



2026

Information & Enrollment Guide

Serving all Maryland counties

CAREFIRST BLUECROSS BLUESHIELD ADVANTAGE DUALPRIME (HMO-SNP)

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CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies®** for 13 consecutive years!

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Welcome!

Thanks for your interest in CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP). This plan was created with your needs in mind, offering you all the coverage of Original Medicare with low or no out-of-pocket costs, plus extra benefits to help you better manage your health. Get all the benefits you deserve in one convenient plan that combines your coverage for hospital, medical, prescription drugs, dental, vision, annual wellness exam and so much more.

Deciding which healthcare plan is right for you is an important decision—one you shouldn't rush. Inside this booklet, you'll find all the information you need to see how this all-inclusive coverage meets your healthcare needs.

What we cover:

- CareFirst BlueCross BlueShield Advantage DualPrime basics
- Am I eligible?
- Pre-enrollment checklist
- Application



We're here for you

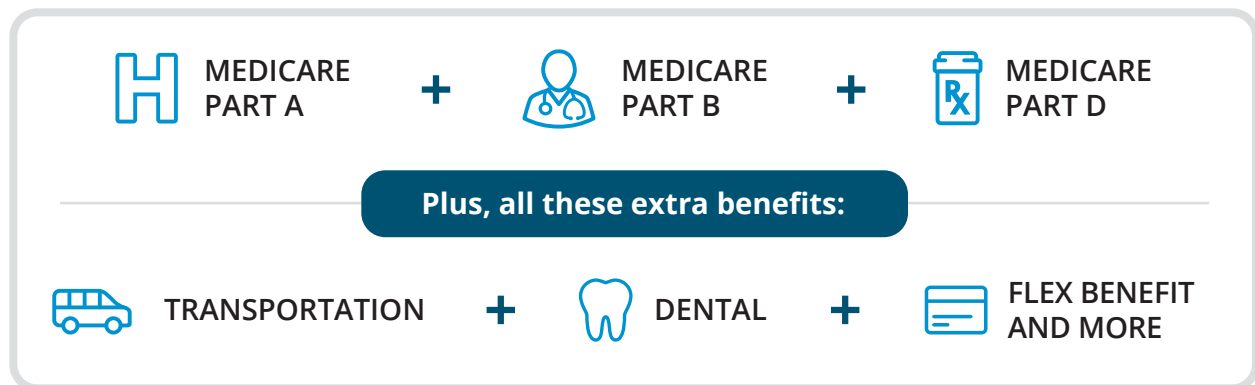
If you have any questions, call 844-331-6334 (TTY: 711) to talk to a licensed sales agent from 8 a.m.–8 p.m., 7 days a week from October 1–March 31. From April 1–September 30, our hours are 8 a.m.–8 p.m., ET, Monday–Friday. You can:

- Get answers to your questions
- Set up a face-to-face meeting
- Learn more about the plan
- Complete an enrollment application



CareFirst BlueCross BlueShield Advantage DualPrime overview

Dual Special Needs Plans are for those with both Medicare and Medicaid. CareFirst BlueCross BlueShield Advantage DualPrime is a Medicare Advantage plan that combines medical, hospital, prescription drug coverage and more into one plan.



With our plan, you get:

- Access to a **national network of retail and independent pharmacies** and no pharmacy deductible
- Access to **over 7,000 providers in Maryland**
- **Flex Benefit—\$130 monthly allowance** for over-the-counter (OTC) drugs, rent, groceries and/or utility bills*
- **\$1,950** every three years for a hearing aid
- **\$3,000** annually for comprehensive dental services including denture coverage
- **54 one-way rides** for healthcare needs
- And more!

These benefits are available to you at no additional premium costs.



** Members must have a qualifying condition to use the \$130 a month on rent, groceries or utilities.*

Healthcare that works for you

Do you have both Medicaid and Medicare?

To enroll in a CareFirst Dual Special Needs Plan plan, you must have both your Medicare and Medicaid cards.

You can now join a:

Dual Special Needs Plan

- Offered by private insurance companies approved by Medicare, like CareFirst BlueCross BlueShield
- Includes your Medicare Part A and Part B coverage
- Includes Medicare Part D—that's your prescription drug coverage
- Includes added benefits, like vision, hearing, dental, health and wellness programs and more

Am I eligible?

