

3. Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail or by Electronic Funds Transfer (EFT) through Medi-CareFirst's Easy Pay program each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to Medi-CareFirst.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

Please select a premium payment option:

(If you don't select a payment option, you will receive a bill each month.)

- Receive a bill (monthly)
- Electronic Funds Transfer (EFT) from your bank account each month. The Electronic Funds Transfer form will be sent to you once your enrollment is confirmed.
- Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check. (The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

(Continued on next page)

6. Please Read and Sign Last Page *(continued)*

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent or other individual employed by or contracted with Medi-CareFirst, he/she may be paid based on my enrollment in Medi-CareFirst.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or prescription drug plan options, medical assistance through the state Medicaid program and the Medicare Savings Program.

By completing this enrollment application, I agree to the following:

Medi-CareFirst BlueCross BlueShield (Medi-CareFirst) is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Medi-CareFirst of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in Medi-CareFirst will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

Medi-CareFirst serves a specific service area (MD, DC, DE). If I move out of the area that Medi-CareFirst serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies, except in an emergency when I cannot reasonably use Medi-CareFirst network pharmacies. Once I am a member of Medi-CareFirst, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Medi-CareFirst when I get it to know which rules I must follow to get coverage.

(Continued on next page)

MARKING INSTRUCTIONS

- Please **print clearly** and **press hard**.
- Use blue or black ink only.
- Completely fill the ovals.

Correct Mark



Incorrect Marks

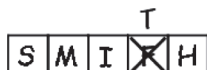


- Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters

1 2 3 A B C

- Print only one character per box.
- If you make a mistake, correct it by crossing out the box and writing the letter/number above or below the box as shown:



- When filling out dates, such as effective dates or birth dates, be sure dates appear in the MMDDYYYY format. No dashes or spaces are necessary.

1 0 2 4 2 0 0 6

Fields Must
Be Completed



Fields Must Be
Completed (If Applicable)



IMPORTANT NOTE:

If you are eligible for, or enrolled in, a state (MD or DE) prescription drug assistance program where you receive extra help to pay your premiums, **DO NOT** select the Social Security/Railroad Retirement Board Withhold Option below. If you select this automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check, the full premium will be deducted from your Social Security/Railroad Retirement Board benefit check.

Medicare_{Rx}
Prescription Drug Coverage

A Medicare-approved Part D sponsor