



2026

Evidence of Coverage

CareFirst BlueCross BlueShield Group Medicare Rx (PDP)

Postal Service Health Benefits Program

January 1, 2026 - December 31, 2026

CareFirst BlueCross BlueShield Group Prescription Drug Plan is a PDP with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Group Medicare Rx depends upon contract renewal.

CareFirst BlueCross BlueShield Group Prescription Drug Plan 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.

S0375_PDP03639_C

January 1 – December 31, 2026

Evidence of Coverage:

Your Medicare Drug Coverage as a Member of CareFirst BlueCross BlueShield Group Medicare Rx (PDP)

This document gives the details of your Medicare drug coverage from January 1 – December 31, 2026. **This is an important legal document. Keep it in a safe place.**

This document explains your benefits and rights. Use this document to understand:

- Our plan premium and cost sharing
- Our drug benefits
- How to file a complaint if you're not satisfied with a service or treatment
- How to contact us
- Other protections required by Medicare law

For questions about this document, call Pharmacy Member Services at 833-840-7962 for Rx benefit and claims inquiries and 833-489-1316 for enrollment and eligibility inquiries. (TTY users can call 711). Hours are 24 hours a day, 7 days a week, 365 days a year for Rx benefit and claims inquiries and 8am-12pm and 1pm-6pm Monday - Friday for enrollment and eligibility inquiries.

This plan, CareFirst BlueCross BlueShield Group Medicare Rx, is offered by CareFirst Advantage PPO, Inc. (d/b/a CareFirst BlueCross BlueShield Group Prescription Drug Plan). (When this *Evidence of Coverage* says “we,” “us,” or “our,” it means CareFirst Advantage PPO, Inc. (d/b/a CareFirst BlueCross BlueShield Group Prescription Drug Plan). When it says “plan” or “our plan,” it means CareFirst BlueCross BlueShield Group Medicare Rx.)

This document is available for free in Spanish.

To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover of this document). We can give you information in braille, large print, or other alternate formats if you need it.

Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan’s service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2027.

Our formulary and pharmacy network may change at any time. You'll get notice about any changes that may affect you at least 30 days in advance.

OMB Approval 0938-1051 (Expires: August 31, 2026)

S0375_PDP03639_C

Table of Contents

Table of Contents

CHAPTER 1:	Get started as a member	4
SECTION 1	You're a member of CareFirst BlueCross BlueShield Group Medicare Rx	4
SECTION 2	Plan Eligibility Requirements	4
SECTION 3	Important membership materials	5
SECTION 4	Your monthly costs for CareFirst BlueCross BlueShield Group Medicare Rx	7
SECTION 5	More information about your monthly premium	11
SECTION 6	Keep our plan membership record up to date	12
SECTION 7	How other insurance works with our plan	12
CHAPTER 2:	Phone numbers and resources	14
SECTION 1	CareFirst BlueCross BlueShield Group Medicare Rx contacts	14
SECTION 2	Get Help from Medicare	16
SECTION 3	State Health Insurance Assistance Program (SHIP)	18
SECTION 4	Quality Improvement Organizations (QIO)	18
SECTION 5	Social Security	20
SECTION 6	Medicaid	20
SECTION 7	Programs to help people pay for prescription drugs	21
SECTION 8	Railroad Retirement Board (RRB)	23
SECTION 9	If you have group insurance or other health insurance from an employer	24
CHAPTER 3:	Using plan coverage for Part D drugs	25
SECTION 1	Basic rules for our plan's Part D drug coverage	25
SECTION 2	Fill your prescription at a network pharmacy or through our plan's mail-order service	25
SECTION 3	Your drugs need to be on our plan's Drug List	29
SECTION 4	Drugs with restrictions on coverage	30
SECTION 5	What you can do if one of your drugs isn't covered the way you'd like	32
SECTION 6	Our Drug List can change during the year	34
SECTION 7	Types of drugs we don't cover	36
SECTION 8	How to fill a prescription	37
SECTION 9	Part D drug coverage in special situations	38
SECTION 10	Programs on drug safety and managing medications	39

Table of Contents

CHAPTER 4:	What you pay for Part D drugs	42
SECTION 1	What you pay for Part D drugs	42
SECTION 2	Drug payment stages for CareFirst BlueCross BlueShield Group Medicare Rx members	44
SECTION 3	Your Part D <i>Explanation of Benefits (EOB)</i> explains which payment stage you're in	44
SECTION 4	The Deductible Stage	46
SECTION 5	The Initial Coverage Stage	46
SECTION 6	The Catastrophic Coverage Stage	56
SECTION 7	What you pay for Part D vaccines	56
CHAPTER 5:	Asking us to pay our share of the costs for covered drugs	58
SECTION 1	Situations when you should ask us to pay our share for covered drugs	58
SECTION 2	How to ask us to pay you back	59
SECTION 3	We'll consider your request for payment and say yes or no	60
CHAPTER 6:	Your rights and responsibilities	61
SECTION 1	Our plan must honor your rights and cultural sensitivities	61
SECTION 2	Your responsibilities as a member of our plan	74
CHAPTER 7:	If you have a problem or complaint (coverage decisions, appeals, complaints)	75
SECTION 1	What to do if you have a problem or concern	75
SECTION 2	Where to get more information and personalized help	75
SECTION 3	Which process to use for your problem	76
SECTION 4	A guide to coverage decisions and appeals	76
SECTION 5	Part D drugs: How to ask for a coverage decision or make an appeal	78
SECTION 6	Taking your appeal to Levels 3, 4 and 5	87
SECTION 7	How to make a complaint about quality of care, waiting times, customer service, or other concerns	88
CHAPTER 8:	Ending membership in our plan	92
SECTION 1	Ending your membership in our plan	92
SECTION 2	When can you end your membership in our plan?	92
SECTION 3	How to end your membership in our plan	93
SECTION 4	Until your membership ends, you must keep getting your drugs through our plan	93
SECTION 5	CareFirst BlueCross BlueShield Group Medicare Rx must end our plan membership in certain situations	93

Table of Contents

CHAPTER 9: Legal notices	95
SECTION 1 Notice about governing law	95
SECTION 2 Notice about nondiscrimination	95
SECTION 3 Notice about Medicare Secondary Payer subrogation rights	95
SECTION 4 Third Party Liability and Subrogation	96
CHAPTER 10: Definitions	98
Appendix A	
Exhibit A.....	104
Appendix B	
Exhibit B.....	132

CHAPTER 1:

Get started as a member

SECTION 1 You're a member of CareFirst BlueCross BlueShield Group Medicare Rx

Section 1.1 You're enrolled in CareFirst BlueCross BlueShield Group Medicare Rx, which is a Medicare Drug Plan

You're covered by Original Medicare or another health plan for your health care coverage, and you chose to get your Medicare drug coverage through our plan, CareFirst BlueCross BlueShield Group Medicare Rx.

CareFirst BlueCross BlueShield Group Medicare Rx is a Medicare drug plan (PDP). Like all Medicare plans, this Medicare drug plan is approved by Medicare and run by a private company.

Section 1.2 Legal information about the *Evidence of Coverage*

This *Evidence of Coverage* is part of our contract with you about how CareFirst BlueCross BlueShield Group Medicare Rx covers your care. Other parts of this contract include the *List of Covered Drugs* (formulary), and any notices you get from us about changes to your coverage or conditions that affect your coverage. These notices are sometimes called *riders* or *amendments*.

The contract is in effect for the months you're enrolled in CareFirst BlueCross BlueShield Group Medicare Rx between January 1, 2026, and December 31, 2026.

Medicare allows us to make changes to plans we offer each calendar year. This means we can change the costs and benefits of CareFirst BlueCross BlueShield Group Medicare Rx after December 31, 2026. We can also choose to stop offering the plan in your service area, after December 31, 2026.

Medicare (the Centers for Medicare & Medicaid Services) must approve CareFirst BlueCross BlueShield Group Medicare Rx each year. You can continue to get Medicare coverage as a member of our plan as long as we choose to continue offering our plan and Medicare renews approval of our plan.

SECTION 2 Plan Eligibility Requirements

Section 2.1 Eligibility Requirements

You're eligible for membership in our plan as long as you meet all these conditions:

CHAPTER 1: Get started as a member

- You have Medicare Part A or Medicare Part B (or you have both Part A and Part B)
- You live in our geographic service area (described in Section 2.2). People who are incarcerated aren't considered to be living in the geographic service area, even if they're physically located in it.
- You're a United States citizen or lawfully present in the United States

Section 2.2 Plan service area for CareFirst BlueCross BlueShield Group Medicare Rx

CareFirst BlueCross BlueShield Group Medicare Rx is only available to people who live in our plan service area. To stay a member of our plan, you must continue to live in our service area. The service area is described below.

Our service area includes The District of Columbia; the State of Maryland; in Virginia, the cities of Alexandria and Fairfax, Arlington County, the town of Vienna and the area of Fairfax and Prince William Counties in Virginia lying east of route 123.

Please see Exhibit B for all covered zip codes.

If you move out of our plan's service area, you can't stay a member of this plan. Call Member Services at 833-489-1316 (TTY users call 711) to see if we have a plan in your new area. When you move, you'll have a Special Enrollment Period to enroll in a Medicare health or drug plan in your new location. Please contact your employer plan administrator to see what other plan options are available to you if you move out of the service area.

If you move or change your mailing address, it's also important to call Social Security. Call Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778).

Section 2.3 U.S. citizen or lawful presence

You must be a U.S. citizen or lawfully present in the United States to be a member of a Medicare health plan. Medicare (the Centers for Medicare & Medicaid Services) will notify CareFirst BlueCross BlueShield Group Medicare Rx if you're not eligible to stay a member of our plan. CareFirst BlueCross BlueShield Group Medicare Rx must disenroll you if you don't meet this requirement.

