



2024

Your Healthcare Benefit Guide

CareFirst BlueCross BlueShield Medicare Advantage

District of Columbia Government—Medicare-Eligible Retirees

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Welcome!

Thank you for your interest in a CareFirst BlueCross BlueShield Group Medicare Advantage (PPO) plan. Inside this booklet, you'll find detailed information regarding the CareFirst plan.

CareFirst BlueCross BlueShield has long been committed to providing accessible and affordable care to our members-through every phase of life. Our members have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years. That's why we designed an "all-in-one" Medicare Advantage plan—so you can stay healthy while also managing your healthcare costs.

We will go over:

- Medicare Advantage basics
- The benefits of our "all-in-one" plans
- A summary for your benefits and copays
- The Medicare Advantage PPO provider network
- Your pre-enrollment checklist

We're here for you

If you have questions, call **Member Services** at 833-320-2664, TTY: 711. Our hours of operation are Monday to Friday, 8:00 a.m.–6:00 p.m. EST.





To learn more, visit carefirst.com/dcgov.

What's A Medicare Advantage Plan?

Medicare Advantage, also known as Medicare Part C, is a health plan approved by Medicare and offered by private insurance companies like CareFirst BlueCross BlueShield (CareFirst).

Medicare Advantage plans bundle your Medicare Part A (hospital/facility costs) and Medicare Part B (doctor/labs/other costs) with added benefits and services. Your Medicare Advantage plan also includes Part D for prescription drug coverage.

Here's a quick look at the four parts of Medicare

 Part A	 Part B	 Part C	 Part D
Hospital insurance	Medical insurance	Medicare Advantage plan	Prescription drug coverage
<ul style="list-style-type: none">■ Inpatient hospital care■ Hospice care■ Home health care■ Skilled nursing care■ Does not cover long-term care	<ul style="list-style-type: none">■ Doctor's visits■ Labs■ X-rays■ Medical equipment and more	<ul style="list-style-type: none">■ Combines all the services of Part A and B with other benefits■ May offer other benefits like dental, vision and hearing	<ul style="list-style-type: none">■ Covers outpatient prescriptions
All four parts listed above are included in your CareFirst plan.			

The perks you'll get at CareFirst

As a member of a CareFirst Advantage plan, you'll enjoy:



Affordable coverage
for all your needs



24-Hour Nurse Advice Line



In-home assessments



A large national network of
doctors, specialists and hospitals



Fitness program



Telehealth options

National provider network

With the CareFirst plan, you can see doctors that are in or out of our network—locally or nationally. If you see a doctor who is out of the network, they must participate in Medicare and agree to bill CareFirst or their local BlueCross BlueShield plan (if outside of Maryland, DC and Northern Virginia).

Most out-of-network doctors will bill CareFirst directly. We included information in this guide that you can take to your provider if they need more information about your Medicare Advantage plan.



Want to know if your doctor is in-network?

Explore our Medicare Advantage network of doctors and hospitals with our *Find a Doctor* tool. Visit **carefirst.com/dcgov**, choose *Medicare-Eligible Retirees* and then go to the *Find a Doctor* section, then click *Search Now*. Next, add your City, State or Zip Code and then click *Continue* to browse.

2024 Summary of Benefits

CareFirst BlueCross BlueShield Group Advantage (PPO)

District of Columbia Government

January 1, 2024–December 31, 2024

This document summarizes the benefits of our plans and what you can expect to pay for some benefits.

Every plan is required to create a Summary of Benefits document (like the one you're reading now). After you are enrolled in this plan, you will be able to access a complete list of benefits in your Evidence of Coverage by either logging into carefirst.com/myaccount or requesting a printed copy by calling Member Services.

Pharmacy

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory on our website (carefirst.com/dcgov). Or, call us and we will send you a copy of the provider and pharmacy directories.

Want more information?

Call 833-320-2664
(TTY: 711), Monday
through Friday,
8 a.m.–6 p.m. ET.

