

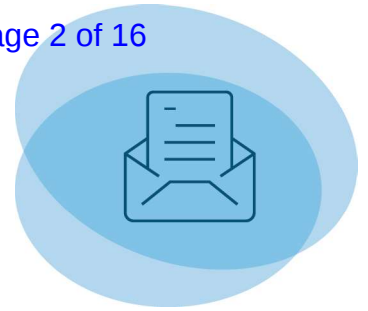
EXHIBIT G

Family of health care plans

NATIONAL ACCOUNTS DEDICATED SERVICE*
PO BOX 14114
LEXINGTON KY 40512-4114

>001399 3249185 0001 92007 20Z

LEONA FAREN
1 HILLBROOK CT APT 104
TIMONIUM MD 21093-2449



Statement Date
March 10, 2023

Group Number
5801715 DC40

Member ID
839041220

Hi Leona

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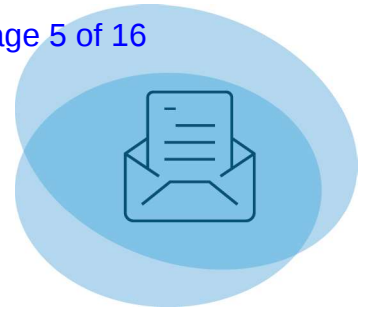
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LEXINGTON KY 40512-4114

>009200 7499384 0001 92007 20Z

LEONA FAREN
1 HILLBROOK CT APT 104
TIMONIUM MD 21093-2449



Statement Date
January 20, 2023

Group Number
5801715 DC40

Member ID
839041220

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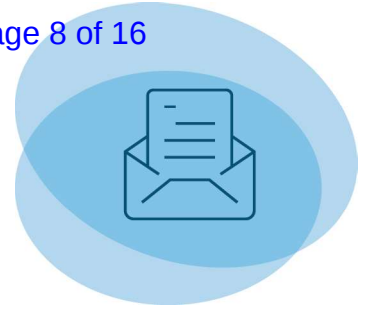
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Family of health care plans

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PO BOX 14114
LEXINGTON KY 40512-4114

>006996 3173185 0001 92007 10Z

LEONA FAREN
1 HILLBROOK CT APT 104
TIMONIUM MD 21093-2449



Statement Date
March 03, 2023

Group Number
5801715 DC40

Member ID
839041220

Hi Leona

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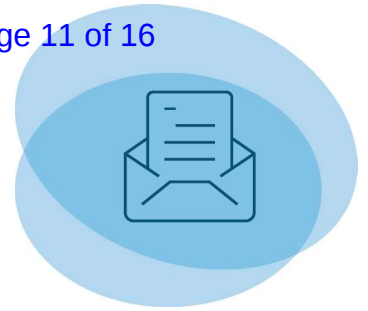
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PO BOX 14114
LEXINGTON KY 40512-4114

>009665 3344595 0001 92007 20Z

LEONA FAREN
1 HILLBROOK CT APT 104
TIMONIUM MD 21093-2449



Statement Date
March 17, 2023

Group Number
5801715 DC40

Member ID
839041220

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CareFirst will respond by telephone, facsimile, or by other available similarly expeditious method. Non-grandfathered groups external appeal process. Upon exhaustion of our internal appeal process, you may have the right to have our decision reviewed by health care professionals who have no association with us by submitting a written request for external review to the following address within 4 months of the receipt of the decision: Central Appeals and Analysis Unit P.O. Box 17636 Baltimore, MD 21298-9375. Eligible external review appeals will then be forwarded to an independent review organization for review and decision. Except as described in this document, the external review process is available only if our determination is upheld after you file an appeal with us. Grandfathered groups external appeal process. Please review your benefit booklet/health benefit contract or check with your group administrator to determine processes to follow for filing an external appeal. Grandfathered and non-grandfathered groups questions. You may call the telephone number on the back of your member ID card if you: are not sure what this explanation regarding your claim means; have unanswered questions about how to request an appeal;

Or wish to request, at no charge, copies of the relevant information regarding your claim, including copies of the benefit provision, guideline, protocol or other similar criterion on which this determination was based. Consumer assistance. There is help available to you, or your representative, if you wish to dispute the decision of the plan about payment for health care services. You may contact the Health Education and Advocacy Unit (HEAU) of Maryland's Consumer Protection Division, a Maryland state agency, at the following address: Health Education and Advocacy Unit Consumer Protection Division Office of the Attorney General 200 St Paul Place, 16th floor Baltimore, MD 21202 phone: (410) 528-1840 or toll-free 1 (877) 261-8807 Fax: (410) 576- 6571 website: <http://www.oag.state.md.us/consumer/heau.htm> the HEAU can help you and your health care provider prepare an appeal to file under the carrier's internal appeal procedure. That unit can also attempt to mediate a resolution to your dispute. The HEAU is not available to represent or accompany you during any proceeding of the internal appeal process. For questions about your rights, this notice,