SECTION 3 Important membership materials

Section 3.1 Our plan membership card

Use your membership card for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if you have one. Sample membership card:

CHAPTER 1: Get started as a member

Member Name
F_NAME M_INIT L_NAME
Member ID
SBSB_ID

Group Number GRGR_ID

BC/BS Plan
Issuer 193/963
(80840)

CareFirst BlueCross
BlueShield Group
Medicare Rx (PDP)

Prescription Drug Deductible
\$X
Prescription Drug Out-of-Pocket Maximum
\$X

RxBIN RXBIN
RxPCN RXPCN
RxGRP RX_GROUP

CMS-S0375-801

MedicareRx
Prescription Drug Coverage

carefirst.com/pshbp



CareFirst BlueCross BlueShield
Group Medicare Rx (PDP)

Rx Claims Submission Address
Medicare Prescription Drug Claims
P.O. Box 52066, Phoenix, AZ 85072-2066

Member Services

Pharmacy Member Services (Rx benefit and
claims inquiries): 833-840-7962

CareFirst Member Services (enrollment and
eligibility inquiries): 833-489-1316

Medical Emergency: 911

TTY/TDD: 711

To locate a CareFirst contracted pharmacy, visit
carefirst.com/pshbp

PROVIDERS MUST NOT BILL MEDICARE.

PDP products provided by CareFirst Advantage
PPO, Inc., an independent licensee of the Blue
Cross and Blue Shield Association.

CareFirst BlueCross BlueShield Group Medicare Prescription
Drug Plan is the business name of CareFirst Advantage PPO,
Inc., an independent licensee of the Blue Cross and Blue Shield
Association.
CST PDP02719 (08/24)

Carry your card with you at all times and remember to show your card when you get covered drugs. If our plan membership card is damaged, lost, or stolen, call Member Services 833-489-1316 (TTY users call 711) right away and we'll send you a new card.

You may need to use your red, white, and blue Medicare card to get covered medical care and services under Original Medicare.

Section 3.2 Pharmacy Directory

The *Pharmacy Directory* available at www.carefirst.com/myaccount lists our network pharmacies. **Network pharmacies** are pharmacies that agree to fill covered prescriptions for our plan members. Use the *Pharmacy Directory* to find the network pharmacy you want to use. Go to Chapter 3, Section 2.4 for information on when you can use pharmacies that aren't in our plan's network.

If you don't have a *Pharmacy Directory*, you can ask for a copy from Pharmacy Member Services 833-840-7962 (TTY users call 711). You can call Member Services to get up-to-date information about changes in the pharmacy network. You can also find this information on our website at www.carefirst.com/myaccount.

Section 3.3 Drug List (formulary)

Our plan has a *List of Covered Drugs* (also called the Drug List or formulary). It tells which prescription drugs are covered under the Part D benefit included in CareFirst BlueCross BlueShield Group Medicare Rx. The drugs on this list are selected by our plan, with the help of doctors and pharmacists. The Drug List must meet Medicare's requirements. Drugs with negotiated prices under the Medicare Drug Price Negotiation Program will be included on your Drug List unless they have been removed and replaced as described in Chapter 3, Section 6. Medicare approved the CareFirst BlueCross BlueShield Group Medicare Rx Drug List.

The Drug List also tells you if there are any rules that restrict coverage for a drug.

CHAPTER 1: Get started as a member

We'll give you a copy of the Drug List. To get the most complete and current information about which drugs are covered, visit the plan's website www.carefirst.com/myaccount or call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

SECTION 4 Your monthly costs for CareFirst BlueCross BlueShield Group Medicare Rx

	Your Costs in 2026
Monthly plan premium Go to Section 4.1 for details.	Contact your former employer union for premium information.
Part D drug coverage deductible (Go to Chapter 4 Section 4 for details.)	\$100 on Tiers 4 and 5 except for covered insulin products and most adult Part D vaccines. <i>This applies only to CareFirst BlueCross BlueShield Group Medicare Rx 4 Plan members. There is no prescription drug deductible for CareFirst BlueCross BlueShield Group Medicare Rx 2 Plan members.</i>
Part D drug coverage (Go to Chapter 4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage for CareFirst BlueCross BlueShield Group Medicare Rx 2: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$50 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$75 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5 \$100 You pay \$35 per month supply of each covered insulin product on this tier.

CHAPTER 1: Get started as a member

Your Costs in 2026
Catastrophic Coverage Stage for CareFirst BlueCross BlueShield Group Medicare Rx 2: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. Copayment during the Initial Coverage Stage for CareFirst BlueCross BlueShield Group Medicare Rx 4: Drug Tier 1: \$10 Drug Tier 2: \$10 Drug Tier 3: \$50 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5 \$150 You pay \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage for CareFirst BlueCross BlueShield Group Medicare Rx 4: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

Your costs may include the following:

- Plan Premium (Section 4.1)
- Monthly Medicare Part B Premium (Section 4.2)
- Part D Late Enrollment Penalty (Section 4.3)

CHAPTER 1: Get started as a member

- Income Related Monthly Adjusted Amount (Section 4.4)
- Medicare Prescription Payment Plan Amount (Section 4.5)

Section 4.1 Plan Premium

You don't pay a separate monthly plan premium for CareFirst BlueCross BlueShield Group Medicare Rx. Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.

If you *already* get help from one of these programs, **the information about premiums in this Evidence of Coverage may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also known as the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug coverage. If you don't have this insert, call Pharmacy Member Services at 833-840-7962 (TTY users call 711) and ask for the *LIS Rider*.

Section 4.2 Monthly Medicare Part B Premium**Many members are required to pay other Medicare premiums**

You must continue paying your Medicare premiums to stay a member of our plan. This includes your premium for Part B. You may also pay a premium for Part A if you aren't eligible for premium-free Part A.

Section 4.3 Part D Late Enrollment Penalty

Some members are required to pay a Part D **late enrollment penalty**. The Part D late enrollment penalty is an additional premium that must be paid for Part D coverage if at any time after your initial enrollment period is over, there was a period of 63 days or more in a row when you did not have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage that meets Medicare's minimum standards since it is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or other creditable prescription drug coverage. You will have to pay this penalty for as long as you have Part D coverage.

The Part D late enrollment penalty is added to your monthly premium. When you first enroll in CareFirst BlueCross BlueShield Group Medicare Rx, we let you know the amount of the penalty. If you do not pay your Part D late enrollment penalty, you could lose your prescription drug benefits.

You **don't** have to pay the Part D late enrollment penalty if:

- You get Extra help from Medicare to help pay your drug costs.
- You went less than 63 days in a row without creditable coverage.

CHAPTER 1: Get started as a member

- You had creditable drug coverage through another source (like a former employer, union, TRICARE, or Veterans Health Administration (VA)). Your insurer or human resources department will tell you each year if your drug coverage is creditable coverage. You may get this information in a letter or in a newsletter from that plan. Keep this information because you may need it if you join a Medicare drug plan later.
 - **Note:** Any letter or notice must state that you had creditable prescription drug coverage that is expected to pay as much as Medicare's standard prescription drug plan pays.
 - **Note:** Prescription drug discount cards, free clinics, and drug discount websites aren't creditable prescription drug coverage.

Medicare determines the amount of the Part D late enrollment penalty. Here's how it works:

- If you went 63 days or more without Part D or other creditable prescription drug coverage after you were first eligible to enroll in Part D, our plan will count the number of full months you didn't have coverage. The penalty is 1% for every month that you did not have creditable coverage. For example, if you go 14 months without coverage, the penalty percentage will be 14%.
- Then Medicare determines the amount of the average monthly premium for Medicare drug plans in the nation from the previous year (national base beneficiary premium). For 2026, this average premium amount is \$38.99.
- To calculate your monthly penalty, multiply the penalty percentage by the national base beneficiary premium and round to the nearest 10 cents. In the example here, it would be 14% times \$38.99, which equals \$5.4586. This rounds to \$5.50. This amount would be added **to the monthly premium for someone with a Part D late enrollment penalty.**

Three important things to know about the monthly Part D late enrollment penalty:

- **The penalty may change each year** because the national base beneficiary premium can change each year.
- **You'll continue to pay a penalty** every month for as long as you're enrolled in a plan that has Medicare Part D drug benefits, even if you change plans.
- If you're under 65 and enrolled in Medicare, the Part D late enrollment penalty will reset when you turn 65. After age 65, your Part D late enrollment penalty will be based only on the months you don't have coverage after your initial enrollment period for aging into Medicare.

If you disagree about your Part D late enrollment penalty, you or your representative can ask for a review. Generally, you must ask for this review **within 60 days** from the date on the first letter you get stating you have to pay a late enrollment penalty. However, if you were paying a penalty before you joined our plan, you may not have another chance to ask for a review of that late enrollment penalty.

Important: Don't stop paying your Part D late enrollment penalty while you're waiting for a review of the decision about your late enrollment penalty. If you do, you could be disenrolled for failure to pay our plan premiums.

CHAPTER 1: Get started as a member

Section 4.4 Income Related Monthly Adjustment Amount

Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount (IRMAA). The extra charge is calculated using your modified adjusted gross income as reported on your IRS tax return from 2 years ago. If this amount is above a certain amount, you'll pay the standard premium amount and the additional IRMAA. For more information on the extra amount you may have to pay based on your income, visit [Medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans).

If you have to pay an extra IRMAA, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be. The extra amount will be withheld from your Social Security, Railroad Retirement Board, or Office of Personnel Management benefit check, no matter how you usually pay our plan premium, unless your monthly benefit isn't enough to cover the extra amount owed. If your benefit check isn't enough to cover the extra amount, you'll get a bill from Medicare. **You must pay the extra IRMAA to the government. It can't be paid with your monthly plan premium. If you don't pay the extra IRMAA, you'll be disenrolled from our plan and lose prescription drug coverage.**

If you disagree about paying an extra IRMAA, you can ask Social Security to review the decision. To find out how to do this, call at Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778).

Section 4.5 Medicare Prescription Payment Plan Amount

If you are participating in the Medicare Prescription Payment Plan, each month you'll pay our plan premium (if you have one) and you'll get a bill from your health or drug plan for your prescription drugs (instead of paying the pharmacy). Your monthly bill is based on what you owe for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Chapter 2, Section 7 tells more about the Medicare Prescription Payment Plan. If you disagree with the amount billed as part of this payment option, you can follow the steps in Chapter 7 to make a complaint or appeal.