To learn more, visit
carefirst.com/dcgov.



Premium and Benefits		CareFirst BlueCross BlueShield Group Advantage (PPO)
Monthly Plan Premium		Please refer to your employer's plan materials for your premium amount.
Deductible		No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)		<p>Your yearly limit(s) in this plan is \$6,000 for services you receive from in- and out-of-network providers for Medicare-covered services.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you still need to pay your monthly premiums.</p>
Inpatient Hospital Coverage*		<p>You pay a \$50 copay per admission.</p> <p>There are no limits to the number of days covered by our plan.</p>
Outpatient Hospital Coverage*		
Outpatient Hospital, including surgery		You pay a \$0 copay for each Medicare-covered outpatient hospital visit.
Outpatient Hospital Observation Services		You pay a \$0 copay for Medicare-covered outpatient hospital observations services.
Ambulatory surgery center (ASC) Services*		You pay a \$0 copay for each Medicare-covered ASC visit.
Doctor Visits		
Primary Care Provider (PCP)		You pay a \$5 copay per Medicare-covered PCP visit.
Specialists*		You pay a \$15 copay per Medicare-covered Specialist visit.
Preventive Care		<p>Our plan covers all Medicare-covered preventive services at no cost.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care		<p>You pay a \$50 copay for each Medicare-covered emergency care visit. Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Worldwide (outside the U.S.) emergency care also covered. There is a \$50,000 combined maximum for Worldwide Emergency/Urgently Needed Services.</p>

*Prior authorization may be required.

Premium and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Urgently Needed Services	<p>You pay a \$15 copay for each Medicare-covered urgent care visit. Copay is waived if you are admitted to the hospital within 48 hours.</p> <p>Worldwide (outside the U.S.) urgently needed services also covered. There is a \$50,000 combined maximum for Worldwide Emergency/Urgently Needed Services.</p>
Diagnostic Services/Labs/Imaging*	
Tests and Procedures	You pay a \$0 copay for each Medicare-covered diagnostic test and procedure.
Lab Services	You pay \$0 for Medicare-covered lab services.
Diagnostic Radiology Services (e.g. CT, MRI)	You pay a \$15 copay for Medicare-covered diagnostic radiology. Mammograms are covered with a \$0 copay as part of Medicare-covered preventive care.
Therapeutic Radiology Services	You pay a \$15 copay for Medicare-covered therapeutic radiological services.
X-Rays	You pay a \$15 copay for Medicare-covered x-rays.
Hearing Services:	
Medicare-covered diagnostic hearing and balance exams	You pay a \$15 copay for each Medicare-covered hearing exam.
Routine hearing exams	You pay a \$0 copay for one routine hearing exam annually.
Hearing aids	<p>You pay a \$500 to \$1,975 copay per hearing aid based on technology level. Hearing aids are covered through our network vendor.</p> <p>You pay a \$0 copay for one fitting and evaluation for hearing aids annually (including up to 3 follow-up visits annually). These visits are covered through our network vendor.</p>
Dental Services*	
Medicare-covered dental services are limited to specific treatment of a primary medical condition	You pay a \$15 copay for each Medicare-covered dental service.

**Prior authorization may be required.*

Premium and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Vision Services	
Medicare-covered vision services to diagnose and treat eye diseases and conditions	You pay a \$0 copay for Medicare covered eye exam.
Preventive Glaucoma screening	You pay a \$0 copay.
Eyeglasses or contact lenses after cataract surgery	You pay a \$0 copay.
Diabetic eye exam	You pay a \$0 copay.
Routine eye exam	<p>You pay a \$0 copay for a routine eye exam every year (includes dilation and refraction) with in-network providers.</p> <p>You will be reimbursed up to \$40 for a routine eye exam every year (includes dilation and refraction) with out-of-network providers.</p>
Eyewear allowance	<p>Select frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor.</p> <p>The frames (retail) or contacts lenses (in lieu of eyeglasses) allowance is a \$100 allowance annually in-network plus a 20% discount on any overage and \$100 allowance annually out-of-network.</p> <p>Medically necessary contacts (with prior approval) are covered in-network at no cost and reimbursed up to \$285 out-of-network.</p> <p>The clear spectacle lenses in any RX (Single Vision / Bifocal / Trifocal / Lenticular) are covered in-network with a \$10 copay.</p> <p>You will be reimbursed up to \$40, \$60, or \$80 depending on the type of clear spectacle lenses in any RX Single Vision, Bifocal, Trifocal, or Lenticular with out-of-network providers.</p>
Mental Health Services:	
Inpatient*	You pay a \$0 copay per admission.
Outpatient	<p>You pay a \$10 copay for each outpatient individual therapy visit.</p> <p>You pay a \$5 copay for each outpatient group therapy visit.</p>