To enroll in CareFirst BlueCross BlueShield Advantage DualPrime plan, you must:

- Be eligible for both Medicare and Medicaid (Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB))
- Be enrolled in Part B
- Live in our service area, which includes all counties in Maryland

Who might choose our plan? Meet Sofia



Sofia uses her health insurance regularly and sees a few specialists for her chronic conditions and takes three prescription drugs. She wants to improve her health and is looking for added wellness benefits.

Our plan may be right for Sofia. In addition to \$0 copays for medical care, she's eligible for the \$130 Flex Benefit, chronic condition meals, free transportation and much more. This plan will not only help Sofia reach her health goals, it will also reward her for staying healthy through our Healthy Rewards program where she can earn \$290 annually by completing specified plan goals.

Plan overview

**MONTHLY
PREMIUM** **\$0**

Drug cost-sharing

For all members

Tier 1 Preferred Generics and Tier 2 Generic Drugs: \$0 copay

For members that have Extra Help (depending on level)

- Generics: \$0, \$1.60, \$5.10 copay
- All other drugs: \$0, \$4.90, \$12.65 copay

For members that lose Extra Help

If you lose your “Extra Help” status and remain in our plan your cost-sharing would adjust to a 5-tier model with a deductible for some tiers.

You pay \$0 as long as you are in our plan and do not lose your Medicaid status

- | | |
|---|--------------------------------|
| ✓ \$0 annual medical deductible | ✓ \$0 annual drug deductible |
| ✓ Primary care provider (PCP) | ✓ Specialist |
| ✓ Inpatient hospital-acute | ✓ Outpatient hospital services |
| ✓ Emergency/post-hospital stabilization | ✓ And more |

Important notice

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), your copays and coinsurances may increase to 20% of the total cost for your medical benefits, the applicable Medicare Part A cost-shares, and 25% of the total cost of your Part D prescription drugs.



Benefits tailored to all your needs

Our additional benefits, preventive care and behavioral health programs are an important part of helping you stay healthy.

As a valued member, your plan includes the option for you to have a comprehensive health assessment in the comfort of your own home. In addition, we provide care management activities tailored to you. Our programs work on your schedule and require minimal time commitment.

Plus, you can get support through multiple channels including online and mobile apps.

Our Care Management team can help you get back on your feet after a hospital stay or navigate a new diagnosis—and help caregivers coordinate your care.

Our Member Care team will collaborate with your healthcare providers to help improve your health and lower the need for additional services.

Our whole health programs:



24-hour hospital readmissions

Care Managers assist members recently discharged from the hospital to reduce the chance of readmission.



Coordination of care

Care Managers help members struggling to schedule appointments, find supplies or otherwise manage their health.



Chronic condition outreach

Care Managers reach out to members with chronic conditions to assist with disease management and to reduce likelihood of hospitalization.



Social worker assistance

A specialized care team member is available to address psycho-social barriers to a member's access to care.

We're dedicated to your whole health

We reach out to each member to make personalized improvements along their entire health journey.



Get more when you choose CareFirst



Flex Benefit: groceries, OTC, utilities or rent

Monthly \$130 allowance for over-the-counter mail order items and/or for groceries, utilities or rent*



Transportation

Includes trips to the pharmacy, medical visits and more. \$0 copay for 54 one-way trips per year



Dental coverage

- \$0 copay for preventive, comprehensive and denture coverage
- \$3,000 annual allowance toward comprehensive services
- \$0 copay for dentures every 60 months



Hearing benefits

- Routine hearing exam (1 per year) with \$0 copay
- \$1,950 allowance every 3 years for hearing aids



Routine eye exams and eyewear allowances

- \$0 copay for routine exam (limit 1 per year)
- \$150 annual allowance for eyewear



Bathroom safety devices

\$0 copay for 2 bathroom safety devices



Foot care

- \$0 office visit copay
- 4 visits per year to a foot doctor



Healthy Rewards program

Earn \$20–50 on your reloadable prepaid healthcare card for completing specific health activities (\$290 annually)



Fitness coverage

\$0 copay for SilverSneakers fitness benefit



Meal benefits for chronic conditions and post-hospital discharge

\$0 copay for meals and nutritional assistance for qualifying members



Personal emergency response systems (PERS)

Members with chronic conditions qualify for a personal emergency response device at \$0 copay

**Monthly rollover for Flex Benefit is allowed but no annual rollover. Members must have a qualifying condition to use the \$130 a month on rent, groceries or utilities.*

Ready to enroll?

