L, M, N, F with a high deductible or G with a high deductible
Plan G with a high deductible	Plan G with a high deductible
Plan H	Plan A, B, L, M or N
Plan I	Plan A, B, G, L, M or N
Plan J	Plan A, B, F, F with a high deductible, G, G with a high deductible, L, M, or N
Plan J with a high deductible	Plan F with a high deductible or G with a high deductible
Plan K	No Options
Plan L	Plan L
Plan M	Plan M or N
Plan N	Plan N

# MARYLAND AND VIRGINIA

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*SPECIAL ENROLLMENT PERIOD DUE TO LOSS OF MEDICAID*

# 2023 New Maryland Mandates – Medicare Supplement Policies

## Maryland House Bill 536

### *Special Enrollment Period following end of a declared Federal Health Emergency*

This bill requires a carrier that issues Medicare supplement policies in the State must issue any Medicare supplement policy the carrier sells in the State to an individual eligible for Medicare if the individual;

- (1) is enrolled in Medicare Part B while enrolled in Medicaid;
- (2) remained in Medicaid due to a suspension of terminations by Medicaid during a federal health emergency and was not disenrolled or terminated until at least six months following the effective date of enrollment in Medicare Part B;
- (3) applies for the Medicare supplement policy during the 63-day period following the later of notice of termination or disenrollment or the date of termination from Medicaid; and
- (4) submits evidence of the date of termination or disenrollment from Medicaid with the application for a Medicare supplement policy.

For individuals who meet the above criteria, a carrier may not deny or place a condition on the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the carrier; discriminate in the pricing of a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition; or impose an exclusion of benefits based on a preexisting condition under a Medicare supplement policy on these individuals.

# END OF MARYLAND MEDICAID COVERAGE SEP

## Changes to the Agent iStore Application


Those who are eligible and applying for a MedPlus plan due to the new Special Enrollment Period, will be asked questions within the iStore application. These questions will appear effective 7/1/23 when an applicant resides in Maryland.

**Rates quoted for this Special Enrollment Period will be Level 1 Rates.**

Enrollment eligibility will be verified based on the effective date of Medicare Part B and documentation showing end of Maryland Medicaid coverage.


terminated, and solely because of your Medicare eligibility, you are not eligible for the tax credit for health insurance costs (under Section 35 of the Internal Revenue Code).

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

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

not the same as Federal Medicare. Medicaid is a program run by the state to assist with medical costs for lower or limited-income people.)

**NOTE TO APPLICANT:** If you are participating in a Spend-Down Program and have not met your Share of Cost, please answer **NO** to this question.

- 4. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (e.g., a Medicare Advantage Plan, or a Medicare HMO or PPO)?  Yes  No
- 5. Do you have another Medicare supplement policy in force?  Yes  No
- 6. Have you had medical coverage under an employer or union group plan, COBRA coverage, or been enrolled in a Medicare Advantage plan within the past 63 days?  Yes  No
- 7. **Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023**, are you applying for a Medicare Supplement policy due to disenrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? (Please attach a copy of supporting documentation such as a redetermination letter from the State Medicaid program or a Certificate of Coverage)  Yes  No 

# END OF VIRGINIA MEDICAID COVERAGE SEP

To ensure individuals who could have obtained Supplement policies if not for the PHE, the Virginia Bureau of Insurance (VBOI) is requesting that all health insurers writing Medicare Supplement business in Virginia offer guaranteed issue rights to applicants who have exhausted or nearly exhausted their initial open enrollment period, and who can show verification of a Virginia Medicaid eligibility change.

Individuals must meet the following criteria:

- (1) enrolled in Medicare Part B while enrolled in Medicaid.
- (2) remained in Medicaid due to a suspension of termination by Medicaid during a federal health emergency and was not disenrolled or terminated until at least six months following the effective date of enrollment in Medicare Part B.
- (3) applies for the Medicare supplement policy during the 63-day period following the later of notice of termination or disenrollment or the date of termination from Medicaid.
- (4) submits evidence of the date of termination or disenrollment from Medicaid with the application for a Medicare supplement policy.



# END OF VIRGINIA MEDICAID COVERAGE SEP

CareFirst will process eligible Virginia residents utilizing the current CareFirst Virginia MedPlus application.

A Virginia MedPlus **paper** application can be completed as follows:

- All required sections must be completed.
- Health questions can be left blank.
- Question 5D checked “YES.” (see below)
- Signature and date on application.
- Supporting document attached – Redetermination letter from Virginia State Medicaid Program or Certificate of Coverage

<p>5D. Are you covered for medical assistance through the state Medicaid program? (Medicaid is not the same as federal Medicare. Medicaid is a program run by the state to assist with medical costs for lower or limited-income people.)</p> <p><b>NOTE TO APPLICANT:</b> If you are participating in a Spend-Down Program and have not met your Share of Cost, please answer <b>NO</b> to this question.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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If the individual applies electronically, the applicant will be presented with medical questions. Eligibility for this SEP will be reviewed by CareFirst Enrollment and Billing once the application is received.