SECTION 5 More information about your monthly premium

Section 5.1 Our monthly plan premium won't change during the year

We're not allowed to change our plan's monthly plan premium amount during the year. Your group is responsible for notifying you, prior to the date when any changes would become effective, if there are changes to any portion of your monthly premium you are required to pay.

However, in some cases, you may be able to stop paying a late enrollment penalty, if you owe one, or you may need to start paying a late enrollment penalty. This could happen if you become eligible for Extra Help or lose your eligibility for Extra Help during the year.

CHAPTER 1: Get started as a member

- If you currently pay a Part D late enrollment penalty and become eligible for Extra Help during the year, you'd be able to stop paying your penalty.
- If you lose Extra Help, you may be subject to the Part D late enrollment penalty if you go 63 days or more in a row without Part D or other creditable prescription drug coverage. Find out more about Extra Help in Chapter 2, Section 7.

SECTION 6 Keep our plan membership record up to date

Your membership record has information like your address and phone number. It shows your specific plan coverage.

The pharmacists in our plan's network **use your membership record to know what drugs are covered and the cost-sharing amounts**. Because of this, it is very important you help to keep your information up to date.

If you have any of these changes, let us know:

- Changes to your name, address, or phone number
- Changes in any other health coverage you have (such as from your employer, your spouse or domestic partner's employer, Workers' Compensation, or Medicaid)
- Any liability claims, such as claims from an automobile accident
- If you're admitted to a nursing home
- If your designated responsible party (such as a caregiver) changes

If any of this information changes, let us know by calling Member Services at 833-489-1316 (TTY users call 711)

It's also important to contact Social Security if you move or change your mailing address. Call Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778). You must also notify your former employer of changes to your name, address or phone number.

SECTION 7 How other insurance works with our plan

Medicare requires us to collect information about any other medical or drug coverage you have so we can coordinate any other coverage with your benefits under our plan. This is called **Coordination of Benefits**.

Once a year, we'll send you a letter that lists any other medical or drug coverage we know about. Read this information carefully. If it's correct, you don't need to do anything. If the information isn't correct, or if you have other coverage that's not listed, call Member Services at 833-489-1316 (TTY users call 711). You may need to give our plan member ID number to your other insurers (once you confirm their identity) so your bills are paid correctly and on time.

When you have other insurance, Medicare rules decide whether our plan or your other insurance pays first. The insurance that pays first (the "primary payer"), pays up to the limits of its coverage.

CHAPTER 1: Get started as a member

The insurance that pays second (the “secondary payer”), only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay the uncovered costs. If you have other insurance, tell your doctor, hospital, and pharmacy.

These rules apply for employer or union group health plan coverage:

- If you have retiree coverage, your Medicare Advantage plan pays first.
- If your group health plan coverage is based on your or a family member’s current employment, who pays first depends on your age, the number of people employed by your employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD):
 - If you’re under 65 and disabled and you (or your family member) are still working, your group health plan pays first if the employer has 100 or more employees or at least one employer in a multiple employer plan has more than 100 employees.
 - If you’re over 65 and you (or your spouse or domestic partner) are still working, your group health plan pays first if the employer has 20 or more employees or at least one employer in a multiple employer plan that has more than 20 employees.
- If you have Medicare because of ESRD, your group health plan will pay first for the first 30 months after you become eligible for Medicare.

These types of coverage usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including automobile insurance)
- Black lung benefits
- Workers’ compensation

Medicaid and TRICARE never pay first for Medicare-covered services. They only pay after Medicare, employer group health plans, and/or Medigap have paid.

CHAPTER 2:

Phone numbers and resources

SECTION 1 CareFirst BlueCross BlueShield Group Medicare Rx contacts

For help with claims, billing, or member card questions, call or write to CareFirst BlueCross BlueShield Group Medicare Rx Member Services. We'll be happy to help you.

Member Services – Contact Information	
Call	Pharmacy Member Services (Rx benefit and claims inquiries) 833-840-7962 24 hours a day, 7 days a week, 365 days a year. CareFirst Member Services (enrollment and eligibility inquiries) 833-489-1316 8am-12pm and 1pm-6pm Monday - Friday Calls to these numbers are free. Member Services also has free language interpreter services for non-English speakers.
TTY	711 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Fax	844-961-0696
Write	CareFirst BlueCross BlueShield Group Prescription Drug Plan 1501 S. Clinton Street Baltimore, MD 21224
Website	www.carefirst.com/myaccount

How to ask for a coverage decision or appeal

A coverage decision is a decision we make about your coverage or about the amount we pay for your Part D drugs. An appeal is a formal way of asking us to review and change a coverage decision. For more information on how to ask for coverage decisions or appeals about your Part D drugs, go to Chapter 7.

Coverage Decisions – Contact Information	
Call	833-840-7962 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year

CHAPTER 2: Phone numbers and resources**Coverage Decisions – Contact Information**

TTY	711 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Fax	Standard and Expedited Coverage Decisions: 855-633-7673
Write	CVS Caremark Coverage Determinations/Exceptions P.O. Box 52000 Phoenix, AZ 85072-2000
Website	https://www.carefirst.com/pshbp/plan-information/prescription-drug-coverage/drug-management-programs.html

Appeals – Contact Information

Call	833-840-7962 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
TTY	711 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Fax	855-633-7673
Write	CVS Caremark Coverage Determinations/Exceptions P.O. Box 52000 Phoenix, AZ 85072-2000
Website	https://www.carefirst.com/pshbp/plan-information/prescription-drug-coverage/drug-management-programs.html

How to make a complaint

You can make a complaint about us or one of our network pharmacies, including a complaint about the quality of your care. This type of complaint doesn't involve coverage or payment disputes. For more information on how to make a complaint, go to Chapter 7.

Complaints – Contact Information

Call	833-840-7962 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
TTY	711 Calls to this number are free.

CHAPTER 2: Phone numbers and resources**Complaints – Contact Information**

	24 hours a day, 7 days a week, 365 days a year
Fax	855-633-7673
Write	Grievance Department P.O. Box 30016 Pittsburgh, PA 15222-0330
Medicare website	You can submit a complaint about CareFirst BlueCross BlueShield Group Medicare Rx directly to Medicare. To submit an online complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx .

How to ask us to pay our share of the cost of a drug you got

If you got a bill or paid for drugs (like a pharmacy bill) you think we should pay for, you may need to ask our plan for reimbursement or to pay the pharmacy bill. Go to Chapter 5 for more information.

If you send us a payment request and we deny any part of your request, you can appeal our decision. Go to Chapter 7 for more information.

Payment Requests – Contact Information

Call	833-840-7962 24 hours a day, 7 days a week, 365 days a year. Calls to this number are free.
TTY	711 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Fax	855-633-7673
Write	CVS Caremark Medicare Part D Claims Processing P.O. Box 52066 Phoenix, AZ 85072-2066
Website	www.carefirst.com/myaccount

SECTION 2 Get Help from Medicare

Medicare is the Federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

CHAPTER 2: Phone numbers and resources

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (CMS). This agency contracts with Medicare Prescription Drug Plans, including our plan.

Medicare – Contact Information

Call	1-800-MEDICARE, (1-800-633-4227) Calls to this number are free. 24 hours a day, 7 days a week.
TTY	1-877-486-2048 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking. Calls to this number are free.
Chat Live	Chat live at Medicare.gov/talk-to-someone .
Write	Write to Medicare at PO Box 1270, Lawrence, KS 66044
WEBSITE	www.Medicare.gov • Get information about the Medicare health and drug plans in your area, including what they cost and what services they provide. • Find Medicare-participating doctors or other health care providers and suppliers. • Find out what Medicare covers, including preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits). • Get Medicare appeals information and forms. • Get information about the quality of care provided by plans, nursing homes, hospitals, doctors, home health agencies, dialysis facilities, hospice centers, inpatient rehabilitation facilities, and long-term care hospitals. • Look up helpful websites and phone numbers. You can also visit Medicare.gov to tell Medicare about any complaints you have about CareFirst BlueCross BlueShield Group Medicare Rx To submit a complaint to Medicare, go to Medicare.gov/MedicareComplaintForm/home.aspx. Medicare takes your complaints seriously and will use this information to help improve the quality of the Medicare program.

CHAPTER 2: Phone numbers and resources

SECTION 3 State Health Insurance Assistance Program (SHIP)

State Health Insurance Assistance Programs (SHIP) are government programs with trained counselors in every state that offers free help, information, and answers to your Medicare questions.

State Health Insurance Programs are independent state programs (not connected with any insurance company or health plan) that get money from the Federal government to give free local health insurance counseling to people with Medicare.

SHIP counselors can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and straighten out problems with your Medicare bills. SHIP counselors can also help you with Medicare questions or problems, help you understand your Medicare plan choices and answer questions about switching plans.

A list of State Health Insurance Assistance Programs can be found in Exhibit A located at the end of this Evidence of Coverage.

SECTION 4 Quality Improvement Organizations (QIO)

A designated Quality Improvement Organization (QIO) serves people with Medicare in each state. Here is a list of Quality Improvement Organizations in each state we serve.

Quality Improvement Organizations have a group of doctors and other health care professionals paid by Medicare to check on and help improve the quality of care for people with Medicare. Quality Improvement Organizations are independent organizations and are not connected with our plan.

Contact your local Quality Improvement Organization if you have a complaint about the quality of care you got. For example, you can contact your local Quality Improvement Organization if you were given the wrong medication or if you were given medications that interact in a negative way.

