

*For Distribution to Brokers/Wholesalers/Administrators Only*

September 4, 2003

## Rate Change for Standard Group Over 65

**Market:** SEGO/51+ CFMI Medicare

Please note again that there will be a rate change for the CareFirst of Maryland, Inc. Standard Group Over 65 product. The new rate is \$386.85 and is effective with October 1, 2003 renewals. As we communicated in an earlier Sales Flash, the October renewals reflected the new rate.

We are distributing this Sales Flash again in order to provide you with an updated SEGO Standard Group Over 65 Installation form for those of you who complete your own MIS forms. The newly formatted form is attached for your convenience.

If you have any questions please contact your Broker Sales Representative.



Shekar Subramaniam  
Director, Broker Sales

# CareFirst® BlueCross® BlueShield®

Small Employer Group Option

## Account Installation Form for Renewing Groups Effective on or after 10/1/2003

Effective Date: \_\_\_\_\_ Account No.: \_\_\_\_\_ SAN: \_\_\_\_\_ Suffix: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Bus: **42** 2-50 SEGO1 Rate Reimb: **01** Prospective Syst Direct Indc: **1** Care

Company Contribution: Employees: \_\_\_\_\_ % Dependents: \_\_\_\_\_ %

Piggyback: **0** COB: **1**

Part-Time Emps.:  Yes  No

Emp Cov'd under other Health Cov:  Yes  No

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<u>Pos. No.</u>	<u>Position Descrip.</u>	<u>Bene. Level</u>	<u>Benefit Descrip.</u>
<b>MBC: 05 MAJOR MEDICAL (OVER 65)</b>			
01	Deductible Amount	10	No Deductible
02	Medical Copay %	02	80/20
03	Benefit Period Max	23	Not Applicable
04	Lifetime Maximum	10	\$1,000,000 Lifetime Max
05	Benefit Period	01	Calendar Year
06	Maternity	00	No Maternity / Mandated Maternity
07	Drug Code	02	Freestanding Program
08	Stop Loss	06	\$2,500 Benefit Period
09	Stop Loss Calculation	02	Eligible Liability
End	9331 Exclude Disease Management		
<b>MBC: 09 FREESTANDING DRUG PROGRAM (OVER 65)</b>			
	Syst Direct Indc: 0		
01	Copay Amount	T4	\$10/\$20/\$35 Copay
02	Formulary Drug	89	\$100 Ded. (with \$10/\$20/\$35 copay) Annual Benefit Max \$4,000
03	Benefit / Exclusion	98	Incl Oral Contracep Regrdless Medi Necess
<b>MBC: 12 BLUE CROSS – SUPPLEMENT TO MEDICARE A</b>			
01	Program	01	Standard Over 65
02	Deductible Level	01	Current Deductible Level
03	Diagnostic	00	No Benefit
End	9331 Exclude Disease Management		
<b>MBC: 13 BLUE SHIELD – SUPPLEMENT TO MEDICARE B</b>			
01	Program	01	Standard Over 65
02	Diagnostic	00	No Benefit
End	9331 Exclude Disease Management		

**CareFirst® BlueCross® BlueShield®**  
**SMALL EMPLOYER GROUP OPTION BENEFIT PROPOSAL**

Account Name: \_\_\_\_\_ Broker: \_\_\_\_\_  
Subagent: \_\_\_\_\_

Effective Date: \_\_\_\_\_ County: \_\_\_\_\_

**INDEMNITY MEDICARE**

Individual Medical  
\$386.85

Standard Major Medical no deductible; 80%/20% coinsurance  
\$2,500 stoploss; \$1 million lifetime maximum  
Formulary Drug \$10/20/35 copay; \$100 deductible; \$4,000 maximum  
Blue Cross Supplemental; Blue Shield Supplemental

IF DENTAL AND VISION COVERAGE, USE INDIVIDUAL DENTAL AND VISION RATES FOR MEDICARE

Offered By:  
CareFirst BlueCross BlueShield

By: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted By:

By: \_\_\_\_\_

**EIN (Employer ID Number):** \_\_\_\_\_

Date: \_\_\_\_\_

Countersigned: CareFirst BlueCross BlueShield

By: \_\_\_\_\_

Date: \_\_\_\_\_