*Prior authorization may be required.

Premium and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Skilled Nursing Facility (SNF)*	Our plan covers up to 100 days in a Skilled Nursing Facility. You pay a \$0 copay per day for days 1 through 20. You pay a \$0 copay per day for days 21 through 100.
Physical Therapy and Speech Pathology Services*	You pay \$15 per visit for physical therapy or speech pathology services.
Ambulance*	
Ground	You pay a \$15 copay for ground services.
Air	You pay a \$15 copay for air services.
Routine Transportation	No coverage
Medicare Part B Drugs*	You pay \$0 copay for Part B chemotherapy. You pay a \$0 copay for other Part B drugs and insulin.

**Prior authorization may be required.*

Additional Benefits	CareFirst BlueCross BlueShield Advantage Group (PPO)
Chiropractic Care*	
Medicare-covered manual manipulation of the spine to correct subluxation	You pay a \$15 copay for each Medicare-covered chiropractic visit.
Routine services	You pay a \$15 copay for each non-Medicare covered routine chiropractic visit (20 visits a calendar year).
Diabetes Management Program: Onduo	Members with diabetes who are enrolled in our Onduo care management program will have access to the following no-cost benefits: <ul style="list-style-type: none">■ Virtual clinics with primary care providers and specialists■ Continuous glucose monitors (CGMs) for eligible members,■ Blood pressure cuffs for eligible members■ Additional diabetic supplies such as test strips and lancets■ Health and lifestyle coaching, support, and services and access to an app.
In Home Assessment	The In-Home Assessment is an annual in-home clinical assessment, like a physical. We've created an easy and effective way for you to gain a more complete picture of your health. You pay a \$0 copay.
Durable Medical Equipment (DME) and Related Supplies*	
Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay a 15% coinsurance for each Medicare-covered item.
Prosthetics (e.g., braces, artificial limbs)	You pay a 15% coinsurance for each Medicare-covered item.
Foot Care (Podiatry Services)*	
Medicare covered foot care to diagnose and treat injuries and diseases of the feet	You pay a \$15 copay for each Medicare-covered podiatry visit.
Routine services	You pay a \$15 copay for each non-Medicare covered routine podiatry visit (20 visits a calendar year).

*Prior authorization may be required.

Additional Benefits	CareFirst BlueCross BlueShield Advantage Group (PPO)
Wigs for Chemotherapy Patients	You have a \$350 annual allowance through our network of providers.
24-Hour Nurse Advice Hotline	You pay a \$0 copay for each call.
Fitness	No cost access to a network of local fitness centers and online fitness classes through SilverSneakers.
Acupuncture*	
Medicare-covered acupuncture for members with chronic lower back pain	You pay \$15 copay for each Medicare-covered acupuncture visit.
Routine services	You pay \$15 copay for each Medicare-covered acupuncture visit (20 visits a calendar year).
Annual Physical	You pay \$0 copay for one annual physical a year.