Or for assistance, you can contact the Employee Benefits Security Administration at 1(866) 444- EBSA (3272) or on line at <http://www.dol.gov/ebsa/healthreform> Employee Retirement Income Security Act (ERISA). If you are enrolled through a health benefit plan that is subject to ERISA, and receive an adverse benefit determination on your appeal(s), you may bring a civil action under section 502(A) of ERISA. To determine whether ERISA applies to your health benefit plan, please contact your employer, group administrator, or plan sponsor.

TRANSLATION SERVICES ARE AVAILABLE FOR THE FOLLOWING LANGUAGES

Spanish (Español): Para obtener asistencia en español, consulte el número de teléfono indicado en la parte superior de este formulario de EOB.

Tagalog (Tagalog): Para makakuha ng tulong sa Tagalog, mangyaring tingnan ang numero ng telepono na nakalista sa itaas ng EOB form na ito.

Chinese (中文): 要獲得中文幫助，請參閱此EOB表格頂端列出的電話號碼。

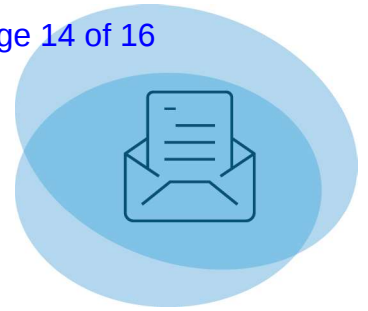
Navajo (Dine): Áká'a'ayeed Jlnízingo Diné k'ehjí, t'áá shqódi béesh bee han'i'í bee wolta' yisdzohígíí dlnilí'íí díí EOB naaltsos bikáa'jigo yisdzoh.

Family of health care plans

NATIONAL ACCOUNTS DEDICATED SERVICE*
PO BOX 14114
LEXINGTON KY 40512-4114

>002048 3060059 0001 92007 10Z

LEONA FAREN
1 HILLBROOK CT APT 104
TIMONIUM MD 21093-2449



Statement Date
February 24, 2023

Group Number
5801715 DC40

Member ID
839041220

Hi Leona

Welcome to your Explanation of Benefits (EOB)

You or someone on your CareFirst BlueCross BlueShield insurance plan recently received healthcare. This is not a bill. Here, we'll explain what your CareFirst benefits covered and how much you may owe providers for the care received.

The plan provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Need Help? 
833-895-0288
www.carefirst.com/eob

If you disagree with this benefit determination, you can appeal. You may call our customer service representatives for assistance at the telephone number in the top right corner of this statement. You may also refer to the member grievance procedure in your policy.

Notice regarding extended time period to appeal. Note: in accordance with irs and dol guidance, the time period for filing internal appeals is extended 180 days in addition external appeals are extended until 4 months after the "outbreak period" ends (the outbreak period is a date that is 60 days after the expiration date of the national emergency). The end of the emergency that yet to be announced. If you have any questions about the timeline extension, please call the number on the back of your id card.

Employee Retirement Income Security Act (ERISA). If you are enrolled through an employer sponsored or other group health benefit plan that is subject to ERISA, and receive an adverse benefit determination on your appeal(s), you may bring a civil action under section 502(A) of ERISA in general, ERISA does not cover group health plans established or maintained by governmental entities (federal, state and municipal) for their employees or by churches for their employees. To determine whether ERISA applies to your group health benefit plan. Please contact your employer group administrator, or plan sponsor. CareFirst is not able to determine your group plan's status.

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Or wish to request, at no charge, copies of the relevant information regarding your claim, including copies of the benefit provision, guideline, protocol or other similar criterion on which this determination was based. Consumer assistance. There is help available to you, or your representative, if you wish to dispute the decision of the plan about payment for health care services. You may contact the Health Education and Advocacy Unit (HEAU) of Maryland's Consumer Protection Division, a Maryland state agency, at the following address: Health Education and Advocacy Unit Consumer Protection Division Office of the Attorney General 200 St Paul Place, 16th floor Baltimore, MD 21202 phone: (410) 528-1840 or toll-free 1 (877) 261-8807 Fax: (410) 576- 6571 website: <http://www.oag.state.md.us/consumer/heau.htm> the HEAU can help you and your health care provider prepare an appeal to file under the carrier's internal appeal procedure. That unit can also attempt to mediate a resolution to your dispute. The HEAU is not available to represent or accompany you during any proceeding of the internal appeal process. For questions about your rights, this notice,

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