For the following states and territories, the Quality Improvement Organization is called Commence Health:

Region 2: New Jersey, New York, Puerto Rico, U.S. Virgin Islands

Region 3: Delaware, Maryland, Pennsylvania, Virginia, Washington, D.C., West Virginia

Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 7: Iowa, Kansas, Missouri, Nebraska

Region 9: American Samoa, Arizona, California, Guam, Nevada, Northern Mariana Islands

CHAPTER 2: Phone numbers and resources**Commence Health – Contact Information (Quality Improvement for Regions 2, 3, 5, 7 and 9)**

Call	Region 2: 866-815-5440 Region 3: 888-396-4646 Region 5: 888-524-9900 Region 7: 888-755-5580 Region 9: 877-588-1123 Monday-Friday, 9am-5pm, and Saturday-Sunday, 10am-4pm. 24-hour voicemail is available.
TTY	711
Write	Commence Health BFCC-QIO 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701
Website	www.livantaqio.com

For the following states, the Quality Improvement Organization is called Acentra Health:

Region 1: Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont

Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 10: Alaska, Idaho, Oregon, Washington

**Acentra Health - Contact Information
(Quality Improvement Organization for Regions 1, 4, 6, 8 and 10)**

Call	Region 1: 888-319-8452 Region 4: 888-317-0751 Region 6: 888-315-0636 Region 8: 888-317-0891 Region 10: 888-305-6759 Monday-Friday, 9am-5pm, and Saturday-Sunday, 10am-4pm. 24-hour voicemail is available.
TTY	711
Write	Acentra Health BFCC-QIO 1650 Summit Lake Dr. Suite 102 Tallahassee, FL 32317

Acentra Health - Contact Information

(Quality Improvement Organization for Regions 1, 4, 6, 8 and 10)

Website	www.acentraqio.com
----------------	--

SECTION 5 Social Security

Social Security determines Medicare eligibility and handles Medicare enrollment. Social Security is also responsible for determining who has to pay an extra amount for Part D drug coverage because they have a higher income. If you got a letter from Social Security telling you that you have to pay the extra amount and have questions about the amount or if your income went down because of a life-changing event, you can call Social Security to ask for reconsideration.

If you move or change your mailing address, contact Social Security to let them know.

Social Security – Contact Information

Call	1-800-772-1213 Calls to this number are free. Available 8:00 am to 7:00 pm, Monday through Friday. Use Social Security’s automated telephone services to get recorded information and conduct some business 24 hours a day.
TTY	1-800-325-0778 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available 8 am to 7 pm, Monday through Friday.
Website	SSA.gov

SECTION 6 Medicaid

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. Medicaid offers programs to help people with Medicare pay their Medicare costs, such as their Medicare premiums. These **Medicare Savings Programs** include:

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

CHAPTER 2: Phone numbers and resources

- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualifying Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

To find out more about Medicaid and Medicare Savings Programs, contact the Medicaid agency for your state or territory. Contact information is available in Exhibit A at the end of this Evidence of Coverage.

SECTION 7 Programs to help people pay for prescription drugs

The Medicare website ([Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs)) has information on ways to lower your prescription drug costs. The programs below can help people with limited incomes.

Extra Help from Medicare

Medicare and Social Security have a program called Extra Help that can help pay drug costs for people with limited income and resources. If you qualify, you get help paying for your Medicare drug plan's monthly premium, yearly deductible, and copayments and coinsurance. Extra Help also counts toward your out-of-pocket costs.

If you automatically qualify for Extra Help, Medicare will mail you a purple letter to let you know. If you don't automatically qualify, you can apply anytime. To see if you qualify for getting Extra Help:

- Visit secure.ssa.gov/i1020/start to apply online.
- Call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

When you apply for Extra Help, you can also start the application process for a Medicare Savings Program (MSP). These state programs provide help with other Medicare costs. Social Security will send information to your state to initiate an MSP application, unless you tell them not to on the Extra Help application.

If you qualify for Extra Help and you think that you're paying an incorrect amount for your prescription at a pharmacy, our plan has a process to help you get evidence of the right copayment amount. If you already have evidence of the right amount, we can help you share this evidence with us.

- Contact Member Services if you're not sure what evidence you need to provide to us. Often, this evidence is a notice from your state Medicaid office or from Social Security that confirms you qualify for "Extra Help." Depending on your situation, it may be other kinds of documentation. Please send us this evidence in one of two ways; we will then forward the updated information to Medicare.

CHAPTER 2: Phone numbers and resources

Fax: 855-215-6946

Write: CareFirst BlueCross BlueShield Group Prescription Drug Plan

1501 S. Clinton Street

Baltimore, MD 21224

- **Note:** Until Medicare updates its records, you or your representative may need to provide a copy of the evidence at the pharmacy when obtaining covered Part D prescriptions so that you will be charged the appropriate cost sharing amount.
- When we get the evidence showing the right copayment level, we'll update our system so you can pay the right amount when you get your next prescription. If you overpay your copayment, we'll pay you back either by check or a future copayment credit. If the pharmacy didn't collect your copayment and you owe them a debt, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Call Pharmacy Member Services at 833-840-7962 (TTY users call 711) if you have questions.

There are programs in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa to help people with limited income and resources pay their Medicare costs. Programs vary in these areas. Call your local Medical Assistance (Medicaid) office to find out more about its rules (phone numbers are in Exhibit A at the end of this Evidence of Coverage). Or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week and say "Medicaid" for more information. TTY users should call 1-877-486-2048. You can also visit www.medicare.gov for more information.

What if you have Extra Help and coverage from a State Pharmaceutical Assistance Program (SPAP)?

Many states offer help paying for prescriptions, drug plan premiums and/or other drug costs. If you are enrolled in a State Pharmaceutical Assistance Program (SPAP), Medicare's Extra Help pays first. A list of State Pharmaceutical Assistance Programs can be found in Exhibit A located at the end of this Evidence of Coverage.

**What if you have Extra Help and coverage from an AIDS Drug Assistance Program (ADAP)?
What is the AIDS Drug Assistance Program (ADAP)?**

The AIDS Drug Assistance Program (ADAP) helps people living with HIV/AIDS access life-saving HIV medications. Medicare Part D drugs that are also on the ADAP formulary qualify for prescription cost-sharing help through the ADAP in your state.

Note: To be eligible for the ADAP in your state, people must meet certain criteria, including proof of state residence and HIV status, low income (as defined by the state), and uninsured/under-insured status. If you change plans, notify your local ADAP enrollment worker so you can continue to get help. For information on eligibility criteria, covered drugs, or how to enroll in the program, a list of AIDS Drug Assistance Programs can be found in Exhibit A located at the end of this Evidence of Coverage.

CHAPTER 2: Phone numbers and resources

State Pharmaceutical Assistance Programs

Many states have State Pharmaceutical Assistance Programs that help people pay for prescription drugs based on financial need, age, medical condition, or disabilities. Each state has different rules to provide drug coverage to its members.

A list of State Pharmaceutical Assistance Programs can be found in Exhibit A located at the end of this Evidence of Coverage.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across **the calendar year** (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** To learn more about this payment option, call Pharmacy Member Services at 833-840-7962 (TTY users call 711) or visit [Medicare.gov](https://www.medicare.gov).

Medicare Prescription Payment Plan – Contact Information

Call	833-840-7962 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year Member Services also has free language interpreter services available for non-English speakers.
TTY	711
Write	P.O. Box 7 Pittsburgh, PA 15230
Website	www.carefirst.com/myaccount

SECTION 8 Railroad Retirement Board (RRB)

The Railroad Retirement Board is an independent federal agency that administers comprehensive benefit programs for the nation's railroad workers and their families. If you get your Medicare through the Railroad Retirement Board, let them know if you move or change your mailing address. For questions about your benefits from the Railroad Retirement Board, contact the agency.

Railroad Retirement Board (RRB) – Contact Information

Call	1-877-772-5772 Calls to this number are free.
-------------	--

Railroad Retirement Board (RRB) – Contact Information

	Press “0” to speak with an RRB representative from 9 am to 3:30 pm, Monday, Tuesday, Thursday, and Friday, and from 9 am to 12 pm on Wednesday. Press “1” to access the automated RRB HelpLine and get recorded information 24 hours a day, including weekends and holidays.
TTY	1-312-751-4701 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking. Calls to this number aren't free.
Website	rrb.gov/

SECTION 9 If you have group insurance or other health insurance from an employer

If you (or your spouse or domestic partner) get benefits from your (or your spouse or domestic partner's) employer or retiree group as part of this plan, call the employer/union benefits administrator or Member Services at 833-489-1316 (TTY users call 711) with any questions. You can ask about your (or your spouse or domestic partner's) employer or retiree health benefits, premiums, or the enrollment period. (Phone numbers for Member Services are printed on the back cover of this document.) You can call 1-800-MEDICARE (1-800-633-4227) with questions about your Medicare coverage under this plan. TTY users call 1-877-486-2048.

If you have other drug coverage through your (or your spouse or domestic partner's) employer or retiree group, contact **that group's benefits administrator**. The benefits administrator can help you understand how your current drug coverage will work with our plan.

CHAPTER 3:

Using plan coverage for Part D drugs

SECTION 1 Basic rules for our plan's Part D drug coverage

In addition to your coverage for Part D drugs through our plan, Original Medicare (Medicare Part A and Part B) also covers some drugs:

- Medicare Part A covers drugs you are given during Medicare-covered stays in the hospital or in a skilled nursing facility.
- Medicare Part B also provides benefits for some drugs. Part B drugs include certain chemotherapy drugs, certain drug injections you are given during an office visit, and drugs you are given at a dialysis facility.

The two examples of drugs described above are covered by Original Medicare. (To find out more about this coverage, go to your *Medicare & You 2026* handbook.) Your Part D prescription drugs are covered under our plan.

Our plan will generally cover your drugs as long as you follow these rules:

- You must have a provider (a doctor, dentist, or other prescriber) write you a prescription that's valid under applicable state law.
- Your prescriber must not be on Medicare's Exclusion or Preclusion Lists.
- You generally must use a network pharmacy to fill your prescription (Go to Section 2) or you can fill your prescription through our plan's mail-order service.)
- Your drug must be on our plan's Drug List (Go to Section 3).
- Your drug must be used for a medically accepted indication. A "medically accepted indication" is a use of the drug that is either approved by the Food and Drug Administration (FDA) or supported by certain references. (Go to Section 3 in this chapter for more information about a medically accepted indication.)
- Your drug may require approval from our plan based on certain criteria before we agree to cover it. (Go to Section 4 for more information.)