**Prior authorization may be required.*

Medicare Part D Coverage

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Initial Coverage Stage	<p>You pay the copays in the tables below until your total yearly drug costs reach \$5,030 in 2024. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies, specialty pharmacies and mail order pharmacies. Cost-sharing is based upon the Tier the drug is on and when you enter another phase of the Part D benefit.</p> <p>For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.</p> <ul style="list-style-type: none"> ■ Tier 1—Preferred Generic: is the lowest tier and includes preferred generic drugs and may include some brand drugs. ■ Tier 2—Generic: includes generic drugs and may include some brand drugs. ■ Tier 3—Preferred Brand: includes preferred brand drugs and non-preferred generic drugs. ■ Tier 4—Non-Preferred Drug: includes non-preferred brand and generic drugs. ■ Tier 5—Specialty: is the highest tier and includes high-cost brand and generic drugs.
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030 in 2024.</p> <p>Your employer provides additional coverage during the Coverage Gap stage for covered drugs. During this stage, you continue to pay the same copay for drug as you paid in the Initial Coverage Stage.</p> <p>Once your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach \$8,000, you move to the Catastrophic Coverage Stage.</p>

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Catastrophic Coverage	<p>Your employer provides additional coverage during the Catastrophic Coverage stage for covered drugs. After your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach \$8,000 in 2024, you pay nothing.</p> <p>For drugs covered under the enhanced benefit (outside of Medicare Part D covered drugs), you will continue to pay the same cost sharing as the Initial Coverage Stage.</p>
Long Term Care Facility Resident Coverage	If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same copays as a 30-day retail pharmacy prescriptions.

You pay \$35 or less for a one-month supply of the cost-sharing tier for insulins covered under this product.

Medicare Part D Drugs	CareFirst BlueCross BlueShield Group Advantage (PPO)
Pharmacy (Part D) Deductible	There is no pharmacy deductible for this plan.
Retail Pharmacy— one-month supply	Copay for 30-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$5 copay
Tier 2—Generic	\$10 copay
Tier 3—Preferred Brand	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay
Tier 5—Specialty	25% coinsurance
Retail Pharmacy— two-month supply	Copay for 60-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.

Medicare Part D Drugs	CareFirst BlueCross BlueShield Group Advantage (PPO)
Retail Pharmacy— three months supply	Copay for 90-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.
Mail Order— one month supply	Copay for 30-day Supply Mail Order
Tier 1—Preferred Generic	\$5 copay
Tier 2—Generic	\$10 copay
Tier 3—Preferred Brand	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay
Tier 5—Specialty	25% coinsurance
Mail Order— two-month supply	Copay for 60-day Supply Mail Order
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.
Mail Order— three-month supply	Copay for 90-day Supply Mail Order
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.

You pay \$35 or less for a one-month supply of the cost-sharing tier for insulins covered under this product.

Your Extra Hearing Benefits

Your hearing benefits are provided by NationsHearing®. They offer excellent hearing solutions at the best price. They can help you select the most comfortable and effective hearing aid. Financing options are available. Plus, NationsHearing® makes it easy to get a hearing test from home at no cost.

Your benefits include:



An annual, no-cost hearing test



Hearing aids



Three-year manufacturer's repair warranty on hearing aids



Access to a network of 8,000+ providers



Low co-pays



One-time replacement coverage for lost, stolen or damaged hearing aids

Find a provider near you

Visit carefirst.com/findadoc and select the Medicare Advantage Hearing (PPO) network.

You can also call NationsHearing at 877-246-1666 (TTY: 711).



Your Extra Vision Benefits

Good vision improves or strengthens your quality of life. Your CareFirst plan combines a great network with outstanding coverage.

Your plan covers:



Routine eye exams



Access to 200+ free frames from Davis Vision



Low co-payments for all eyeglass lenses



Allowances for frames or elective contact lenses



Access to Exclusive Collection frames



Discounted prices on upgraded lens options and coatings

The DavisVision network

You will have access to a large network of local private practices as well as national retailers like Visionworks, Target, Costco and more.

To find a provider near you, visit **carefirst.com/findadoc** and select the *Medicare Advantage Vision (PPO) network*. You can also call Davis Vision at 800-783-5602.