STEP 1

Review our plan and see if it's right for you

Have questions or need help? Get answers to your questions or set up a face-to-face meeting by calling us at 844-331-6334 (TTY: 711).

STEP 2

Check to see if your doctor or specialists are in our network

- Visit carefirst.com/mddsnp and click on the *Find a Doctor* tab.
- Browse by category or search for provider names or specialties.

STEP 3

Apply online, over the phone or through the mail

Download a copy of our 2026 Enrollment Form at carefirst.com/mddsnp. An application is also included at the end of this booklet.

- **Mail:** Complete the form, sign and date it, and mail it to:
Attention: Enrollment Department
PO Box 915
Owings Mills, MD 21117
- **Online:** Enroll through the [Medicare.gov](https://www.Medicare.gov) website.
- **Phone:** Call or schedule a meeting with a licensed sales agent at 844-331-6334.

Is your provider in our network?

To take advantage of these benefits, ensure that your provider is in our network. The provider list can be found at the *Find a Doctor* tab on carefirst.com/mddsnp.



Resources and Forms

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **410-779-9932** or toll-free at 1-844-386-6762; TTY: 711).

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit carefirst.com/medicareadvantage or call 833-536-2001 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ☐ **Effect on current coverage** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Scope of Sales Appointment Confirmation Form



The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.

☐ **MEDICARE ADVANTAGE PLANS (PART C)**

Medicare Preferred Provider Organization (PPO)—A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

☐ **MEDICARE SUPPLEMENT (MEDIGAP) PLANS**

Medicare Supplement (Medigap) Plans—Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

☐ **MEDICARE SPECIAL NEEDS PLAN (SNP)**

Medicare Special Needs Plan (SNP)—A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE

By signing this, you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan. Signing this does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan(s) discussed.

By providing my phone number, I consent to receive calls from a representative of CareFirst BlueCross BlueShield about Medicare Advantage products, Medicare Supplement (Medigap) Plans and/or Medicare Supplement products at the number I have provided (include mobile devices). These calls may be made using an automated technology and my consent to receive these calls is not required as a condition for me to make a purchase.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE	
Beneficiary Phone (Optional)	
Signature	Signature Date
If you are the authorized representative, please sign above and print below	
Representative's Name	Your Relationship to the Beneficiary

TO BE COMPLETED BY AGENT	
Agent Name	Agent Phone
Beneficiary Name	
Initial Method of Contact (Indicate here if beneficiary was a walk-in.)	
Agent's Signature	Agent NPN
Plan(s) the agent represented during this meeting	Date Appointment Completed
Scope of Appointment (SOA) documentation is subject to CMS record retention requirements	
If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting:	

CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, 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 Advantage, Inc., CareFirst Advantage PPO, Inc., and First Care, 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.

Enrollment Instructions

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT. Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CareFirst BlueCross BlueShield Medicare Advantage
Attn: Sales Department
P.O. Box 915, Owings Mills, MD 21117

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CareFirst BlueCross BlueShield Medicare Advantage at 844-331-6334. TTY users can call 711.

Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CareFirst BlueCross BlueShield Medicare Advantage al 844-331-6334 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

SECTION 1—ALL FIELDS IN THIS SECTION ARE REQUIRED (UNLESS MARKED OPTIONAL)

Select the plan you want to join:

☐ CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

\$0–\$40.30 per month (Based on your level of “Extra Help”)

First Name		Last Name		Middle Initial (optional)
Birth Date (MM/DD/YYYY)	Sex <input type="radio"/> Male <input type="radio"/> Female	Home Phone Number		Mobile Phone (optional)

Email Address (optional)

I authorize the health plan to text and email me helpful reminders, articles and tips on healthy living, surveys, and general information about the plan. I understand that I may opt-out of receiving these messages by contacting Member Services at 844-386-6762 (TTY: 711), 8 a.m.–8 p.m., ET, 7 days a week from October 1–March 31 and 8 a.m.–8 p.m., ET, Monday–Friday from April 1–September 30.