SECTION 2 Fill your prescription at a network pharmacy or through our plan's mail-order service

In most cases, your prescriptions are covered *only* if they're filled at our plan's network pharmacies. (Go to Section 2.4 for information about when we cover prescriptions filled at out-of-network pharmacies.)

CHAPTER 3: Using plan coverage for Part D drugs

A network pharmacy is a pharmacy that has a contract with our plan to provide your covered drugs. The term “covered drugs” means all the Part D drugs that are on our plan’s Drug List.

Section 2.1 Network pharmacies**Find a network pharmacy in your area**

To find a network pharmacy, go to your *Pharmacy Directory*, visit our website (www.carefirst.com/myaccount), and/or call Pharmacy Member Services at 833-840-7962 (TTY users call 711)

You may go to any of our network pharmacies.

If your pharmacy leaves the network

If the pharmacy you use leaves our plan’s network, you’ll have to find a new pharmacy in the network. To find another pharmacy in your area, call Pharmacy Member Services at 833-840-7962 (TTY users call 711) or use the *Pharmacy Directory*. You can also find information on our website at www.carefirst.com/myaccount.

Specialized pharmacies

Some prescriptions must be filled at a specialized pharmacy. Specialized pharmacies include:

- Pharmacies that supply drugs for home infusion therapy.
- Pharmacies that supply drugs for residents of a long-term care (LTC) facility. Usually, a LTC facility (such as a nursing home) has its own pharmacy. If you have difficulty getting Part D drugs in an LTC facility, please contact Pharmacy Member Services at 833-840-7962 (TTY users call 711)
- Pharmacies that serve the Indian Health Service / Tribal / Urban Indian Health Program (not available in Puerto Rico). Except in emergencies, only Native Americans or Alaska Natives have access to these pharmacies in our network.
- Pharmacies that dispense drugs restricted by the FDA to certain locations or that require special handling, provider coordination, or education on their use. To locate a specialized pharmacy, go to your *Pharmacy Directory* www.carefirst.com/myaccount or call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

Section 2.2 Our plan’s mail-order service

For certain kinds of drugs, you can use the plan’s network mail-order service. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. These drugs are marked as **mail-order drugs** in our “Drug List.” The drugs that aren’t available through the plan’s mail-order service are marked with “NM” in our Drug List.

Our plan’s mail-order service allows you to order **up to a 90-day supply**.

To get order forms and information about filling your prescriptions by mail, contact Pharmacy Member Services at 833-840-7962.

CHAPTER 3: Using plan coverage for Part D drugs

Usually, a mail-order pharmacy order will be delivered to you in no more than 10 days. If the mail-order pharmacy expects the order to be delayed, they will notify you of the delay. If you need to request a rush order because of a mail-order delay, you may contact Member Services to discuss options which may include filling at a local retail pharmacy or expediting the shipping method. Provide the representative with your ID number and prescription number(s). If you want second day or next day delivery of your medications, you may request this from the Member Services representative for an additional charge.

New prescriptions the pharmacy gets directly from your doctor's office. The pharmacy will automatically fill and deliver new prescriptions it gets from healthcare providers, without checking with you first, if either:

- You used mail-order services with this plan in the past, or
- You sign up for automatic delivery of all new prescriptions received directly from healthcare providers. You can ask for automatic delivery of all new prescriptions at any time by contacting Member Services (phone numbers are printed on the back cover of this document).

If you get a prescription automatically by mail that you don't want, and you were not contacted to see if you wanted it before it shipped, you may be eligible for a refund.

If you used mail order in the past and don't want the pharmacy to automatically fill and ship each new prescription, contact us by calling Pharmacy Member Services at 833-840-7962.

If you never used our mail-order delivery and/or decide to stop automatic fills of new prescriptions, the pharmacy will contact you each time it gets a new prescription from a healthcare provider to see if you want the medication filled and shipped immediately. It's important to respond each time you're contacted by the pharmacy to let them know whether to ship, delay, or cancel the new prescription.

Refills on mail order prescriptions. For refills of your drugs, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show you should be close to running out of your drug. The pharmacy will contact you prior to shipping each refill to make sure you need more medication, and you can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use our auto-refill program but still want the mail-order pharmacy to send you your prescription, please contact your pharmacy 15 days before your current prescription will run out. This will ensure your order is shipped to you in time.

To opt out of our program that automatically prepares mail-order refills, please contact us by calling Pharmacy Member Services at 833-840-7962.

If you get a refill automatically by mail that you do not want, you may be eligible for a refund.

CHAPTER 3: Using plan coverage for Part D drugs

Section 2.3 How to get a long-term supply of drugs

When you get a long-term supply of drugs, your cost sharing may be lower. Our plan offers 2 ways to get a long-term supply (also called an extended supply) of maintenance drugs on our plan's Drug List. (Maintenance drugs are drugs you take on a regular basis, for a chronic or long-term medical condition.)

1. Some retail pharmacies in our network allow you to get a long-term supply of maintenance drugs. Your *Pharmacy Directory* www.carefirst.com/myaccount tells you which pharmacies in our network can give you a long-term supply of maintenance drugs. You can also call Pharmacy Member Services at 833-840-7962 (TTY users call 711) for more information.
2. You can also get maintenance drugs through our mail-order program. Go to Section 2.2 for more information.

Section 2.4 Using a pharmacy that's not in our plan's network

Generally, we cover drugs filled at an out-of-network pharmacy only when you aren't able to use a network pharmacy. We also have network pharmacies outside of our service area where you can get prescriptions filled as a member of our plan. **Check first with Pharmacy Member Services at 833-840-7962 (TTY users call 711)** to see if there's a network pharmacy nearby.

We cover prescriptions filled at an out-of-network pharmacy only in these circumstances:

- The prescription is for a medical emergency or urgent care.
- You are unable to get a covered drug in a time of need because there are no 24-hour network pharmacies within a reasonable driving distance.
- The prescription is for a drug that is out of stock at an accessible network retail or mail service pharmacy (including high-cost and unique drugs).
- If you are evacuated or otherwise displaced from your home because of a Federal disaster or other public health emergency declaration.

Even if we do cover the drugs you get at an out-of-network pharmacy, you may still pay more than you would have paid if you had gone to an in-network pharmacy.

If you do need to go to an out-of-network pharmacy for any of the reasons listed above, the plan will cover up to a 30-day supply of drugs.

If you must use an out-of-network pharmacy, you'll generally have to pay the full cost (rather than your normal cost share) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. (Go to Chapter 5, Section 2 for information on how to ask our plan to pay you back.) You may be required to pay the difference between what you pay for the drug at the out-of-network pharmacy and the cost we would cover at an in-network pharmacy.

SECTION 3 Your drugs need to be on our plan's Drug List

Section 3.1 The Drug List tells which Part D drugs are covered

Our plan has a *List of Covered Drugs* (formulary). In this *Evidence of Coverage*, **we call it the Drug List**.

The drugs on this list are selected by our plan with the help of doctors and pharmacists. The list meets Medicare's requirements and has been approved by Medicare. The Drug List only shows drugs covered under Medicare Part D.

We generally cover a drug on our plan's Drug List as long as you follow the other coverage rules explained in this chapter and use of the drug is for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- Approved by the FDA for the diagnosis or condition for which it is being prescribed, or,
- Supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information System.

The Drug List includes brand name drugs, generic drugs, and biological products (which may include biosimilars).

A brand name drug is a prescription drug sold under a trademarked name owned by the drug manufacturer. Biological products are drugs that are more complex than typical drugs. On the Drug List, when we refer to drugs, this could mean a drug or a biological product.

A generic drug is a prescription drug that has the same active ingredients as the brand name drug. Biological products have alternatives called biosimilars. Generally, generics and biosimilars work just as well as the brand name or original biological product and usually cost less. There are generic drug substitutes available for many brand name drugs and biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state law, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Go to Chapter 10 for definitions of types of drugs that may be on the Drug List.

Drugs that aren't on the Drug List

Our plan doesn't cover all prescription drugs.

- In some cases, the law doesn't allow any Medicare plan to cover certain types of drugs. (For more information, go to see Section 7.)
- In other cases, we decided not to include a particular drug on the Drug List.
- In some cases, you may be able to get a drug that's not on the Drug List. For more information, go to Chapter 7.

Section 3.2 Five cost-sharing tiers for drugs on the Drug List

Every drug on our plan's Drug List is in one of five cost-sharing tiers. In general, the higher the tier, the higher your cost for the drug:

- **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.

To find out which cost-sharing tier your drug is in, look it up in our plan's Drug List.

This plan also offers secondary coverage. Tier levels and cost sharing may be different than above.

The amount you pay for drugs in each cost-sharing tier is shown in Chapter 4.

Section 3.3 How to find out if a specific drug is on the Drug List

To find out if a drug is on our Drug List, you have these options:

1. Check the most recent Drug List we provided electronically.
2. Visit our plan's website (www.carefirst.com/myaccount). The Drug List on the website is always the most current.
3. Call Pharmacy Member Services at 833-840-7962 (TTY users call 711) to find out if a particular drug is on our plan's Drug List or ask for a copy of the list.
4. Use our plan's "Real-Time Benefit Tool" (www.carefirst.com/myaccount) to search for drugs on the Drug List to get an estimate of what you'll pay and if there are alternative drugs on the Drug List that could treat the same condition. You can also call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

SECTION 4 Drugs with restrictions on coverage

Section 4.1 Why some drugs have restrictions

For certain prescription drugs, special rules restrict how and when our plan covers them. A team of doctors and pharmacists developed these rules to encourage you and your provider to use drugs in the most effective way. To find out if any of these restrictions apply to a drug you take or want to take, check the Drug List.

If a safe, lower-cost drug will work just as well medically as a higher-cost drug, our plan's rules are designed to encourage you and your provider to use that lower-cost option.