About the Provider Network

What is an in-network doctor?

An in-network doctor or health care provider is one who contracts with CareFirst to provide services to Medicare-eligible members.

What do I have to pay for?

You pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill CareFirst for the remaining cost of your service(s).

How can I find a network provider?

Visit carefirst.com/learn/groupma and select *Search Now* under *Find a Doctor*.

Can an in-network doctor refuse to see me?

If you are an existing patient, the doctor or health care provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and they are not accepting new Medicare patients.

What is an out-of-network doctor?

An out-of-network doctor or health care provider does not have a contract with CareFirst.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill your health insurance plan.

What do I do if my provider is not in the CareFirst provider directory?

Contact your provider to make sure they participate in Medicare. Ask if they are willing to bill CareFirst or a BlueCross BlueShield entity.



What will I pay if my provider is out-of-network?

If your out-of-network provider accepts your plan, you'll pay your plan's copay or coinsurance. CareFirst will pay for the rest of your covered service(s). This includes any excess charges up to the limit set by Medicare.

What if my doctor will not accept the plan?

We will be happy to talk your doctor to explain how the plan works. Usually, that's all that's needed.

Will my out-of-network doctor bill CareFirst?

Yes. Medicare providers should not bill members directly if they are part of Original Medicare or a Medicare Advantage plan.

Please share the next page with your provider and ask them to call us to discuss our payments. They will be the same as Original Medicare for Medicare covered services.

A Message for Your Provider

We have included information that you can take to your provider. Tear off and give it to your provider at your next visit.

	Provider information
Contracted healthcare providers	If you're a CareFirst BlueCross BlueShield (CareFirst) Group Advantage PPO contracted healthcare provider, you'll receive your contracted rate.
Out-of-network healthcare providers:	If you're a Medicare provider, you can treat and receive payment for CareFirst covered patients. CareFirst pays providers according to the Original Medicare fee schedule less any member responsibility.
Healthcare providers in MD, DC and Northern VA:	If you want information about our claims processes or becoming a CareFirst contracted provider, you can call provider services at 833-320-2664. NOTE: This number is not for patient use. Patients should call the Member Services number on the back of their CareFirst member ID card.
Healthcare providers outside the CareFirst BlueCross BlueShield Service area:	If you want information about claims processes, you can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard Eligibility at 1-800-676-BLUE (2583) and provide the member's prefix located on their ID card once they are enrolled. The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.
This retiree's in-network and out-of-network benefits and cost shares are the same. You can provide services to this retiree or any member of their plan if you are a Medicare provider. There will not be a large out-of-network deductible or cost share.	

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Enrollment Checklist

Shifting to a new healthcare plan can be overwhelming. There's a lot to read and understand about your new benefits. But you have the right to feel comfortable (and even excited!) about this change. We've prepared this checklist to help you along your journey. We will go over what steps you need to take before you enroll, once you enroll and staying enrolled in a CareFirst Medicare Advantage plan.

Follow these steps for peace of mind. They'll set you up for success as you enroll. If you have questions along the way, we're here to support you. Contact CareFirst Member Services at the number provided in your enrollment materials.

Before you enroll

- ☐ Confirm you are enrolled in Medicare Part A and Part B. Check your Medicare card to make sure Parts A and B are listed.
- ☐ Make sure your employer has a physical address on file, not just a P.O. Box. Medicare requires a physical address to enroll.
- ☐ Confirm your providers are in network at carefirst.com/dcgov. If they are not in network, notify them of the plan change. Confirm they participate in Medicare and are willing to bill CareFirst or their local Blues plan. Let them know they will be reimbursed at the Medicare rate. And that your copays are the same for out-of-network providers.
- ☐ Search the list of covered drugs (called a formulary) for the prescriptions you take at carefirst.com/dcgov. You should do this to make sure your drugs are covered. And to confirm the drug tier and check for any prior authorization requirements. This will let you know what to expect as far as prescription costs and approvals.
- ☐ If any of your prescriptions require a prior authorization, a new authorization will be needed. Call **888-970-0917** for information about required forms.
- ☐ Read this enrollment guide including the Summary of Benefits. Note that your copays may be different than your previous plan.