☐ Yes, I would like to receive messages ☐ No, I do not want to receive messages

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

Apt. Number	City	County (optional)
State		Zip Code
Mailing Address, if different from your Permanent Address (PO Box allowed)		Apt. Number
City	State	Zip Code

YOUR MEDICARE INFORMATION

Medicare Number	Part A Effective Date	Part B Effective Date
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ANSWER THESE IMPORTANT QUESTIONS

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareFirst BlueCross BlueShield Medicare Advantage? ☐ Yes ☐ No

Name of other coverage	Member number for this coverage	Group number for this coverage
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2. Are you enrolled in your State Medicaid program?
☐ Yes ☐ No

If yes, provide 11-digit Medicaid number

To be eligible for Dual Prime, you must have a Medicaid level of Qualified Medicare Beneficiary (QMB) or Full Benefit Dual Eligible (FBDE).

SECTION 1—ALL FIELDS IN THIS SECTION ARE REQUIRED (UNLESS MARKED OPTIONAL)3. Are you a resident of a long-term facility, such as a nursing home? ☐ Yes ☐ No

If “yes,” name of Facility

Phone number of Facility

Address of Facility

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully, and **✓ check the box** if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.☐ I am making a change during the Annual Enrollment Period (AEP) from October 15 to December 7.☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) from January 1 to March 31.☐ I am in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change between 4/1–12/31.☐ I had Medicare before, but I'm now turning 65.☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.☐ I recently was released from incarceration. I was released on (insert date) _____.☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.☐ I recently left a PACE program on (insert date) _____.☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.☐ I am leaving employer or union coverage on (insert date) _____.☐ I belong to a pharmacy assistance program provided by my state.

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
	I am enrolled in a plan that has been identified with the low performing icon (LPI).
	I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).
	I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1–March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.

If none of these statements applies to you or you're not sure, please contact your broker or CareFirst BlueCross BlueShield Medicare Advantage at **833-987-0765** to see if you are eligible to enroll. We are open October 1 through March 31, seven days a week from 8 a.m.–8 p.m., and April 1 through September 30, Monday through Friday from 8 a.m.–8 p.m.

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

1. Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format

☐ Spanish ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact CareFirst BlueCross BlueShield Medicare Advantage at 844-386-6762 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m.–8 p.m ET, 7 days a week, October 1–March 31; 8 a.m.–8 p.m. ET, Monday–Friday, April 1–September 30. TTY users should call 711.

2. Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No

3. Please choose the name of a Primary Care Physician (PCP). Refer to the plan website or Provider Directory to choose.

PCP Name

PCP Address

Are you now seeing or have you recently seen this doctor? ☐ Yes ☐ No

PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. Don't pay CareFirst BlueCross BlueShield Medicare Advantage the Part D-IRMAA.

People with limited incomes may qualify for **Extra Help** to pay for their prescription drug costs. If eligible, Medicare could pay for 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 qualify 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 800-772-1213. TTY users should call 800-325-0778. You can also apply for **Extra Help** online at www.ssa.gov/medicare/part-d-extra-help.

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.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- ☐ Get a bill by mail
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

IMPORTANT: READ AND SIGN BELOW

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that CareFirst BlueCross BlueShield Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CareFirst BlueCross BlueShield Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from CareFirst BlueCross BlueShield Medicare Advantage. Benefits and services provided by CareFirst BlueCross BlueShield Medicare Advantage and contained in my CareFirst BlueCross BlueShield Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareFirst BlueCross BlueShield Medicare Advantage will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

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.

Signature	Today's Date
If you're the authorized representative, sign above and fill out these fields	
Name	Address
Phone Number	Relationship to Enrollee

TO BE COMPLETED ONLY BY INDIVIDUALS ASSISTING THE ENROLLEE WITH THIS FORM

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name	Relationship to Enrollee
Signature	National Producer Number (Agents/Brokers only)

Office/Agent Use Only

Agent Name (Print)	
Agent NPN	Agent Signature
Initial Receipt Date	
Name of Field Marketing Organization (FMO)	
Plan ID #	Effective Date of Coverage
Election Period Choice ICEP/IEP _____ AEP _____ SEP (type) _____ Not Eligible _____	
Plan Code / Plan Option	

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Glossary of terms

Home health care

Skilled nursing and related services are provided in a home setting. Home care services include physical therapy, occupational therapy, speech therapy, social services, home health services, and medical supplies and equipment.