CHAPTER 3: Using plan coverage for Part D drugs

Note that sometimes a drug may appear more than once in our Drug List. This is because the same drugs can differ based on the strength, amount, or form of the drug prescribed by your health care provider, and different restrictions or cost sharing may apply to the different versions of the drug (for example, 10 mg versus 100 mg; one per day versus 2 per day; tablet versus liquid).

Section 4.2 Types of restrictions

If there's a restriction for your drug, it usually means that you or your provider have to take extra steps for us to cover the drug. Call Pharmacy Member Services at 833-840-7962 (TTY users call 711) to learn what you or your provider can do to get coverage for the drug. **If you want us to waive the restriction for you, you need to use the coverage decision process and ask us to make an exception.** We may or may not agree to waive the restriction for you. (Go to Chapter 7)

Restricting brand name drugs or original biological products when a generic or interchangeable biosimilar version is available

Generally, a generic drug works the same as a brand name drug and usually costs less. **In most cases, when a generic version of a brand name drug is available, our network pharmacies will provide you the generic version instead of the brand name drug.** However, if your provider has told us the medical reason that the generic drug or interchangeable biosimilar will not work for you *OR* has written "No substitutions" on your prescription for a brand name drug or original biological product *OR* has told us the medical reason that neither the generic drug, interchangeable biosimilar, nor other covered drugs that treat the same condition will work for you, then we will cover the brand name drug. (Your share of the cost may be greater for the brand name drug than for the generic drug.)

Getting plan approval in advance

For certain drugs, you or your provider need to get approval from our plan based on specific criteria before we agree to cover the drug for you. This is called **prior authorization**. This is put in place to ensure medication safety and help guide appropriate use of certain drugs. If you don't get this approval, your drug might not be covered by our plan. Our plan's prior authorization criteria can be obtained by calling Pharmacy Member Services at 833-840-7962 (TTY users call 711) or on our website www.carefirst.com/myaccount.

Trying a different drug first

This requirement encourages you to try less costly but usually just as effective drugs before our plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, our plan may require you to try Drug A first. If Drug A doesn't work for you, our plan will then cover Drug B. This requirement to try a different drug first is called **step therapy**. Our plan's step therapy criteria can be obtained by calling Pharmacy Member Services at 833-840-7962 (TTY users call 711) or on our website www.carefirst.com/myaccount.

CHAPTER 3: Using plan coverage for Part D drugs

Quantity limits

For certain drugs, we limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

SECTION 5 What you can do if one of your drugs isn't covered the way you'd like

There are situations where a prescription drug you take, or that you and your provider think you should take, isn't on our Drug List or has restrictions. For example:

- The drug might not be covered at all. Or a generic version of the drug may be covered but the brand name version you want to take isn't covered.
- The drug is covered, but there are extra rules or restrictions on coverage.
- The drug is covered, but in a cost-sharing tier that makes your cost sharing more expensive than you think it should be.

If your drug is in a cost-sharing tier that makes your cost more expensive than you think it should be, go to Section 5.1 to learn what you can do.

If your drug isn't on the Drug List or is restricted, here are options for what you can do:

- You may be able to get a temporary supply of the drug.
- You can change to another drug.
- You can ask for an **exception** and ask our plan to cover the drug or remove restrictions from the drug.

You may be able to get a temporary supply

Under certain circumstances, our plan must provide a temporary supply of a drug you're already taking. This temporary supply gives you time to talk with your provider about the change.

To be eligible for a temporary supply, the drug you take **must no longer be on our plan's Drug List OR is now restricted in some way.**

- **If you're a new member**, we'll cover a temporary supply of your drug during the first **90 days** of your membership in our plan.
- **If you were in our plan last year**, we'll cover a temporary supply of your drug during the first **90 days** of the calendar year.
- This temporary supply will be for a maximum of a 30-day supply. If your prescription is written for fewer days, we'll allow multiple fills to provide up to a maximum of a 30-day supply of medication. The prescription must be filled at a network pharmacy. (note that a long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

CHAPTER 3: Using plan coverage for Part D drugs

- **For members who've been in our plan for more than 90 days and live in a long-term care facility and need a supply right away:**

We'll cover one 31-day emergency supply of a particular drug, or less if your prescription is written for fewer days. This is in addition to the above temporary supply.

- If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a temporary supply of the drug. This temporary supply (up to 31 days) will allow you time to talk with your doctor about the change in coverage.

For questions about a temporary supply, call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

During the time when you're using a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You have 2 options:

Option 1. You can change to another drug

Talk with your provider about whether a different drug covered by our plan may work just as well for you. Call Pharmacy Member Services at 833-840-7962 (TTY users call 711) to ask for a list of covered drugs that treat the same medical condition. This list can help your provider find a covered drug that might work for you.

Option 2. You can ask for an exception

You and your provider can ask our plan to make an exception and cover the drug in the way you'd like it covered. If your provider says you have medical reasons that justify asking us for an exception, your provider can help you ask for an exception. For example, you can ask our plan to cover a drug even though it is not on our plan's Drug List. Or you can ask our plan to make an exception and cover the drug without restrictions.

If you're a current member and a drug you take will be removed from the formulary or restricted in some way for next year, we'll tell you about any change before the new year. You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement). If we approve your request, we'll authorize coverage for the drug before the change takes effect.

If you and your provider want to ask for an exception, go to Chapter 7, Section 5.4 to learn what to do. It explains the procedures and deadlines set by Medicare to make sure your request is handled promptly and fairly.

Section 5.1 What to do if your drug is in a cost-sharing tier you think is too high

If your drug is in a cost-sharing tier you think is too high, here are things you can do:

You can change to another drug

If your drug is in a cost-sharing tier you think is too high, talk to your provider. There may be a different drug in a lower cost-sharing tier that might work just as well for you. You can call Pharmacy Member Services at 833-840-7962 (TTY users call 711) to ask for a list of covered drugs

CHAPTER 3: Using plan coverage for Part D drugs

that treat the same medical condition. This list can help your provider find a covered drug that might work for you.

You can ask for an exception

You and your provider can ask our plan to make an exception in the cost-sharing tier for the drug so that you pay less for it. If your provider says you have medical reasons that justify asking us for an exception, your provider can help you request an exception to the rule.

If you and your provider want to ask for an exception, go to Chapter 7, Section 5.4 for what to do. It explains the procedures and deadlines set by Medicare to make sure your request is handled promptly and fairly.

Drugs in our Specialty Tier 5 aren't eligible for this type of exception. We don't lower the cost-sharing amount for drugs in this tier. Prescription drugs covered under our enhanced drug coverage (see Section 7) are also not eligible for this type of tiering exception.

SECTION 6 Our Drug List can change during the year

Most changes in drug coverage happen at the beginning of each year (January 1). However, during the year, our plan can make some changes to the Drug List. For example, our plan might:

- **Add or remove drugs from the Drug List**
- **Move a drug to a higher or lower cost-sharing tier**
- **Add or remove a restriction on coverage for a drug**
- **Replace a brand name drug with a generic version of the drug**
- **Replace an original biological product with an interchangeable biosimilar version of the biological product**

We must follow Medicare requirements before we change our plan's Drug List.

Information on changes to drug coverage

When changes to the Drug List occur, we post information on our website about those changes. We also update our online Drug List regularly. Sometimes you'll get direct notice if changes are made to a drug you take.

Changes to drug coverage that affect you during this plan year

- **Adding new drugs to the Drug List and immediately removing or making changes to a like drug on the Drug List.**
 - When adding a new version of a drug to the Drug List, we may immediately remove a like drug from the Drug List, move the like drug to a different cost-sharing tier, add new restrictions, or both. The new version of the drug will be on the same or a lower cost-sharing tier and with the same or fewer restrictions.

CHAPTER 3: Using plan coverage for Part D drugs

- We'll make these immediate changes only if we add a new generic version of a brand name drug or add certain new biosimilar versions of an original biological product that was already on the Drug List.
- We may make these changes immediately and tell you later, even if you take the drug that we remove or make changes to. If you take the like drug at the time we make the change, we'll tell you about any specific change we made.
- **Adding drugs to the Drug List and removing or making changes to a like drug on the Drug List.**
 - When adding another version of a drug to the Drug List, we may remove a like drug from the Drug List, move it to a different cost-sharing tier, add new restrictions, or both. The version of the drug that we add will be on the same or a lower cost-sharing tier and with the same or fewer restrictions.
 - We'll make these changes only if we add a new generic version of a brand name drug or add certain new biosimilar versions of an original biological product that was already on the Drug List.
 - We'll tell you at least 30 days before we make the change or tell you about the change and cover a 30-day fill of the version of the drug you're taking.
- **Removing unsafe drugs and other drugs on the Drug List that are withdrawn from the market.**
 - Sometimes a drug may be deemed unsafe or taken off the market for another reason. If this happens, we may immediately remove the drug from the Drug List. If you take that drug, we'll tell you after we make the change.
- **Making other changes to drugs on the Drug List.**
 - We may make other changes once the year has started that affect drugs you take. For example, we based on FDA boxed warnings or new clinical guidelines recognized by Medicare.
 - We'll tell you at least 30 days before we make these changes or tell you about the change and cover an additional 30-day fill of the drug you're taking.

If we make any of these changes to any of the drugs you take, talk with your prescriber about the options that would work best for you, including changing to a different drug to treat your condition, or asking for a coverage decision to satisfy any new restrictions on the drug you're taking. You or your prescriber can ask us for an exception to continue covering the drug or version of the drug you've been taking. For more information on how to ask for a coverage decision, including an exception, go to Chapter 7.

Changes to the Drug List that don't affect you during this plan year

We may make certain changes to the Drug List that aren't described above. In these cases, the change won't apply to you if you're taking the drug when the change is made; however, these changes will likely affect you starting January 1 of the next plan year if you stay in the same plan.

In general, changes that won't affect you during the current plan year are:

CHAPTER 3: Using plan coverage for Part D drugs

- We move your drug into a higher cost-sharing tier.
- We put a new restriction on the use of your drug.
- We remove your drug from the Drug List.

If any of these changes happen for a drug you take (except for market withdrawal, a generic drug replacing a brand name drug, or other changes noted in the sections above), the change won't affect your use or what you pay as your share of the cost until January 1 of the next year.