Once You Enroll

- ☐ Read your member welcome kit. Note anything you have questions about.
- ☐ Check your member ID card to make sure your name is correct.
- ☐ Register for My Account at carefirst.com/myaccount. This personalized portal lets you access your benefits and claims information.
- ☐ Sign up for an extended supply of your prescriptions through mail order with CVS Caremark Mail Service Pharmacy. Call **888-970-0917**, 24 hours a day, 7 days a week.
- ☐ Sign up for the SilverSneakers® fitness program. Get free virtual workouts plus the option to work out at a participating gym. To register, visit SilverSneakers.com/StartHere.

Staying enrolled

- ☐ Stay enrolled in Medicare Parts A and B. Pay your Medicare premiums (i.e., Part B monthly premiums).
- ☐ If applicable, continue to pay any Medicare late enrollment penalties.
- ☐ If applicable, continue to pay any income-related Part B and Part D premium adjustments to Social Security.
- ☐ Continue to reside in the service area. That means the 50 United States and its territories.
- ☐ **DO NOT** enroll in another Medicare Advantage or Part D prescription drug plan. If you do, Medicare will automatically terminate you from your group retiree plan. You can only be enrolled in one Medicare Advantage or Part D plan at a time.



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Here's What to Expect Next

1

Once you've elected to enroll in the plan and have notified your former employer/union, we'll let Medicare know that you're joining one of our Medicare Advantage PPO plans.

2

We'll tell you when we receive Medicare's approval. You'll receive a letter in the mail confirming your enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO Plan.

3

Next, we'll mail your new member welcome packet and your ID card. The packet will help you get the most from your new plan and will have instructions for accessing your CareFirst Evidence of Coverage, also known as your member contract.

4

After your new coverage begins, you won't have to show your Medicare card at the doctor or pharmacy. All you'll need is your CareFirst Medicare Advantage card.

We're here for you

If you have questions or need more information, please call 833-320-2664 (TTY: 711), Monday–Friday, 8 a.m. to 6 p.m. ET.



Important Enrollment Information

Medicare requires us to communicate this important information to you upon enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO plan. Please take a moment to read and understand the following statements.

As required by Medicare, upon enrollment in the plan, you understand the following:

- You must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Group Medicare Advantage.
- You can be enrolled in only one Medicare Advantage plan at a time and your enrollment in this plan will automatically end your enrollment in another Medicare Advantage health plan (exceptions apply for MA PFFS, MA MSA).
- You understand that when your CareFirst BlueCross BlueShield Group Medicare Advantage coverage begins, you must get all of your medical and prescription drug benefits from CareFirst BlueCross BlueShield Group Medicare Advantage.
 - Benefits and services provided by CareFirst BlueCross BlueShield Group Medicare Advantage and contained in your CareFirst BlueCross BlueShield Group Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered.
 - Neither Medicare nor CareFirst BlueCross BlueShield Group Medicare Advantage will pay for benefits or services that are not covered.
- By joining this Group Medicare Advantage Plan, you acknowledge that CareFirst BlueCross BlueShield Group Medicare Advantage will share your information with Medicare, who may use it to track your enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement on the following page).



Privacy act statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

How can we help?

Have questions or need help finding a doctor? Please call member services at 833-320-2664 (TTY: 711), Monday–Friday, 8 a.m.–6 p.m. ET.

Notes

Thank You

We know that health insurance is one of the most important decisions you can make for yourself and your family. Our members have trusted CareFirst for their healthcare needs for more than 80 years.

We're grateful you've chosen CareFirst and we look forward to helping you get the care you need to live your healthiest life.





CONNECT WITH US:



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CareFirst BlueCross BlueShield Medicare Advantage is a PPO with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage PPO Inc., an independent licensee 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.