Hospice

A program or facility that provides care, comfort and support services for terminally ill patients and their families. Hospice care concentrates on reducing the severity of disease symptoms rather than halting or delaying progression of the disease itself.

Out-of-pocket maximum

The most you will have to pay for medical expenses in a calendar year.

Skilled nursing facility care (SNF)

A level of care that requires the daily involvement of a skilled nursing or rehabilitation staff; for example, physical therapy or intravenous injections.

You qualify only after a three-day minimum hospital stay for a related illness or injury. You are eligible for 100 days in a benefit period. This includes a semi-private room and meals. Medicare doesn't cover long-term care or custodial care in this setting.

Evidence of Coverage (EOC)

A document that gives you detailed information on your plan's coverage, costs, and your rights and responsibilities as a plan member.

Formulary

A list of prescription drugs your health plan covers, also called a drug list. It may include both brand name and generic drugs.

Drugs on this list may cost less than those not on the list. How much a plan covers may vary from drug to drug.

Maintenance medications

Prescription drugs that you take on a regular basis. These drugs help treat chronic conditions such as asthma, diabetes and high blood pressure.

You may be able to save money on your maintenance prescriptions by requesting a 90-day supply from your retail or mail-order store.

Mail-order pharmacy

A convenient service which delivers your medications directly to you. Your plan's preferred mail-order service is CVS Caremark Mail Service Pharmacy.

Medicare Part A

Part of Original Medicare. Medicare Part A helps cover inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

Medicare Part B

Also part of Original Medicare. Medicare Part B helps cover certain doctor visits and preventive services, outpatient care and medical supplies.

Medicare Part C

These plans, also called Medicare Advantage (MA), are offered by private insurers and approved by Medicare.

By law, MA plans must offer the same benefits as Original Medicare Part A and Part B. Most of these plans also include coverage for prescription drugs. Many offer some coverage for dental, vision and hearing as well.

Medicare Part D

Medicare Part D provides insurance for prescription drugs. It is sold through private insurance companies and can be offered two ways:

1. In combination with a Medicare Advantage (MA) plan
2. As a stand-alone prescription drug plan (PDP)

Special needs plan (SNP)

An SNP is a special type of Medicare Advantage plan. It includes all Medicare Part A, Part B and Part D benefits. It may include additional benefits, such as support for a chronic condition or services that may be helpful to someone who has both Medicare and Medicaid.

To qualify for an SNP, you must have Medicare Part A and Part B and meet one of the following conditions:

- You have a chronic illness verified by a doctor (C-SNP).
- You receive Medicaid assistance from the state (D-SNP).
- You live in a long-term care facility (I-SNP).

Urgent care centers

Facilities that treat urgent but non-life-threatening medical issues, sprains, fractures or minor burns. If you have a serious medical issue, always visit the nearest emergency room or call 911.



Is your medication covered?

Check to see if your prescription drugs are covered by searching the formulary list.



Visit carefirst.com/medicare-options/dsnp/dual-special-needs-plan-prescription-coverage.html and enter the name of your medication. You will be able to determine if a brand name drug is covered or if you will need a generic.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-386-6762 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-386-6762 (TTY: 711) o hable con su proveedor.

French

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-386-6762 (TTY : 711) ou parlez à votre fournisseur.

Simplified Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-386-6762（文本电话：711）或咨询您的服务提供商。

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Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-386-6762 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Yoruba

ÀKÍYÈSÍ: Tí ó bá jẹ pé o n sọ èdè Yorùbá, àwọn isẹ ìtọjú ìrànlowó èdè wà ní àrówótó fún ọ. Àwọn ohun èlò ìrànlowó àti isẹ ìtọjú tí ó yẹ láti pèsè àlàyé ní àwọn àwòṣe tí ó ṣe é ló wà ní àrówótó lófẹẹ bákan náà. Pe 1-844-386-6762 (TTY: 711) tàbí kí o bá olùpèsè rẹ sọrọ.

Amharic

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጾች ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-844-386-6762 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-386-6762 (TTY: 711) o makipag-usap sa iyong provider.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-386-6762 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

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Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-386-6762 (711) أو تحدث إلى مقدم الخدمة.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-386-6762 (TTY: 711) или обратитесь к своему поставщику услуг.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-386-6762 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Farsi

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-844-386-6762 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-386-6762 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-386-6762 (TTY: 711) ou fale com seu provedor.

Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1- (844-386-6762 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

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