We won't tell you about these types of changes directly during the current plan year. You'll need to check the Drug List for the next plan year (when the list is available during the open enrollment period) to see if there are any changes to drugs you take that will impact you during the next plan year.

SECTION 7 Types of drugs we don't cover

Some kinds of prescription drugs are *excluded*. This means Medicare doesn't pay for these drugs.

If you get drugs that are excluded, you must pay for them yourself (except for certain excluded drugs covered under our enhanced drug coverage). If you appeal and the requested drug is found not to be excluded under Part D, we'll pay for or cover it. (For information about appealing a decision, go to Chapter 7.)

Here are 3 general rules about drugs that Medicare drug plans won't cover under Part D:

- Our plan's Part D drug coverage can't cover a drug that would be covered under Medicare Part A or Part B.
- Our plan can't cover a drug purchased outside the United States or its territories.
- Our plan can't cover *off-label* use of a drug when the use is not supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information System. *Off-label* use is any use of the drug other than those indicated on a drug's label as approved by the FDA.

In addition, by law, the following categories of drugs are not covered by Medicare drug plans (Our plan covers certain drugs through our enhanced drug coverage. More information is provided below):

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs used to promote fertility
- Drugs used for the relief of cough or cold symptoms
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs used for the treatment of sexual or erectile dysfunction
- Drugs used for treatment of anorexia, weight loss, or weight gain

CHAPTER 3: Using plan coverage for Part D drugs

- Outpatient drugs for which the manufacturer requires associated tests or monitoring services be purchased only from the manufacturer as a condition of sale

We offer additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan. The enhanced drug coverage may have different drug tier structure. You will be provided a drug list with information on your drug coverage. For certain enhanced drugs, special rules restrict how and when the plan covers them. There may be prior authorizations, coverage limits and step therapy for the enhanced drugs.

- Certain prescription vitamins and mineral products.
- Drugs when used for the treatment of sexual or erectile dysfunction.
- Drugs when used for treatment of anorexia or weight loss.
- Drugs when used to relieve the symptoms of cough and colds.
- Drugs used to promote fertility.
- Drugs used to promote hair growth.
- Certain products that are covered under Medicare Part B

The amount you pay for these drugs doesn't count toward qualifying you for the Catastrophic Coverage Stage. (The Catastrophic Coverage Stage is described in Chapter 4, Section 6 of this document.)

If you **get Extra Help from Medicare** to pay for your prescriptions, Extra Help won't pay for drugs that aren't normally covered. (Go to our plan's Drug List or call Pharmacy Member Services at 833-840-7962 (TTY users call 711) for more information. If you have drug coverage through Medicaid, your state Medicaid program may cover some prescription drugs not normally covered in a Medicare drug plan. Contact your state Medicaid program to determine what drug coverage may be available to you. (Find phone numbers and contact information for Medicaid in Chapter 2, Section 6.)

SECTION 8 How to fill a prescription

To fill your prescription, provide our plan membership information (which can be found on your membership card) at the network pharmacy you choose. The network pharmacy will automatically bill our plan for *our* share of your drug cost. You need to pay the pharmacy *your* share of the cost when you pick up your prescription.

If you don't have our plan membership information with you, you or the pharmacy can call our plan to get the information, or you can ask the pharmacy to look up our plan enrollment information.

If the pharmacy can't get the necessary information, **you may have to pay the full cost of the prescription when you pick it up.** You can then **ask us to reimburse you** for our share. Go to Chapter 5, Section 2 for information about how to ask our plan for reimbursement.

CHAPTER 3: Using plan coverage for Part D drugs

SECTION 9 Part D drug coverage in special situations

Section 9.1 In a hospital or skilled nursing facility for a stay covered by our plan

If you're admitted to a hospital or to a skilled nursing facility, Original Medicare (or your Medicare health plan with Part A and B coverage, if applicable) will generally cover the cost of your prescription drugs during your stay. Once you leave the hospital or skilled nursing facility, our plan will cover your prescription drugs as long as the drugs meet all our rules for coverage described in this chapter.

Section 9.2 As a resident in a long-term care (LTC) facility

Usually, a long-term care (LTC) facility (such as a nursing home) has its own pharmacy or uses a pharmacy that supplies drugs for all its residents. If you're a resident of an LTC facility, you may get your prescription drugs through the facility's pharmacy or the one it uses, as long as it's part of our network.

Check your *Pharmacy Directory* at www.carefirst.com/myaccount to find out if your LTC facility's pharmacy or the one it uses is part of our network. If it isn't, or if you need more information or help, call Pharmacy Member Services at 833-840-7962 (TTY users call 711). If you're in an LTC facility, we must ensure that you're able to routinely get your Part D benefits through our network of LTC pharmacies.

If you're a resident in an LTC facility and need a drug that's not on our Drug List or restricted in some way, go to Section 9 for information about a temporary or emergency supply.

Section 9.3 If you are taking drugs covered by Original Medicare

Your enrollment in CareFirst BlueCross BlueShield Group Medicare Rx doesn't affect your coverage for drugs covered under Medicare Part A or Part B. If you meet Medicare's coverage requirements, your drug will still be covered under Medicare Part A or Part B, even though you're enrolled in our plan. If your drug would be covered by Medicare Part A or Part B, our plan can't cover it, even if you choose not to enroll in Part A or Part B.

Some drugs may be covered under Medicare Part B in some situations and through CareFirst BlueCross BlueShield Group Medicare Rx in other situations. Drugs are never covered by both Part B and our plan at the same time. In general, your pharmacist or provider will determine whether to bill Medicare Part B or CareFirst BlueCross BlueShield Group Medicare Rx for the drug.

Section 9.4 If you're in Medicare-certified hospice

Hospice and our plan don't cover the same drug at the same time. If you're enrolled in Medicare hospice and require certain drugs (e.g., anti-nausea drugs, laxatives, pain medication or anti-anxiety drugs) that aren't covered by your hospice because it is unrelated to your terminal

CHAPTER 3: Using plan coverage for Part D drugs

illness and related conditions, our plan must get notification from either the prescriber or your hospice provider that the drug is unrelated before our plan can cover the drug. To prevent delays in getting these drugs that should be covered by our plan, ask your hospice provider or prescriber to provide notification before your prescription is filled.

In the event you either revoke your hospice election or are discharged from hospice, our plan should cover your drugs as explained in this document. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, bring documentation to the pharmacy to verify your revocation or discharge.

SECTION 10 Programs on drug safely and managing medications

We conduct drug use reviews to help make sure our members get safe and appropriate care.

We do a review each time you fill a prescription. We also review our records on a regular basis. During these reviews, we look for potential problems like:

- Possible medication errors
- Drugs that may not be necessary because you take another similar drug to treat the same condition
- Drugs that may not be safe or appropriate because of your age or gender
- Certain combinations of drugs that could harm you if taken at the same time
- Prescriptions for drugs that have ingredients you're allergic to
- Possible errors in the amount (dosage) of a drug you're taking
- Unsafe amounts of opioid pain medications

If we see a possible problem in your use of medications, we will work with your provider to correct the problem.

Please note, our prescription system reviews for excess accumulation of medication to decrease medication waste and ensure medication safety. We may delay when you can refill your medications if you have extra medication on-hand.

Section 10.1 Drug Management Program (DMP) to help members safely use opioid medications

We have a program that helps make sure members safely use prescription opioids and other frequently abused medications. This program is called a Drug Management Program (DMP). If you use opioid medications that you get from several prescribers or pharmacies, or if you had a recent opioid overdose, we may talk to your prescribers to make sure your use of opioid medications is appropriate and medically necessary. Working with your prescribers, if we decide your use of prescription opioid or benzodiazepine medications may not be safe, we may limit how you can get those medications. If we place you in our DMP, the limitations may be:

- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain pharmacy(ies)

CHAPTER 3: Using plan coverage for Part D drugs

- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain prescriber(s)
- Limiting the amount of opioid or benzodiazepine medications we will cover for you

If we plan on limiting how you get these medications or how much you can get, we'll send you a letter in advance. The letter will tell you if we'll limit coverage of these drugs for you, or if you'll be required to get the prescriptions for these drugs only from a specific prescriber or pharmacy. You'll have an opportunity to tell us which prescribers or pharmacies you prefer to use, and about any other information you think is important for us to know. After you've had the opportunity to respond, if we decide to limit your coverage for these medications, we'll send you another letter confirming the limitation. If you think we made a mistake or you disagree with our decision or with the limitation, you and your prescriber have the right to appeal. If you appeal, we'll review your case and give you a new decision. If we continue to deny any part of your request related to the limitations that apply to your access to medications, we'll automatically send your case to an independent reviewer outside of our plan. Go to Chapter 7 for information about how to ask for an appeal.

You won't be placed in our DMP if you have certain medical conditions, such as active cancer-related pain or sickle cell disease, you're getting hospice, palliative, or end-of-life care, or live in a long-term care facility.

Section 10.2 Medication Therapy Management (MTM) program to help members manage medications

We have a program that can help our members with complex health needs. Our program is called a Medication Therapy Management (MTM) program. This program is voluntary and free. A team of pharmacists and doctors developed the program for us to help make sure our members get the most benefit from the drugs they take.

Some members who have certain chronic diseases and take medications that exceed a specific amount of drug costs or are in a DMP to help them use opioids safely, may be able to get services through an MTM program. If you qualify for the program, a pharmacist or other health professional will give you a comprehensive review of all your medications. During the review, you can talk about your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. You'll get a written summary which has a recommended to-do list that includes steps you should take to get the best results from your medications. You'll also get a medication list that will include all the medications you're taking, how much you take, and when and why you take them. In addition, members in the MTM program will get information on the safe disposal of prescription medications that are controlled substances.

It's a good idea to talk to your doctor about your recommended to-do list and medication list. Bring the summary with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Keep your medication list up to date and with you (for example, with your ID) in case you go to the hospital or emergency room.