# WHY CAREFIRST MEDPLUS?

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# CareFirst MedPlus Product Features

Product Features	
<b>1 year age bands</b>	<b>9 plans offered</b> A, B, F, High F, G, L, M, N & High G
<b>Payment discount</b> (monthly or annual EFT payment)	<b>Geographically rated in Maryland</b>
<b>Freedom to see any doctor who participates with Medicare*</b>	<b>Large hospital network</b> Over 50 hospitals in Maryland including Hopkins, University of Maryland, MedStar Health
<b>No pre-existing condition waiting period</b>	<b>24-Hour Nurse Advice Line</b> No cost nurse advice line available 24/7 and Blue365 wellness discounts
<b>Competitive 10% household discount</b>	<b>Tools &amp; Resources</b> <a href="http://carefirst.com/livinghealthy">carefirst.com/livinghealthy</a>
<b>SilverSneakers®</b> Fitness Program No additional cost	<b>Unlimited lifetime renewals</b>
<b>Separate dental and vision plans with easy enrollment</b>	<b>No separate application fee</b>

# MedPlus Online Presence

Many older adults spend significant time online researching their options. They will come to you to learn the details about CareFirst MedPlus.

- Be sure your website information is up to date and links are working properly. We can help you review MedPlus information.
- Include the CareFirst iStore URL link on your website. Speed up enrollment without ever leaving your office!
- Utilize the CareFirst Broker Badge on your website and e-mail signature.

CareFirst.   
Family of health care plans

**Create Banner Link**

Return to [Account Home](#)

Follow the 3 easy steps below to quickly select a banner and generate the code to incorporate it into your website.

1) Select a banner by clicking the 'GET HTML' button.

Authorized Agent for:

**CareFirst.   
BlueCross BlueShield** 

An independent licensee of the Blue Cross and Blue Shield Association.  
Serving Maryland, District of Columbia and portions of Virginia.  
® Registered trademark of the Blue Cross and Blue Shield Association.  
® Registered trademark of CareFirst of Maryland, Inc.

2) **Highlight HTML**

3) Then just cut and paste into your website's HTML.

**CareFirst.** 

**An Authorized CareFirst Producer**

An independent licensee of the Blue Cross and Blue Shield Association, serving Maryland, the District of Columbia and portions of Virginia.

# STRATEGIES FOR SUCCESSFUL COMMUNICATION

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# Core Communication Factors

Key communication factors that may influence a buying decision:

- Quality of life and independence
- Flexible nature of product
- Exercise patience
- Be a resource
- Respect their human agency



# Core Communications Factors

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## Quality of Life & Independence

### What does it mean?

Seniors understand their health will change and want to keep their quality of life and autonomy

### What should you look for?

Unease about the “right plan for them;” intimidated by change and the unknown

### What should you do?

Ask light questions about lifestyle; give examples and clarification in easy terms (no jargon)

## Flexible Nature of Product

### What does it mean?

Seniors often “know what they like” and place value in services that are tailored to their specific needs

### What should you look for?

Inquiring on specific services or features; interest in alternatives and buy-ups

### What should you do?

Lay our options plainly, focusing on their differences; play up voluntary value-adds (e.g. wellness features)

## Exercise Patience

### What does it mean?

Seniors are not attuned to the countless details of insurance; can be prone to uncoupling all together

### What should you look for?

Unconcerned with key deadlines (e.g. eligibility); becoming frustrated, quiet, detached, ambivalent

### What should you do?

Rephrase request, reaffirming their control; don’t assume, anticipate or predict next steps

# Core Communications Factors (continued)

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## Be a Resource

### What does it mean?

Customers may rely on you to be both their expert and their point of contact, trusting your word and assistance

### What should you look for?

Reluctant to follow up later or with another person; becoming more friendly, talkative or open

### What should you do?

Do not rush with them if possible; be flexible with your help; offer friendly recommendations; outline resources

## Respect their human agency

### What does it mean?

Clients have a lifetime of experience to draw from and are sensitive to ignoring of abilities

### What should you look for?

Growing disinterested in the information; becoming more derisive, dismissive or abrupt

### What should you do?

Reexamine your approach; be more open and attentive; don't take a bad reaction personally





# Resources

## Medicare

- Phone: 800-MEDICARE (633-4227)
- Hours: 24 hours/day, 7 days/week
- Web address: [www.medicare.gov](http://www.medicare.gov)

## Medicare.gov

- Medicare & You (updated each year by CMS)
- Web address: [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you)

## Social Security Administration

- Phone: 800-772-1213
- Hours: 7am – 7pm, Mon. – Fri. (automated service is available 24 hours/day, 7 days/week)
- Web address: [www.ssa.gov](http://www.ssa.gov)



# THANK YOU

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*For more information, contact*  
YOUR DEDICATED SENIOR BROKER REPRESENTATIVE

*This document was created for informational purposes only and is not intended to provide legal and/or accounting advice and should not be relied upon as such. Individuals and Producers should consult with their own accountants and/or legal counsel if they have any questions regarding the financial and legal impacts of the Affordable Care Act.*

REV (2/2024)