CHAPTER 3: Using plan coverage for Part D drugs

If we have a program that fits your needs, we'll automatically enroll you in the program and send you information. If you decide not to participate, notify us and we will withdraw you. For questions about this program, call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

CHAPTER 4:

What you pay for Part D drugs

SECTION 1 What you pay for Part D drugs

If you are in a program that helps pay for your drugs, **some information in this Evidence of Coverage about the costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also known as the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug coverage. If you don't have this insert, please call Pharmacy Member Services at 833-840-7962 (TTY users call 711) and ask for the LIS Rider.

We use “drug” in this chapter to mean a Part D prescription drug. Not all drugs are Part D drugs. Some drugs are covered under Medicare Part A or Part B and other drugs are excluded from Medicare coverage by law.

To understand the payment information, you need to know what drugs are covered, where to fill your prescriptions, and what rules to follow when you get your covered drugs. Chapter 3 explains these rules. When you use our plan's “Real-Time Benefit Tool” to look up drug coverage (www.carefirst.com/myaccount), the cost you see shows an estimate of the out-of-pocket costs you're expected to pay. You can also get information provided by the “Real-Time Benefit Tool” by calling Pharmacy Member Services at 833-840-7962 (TTY users call 711).

Section 1.1 Types of out-of-pocket costs you may pay for covered drugs

There are 3 different types of out-of-pocket costs for covered Part D drugs that may be asked to pay:

- **Deductible** is the amount you pay for drugs before our plan starts to pay our share.
- **Copayment** is a fixed amount you pay each time you fill a prescription.
- **Coinsurance** is a percentage of the total cost of the drug you pay each time you fill a prescription.

Section 1.2 How Medicare calculates your out-of-pocket costs

Medicare has rules about what counts and what doesn't count as your out-of-pocket costs. Here are the rules we must follow to keep track of your out-of-pocket costs.

CHAPTER 4: What you pay for Part D drugs

These payments are included in your out-of-pocket costs

Your out-of-pocket costs **include** the payments listed below (as long as they are for covered Part D drugs, and you followed the rules for drug coverage explained in Chapter 3):

- The amount you pay for drugs when you're in any of the following drug payment stages:
 - The Deductible Stage (This stage only applies to CareFirst BlueCross BlueShield Group Medicare Rx 4 Plan members. There is no prescription drug deductible for CareFirst BlueCross BlueShield Group Medicare Rx 2 Plan members.)
 - The Initial Coverage Stage
- Any payments you made during this calendar year as a member of a different Medicare prescription drug plan before you joined our plan.
- Any payments for your drugs made by family or friends
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, State Pharmaceutical Assistance Programs (SPAPs), and most charities

Moving on to the Catastrophic Coverage Stage:

When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage.

The PDP Employer Group Waiver Plan (EGWP) Catastrophic Maximum of \$2,100 is the most you would need to spend each year on medications covered by your plan before you reach the Catastrophic Coverage Stage. The amounts you spend on your primary and secondary prescription drug benefits count toward this maximum. These amounts will also count towards your Maximum Out of Pocket (also known as Catastrophic Protection Out of Pocket Maximum).

These payments aren't included in your out-of-pocket costs

Your out-of-pocket costs **don't include** any of these types of payments:

- Your monthly premium.
- Drugs you buy outside the United States and its territories.
- Drugs that are not covered by our plan.
- Drugs you get at an out-of-network pharmacy that don't meet our plan's requirements for out-of-network coverage.
- Prescription drugs covered by Part A or Part B.
- Payments you make toward drugs covered under our additional coverage but not normally covered in a Medicare Drug Plan.
- Payments you make toward drugs not normally covered in a Medicare Prescription Drug Plan.

CHAPTER 4: What you pay for Part D drugs

- Payments for your drugs made by certain insurance plans and government-funded health programs such as TRICARE and the Veterans Health Administration (VA)
- Payments for your drugs made by a third-party with a legal obligation to pay for prescription costs (for example, Workers' Compensation).
- Payments made by drug manufacturers under the Manufacturer Discount Program.

Reminder: If any other organization such as the ones listed above pays part or all of your out-of-pocket costs for drugs, you are required to tell our plan by calling Pharmacy Member Services at 833-840-7962 (TTY users call 711).

Tracking your out-of-pocket total costs

- We will help you. The *Part D Explanation of Benefits* (EOB) you get includes the current total of your out-of-pocket costs. When this amount reaches \$2,100, the *Part D EOB* will tell you that you left the Initial Coverage Stage and moved to the Catastrophic Coverage Stage.
- **Make sure we have the information we need.** Go to Section 3.1 to learn what you can do to help make sure our records of what you spent are complete and up to date.

SECTION 2 Drug payment stages for CareFirst BlueCross BlueShield Group Medicare Rx members

There are **3 drug payment stages** for your prescription drug coverage under CareFirst BlueCross BlueShield Group Medicare Rx. How much you pay for each prescription depends on what stage you're in when you get a prescription filled or refilled. Details of each stage are explained in this chapter. The stages are:

- **Stage 1: Yearly Deductible Stage**
- **Stage 2: Initial Coverage Stage**
- **Stage 3: Catastrophic Coverage Stage**

SECTION 3 Your Part D *Explanation of Benefits* (EOB) explains which payment stage you're in

Our plan keeps track of your prescription drug costs and the payments you make when you get prescriptions at the pharmacy. This way, we can tell you when you moved from one drug payment stage to the next. We track 2 types of costs:

CHAPTER 4: What you pay for Part D drugs

- **Out-of-Pocket Costs:** this is how much you have paid. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, and any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).
- **Total Drug Costs:** this is the total of all payments made for your covered Part D drugs. It includes what our plan paid, what you paid, and what other programs or organizations paid for your covered Part D drugs.

If you filled one or more prescriptions filled through our plan during the previous month, we'll send you a *Part D EOB*. The *Part D EOB* includes:

- **Information for that month.** This report gives payment details about prescriptions you filled during the previous month. It shows the total drug costs, what our plan paid, and what you and others paid on your behalf.
- **Totals for the year since January 1.** This shows the total drug costs and total payments for your drugs since the year began.
- **Drug price information.** This displays the total drug price, and information about changes in price from first fill for each prescription claim of the same quantity.
- **Available lower cost alternative prescriptions.** This shows information about other available drugs with lower cost sharing for each prescription claim, if applicable.

Section 3.1 Help us keep our information about your drug payments up to date

To keep track of your drug costs and the payments you make for drugs, we use records we get from pharmacies. Here's how you can help us keep your information correct and up to date:

- **Show your membership card every time you get a prescription filled.** This helps make sure we know about the prescriptions you fill and what you pay.
- **Make sure we have the information we need.** There are times you may pay for the entire cost of a prescription drug. In these cases, we won't automatically get the information we need to keep track of your out-of-pocket costs. To help us keep track of your out-of-pocket costs, give us copies of your receipts. **Examples of when you should give us copies of your drug receipts:**
 - When you purchase a covered drug at a network pharmacy at a special price or use a discount card that's not part of our plan's benefit.
 - When you pay a copayment for drugs provided under a drug manufacturer patient assistance program.
 - Any time you buy covered drugs at out-of-network pharmacies or pay the full price for a covered drug under special circumstances.
 - If you're billed for a covered drug, you can ask our plan to pay our share of the cost. For instructions on how to do this, go to Chapter 5, Section 2.

CHAPTER 4: What you pay for Part D drugs

- **Send us information about the payments others make for you.** Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, payments made by a State Pharmaceutical Assistance Program, an AIDS drug assistance program (ADAP), the Indian Health Service, and charities count toward your out-of-pocket costs. Keep a record of these payments and send them to us so we can track your costs.
- **Check the written report we send you.** When you get a *Part D EOB*, look it over to be sure the information is complete and correct. If you think something is missing or you have questions, call Pharmacy Member Services at 833-840-7962 (TTY users call 711). Be sure to keep these reports.

SECTION 4 The Deductible Stage

This section applies only to CareFirst BlueCross BlueShield Group Medicare Rx 4 Plan members. There is no prescription drug deductible for CareFirst BlueCross BlueShield Group Medicare Rx 2 Plan members.

The Deductible Stage is the first payment stage for your drug coverage. You'll pay a yearly deductible of \$100 on Tier 4 and 5 drugs. **You must pay the full cost of your Tier 4 and Tier 5 drugs** until you reach our plan's deductible amount. For all other drugs you will not have to pay any deductible. The **full cost** is usually lower than the normal full price of the drug since our plan negotiated lower costs for most drugs at network pharmacies. The full cost cannot exceed the maximum fair price plus dispensing fees for drugs with negotiated prices under the Medicare Drug Price Negotiation Program.

Once you pay \$100 for your Tier 4 and Tier 5 drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.

SECTION 5 The Initial Coverage Stage

Section 5.1 What you pay for a drug depends on the drug and where you fill your prescription

During the Initial Coverage Stage, our plan pays its share of the cost of your covered drugs, and you pay your share (your copayment). Your share of the cost will vary depending on the drug and where you fill your prescription.

Your plan offers coverage for prescription drugs on a Medicare formulary (drug list). This is considered your Primary / Medicare Prescription Drug Coverage. If your drug is not covered on the Medicare formulary, your plan offers secondary coverage as well. Your plan includes additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan.

CHAPTER 4: What you pay for Part D drugs

Our plan has five cost-sharing tiers

Every drug on our plan's Drug List is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug:

- **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.

This plan also offers secondary coverage. Tier levels and cost sharing may be different than above.

To find out which cost-sharing tier your drug is in, look it up in our plan's Drug List.

Your pharmacy choices

How much you pay for a drug depends on whether you get the drug from:

- A network retail pharmacy
- A pharmacy that isn't in our plan's network. We cover prescriptions filled at out-of-network pharmacies in only limited situations. Go to Chapter 3, Section 2.5 to find out when we'll cover a prescription filled at an out-of-network pharmacy.
- Our plan's mail-order pharmacy

For more information about these pharmacy choices and filling your prescriptions, go to Chapter 3 and our plan's *Pharmacy Directory* at www.carefirst.com/myaccount.

Section 5.2 Your costs for a one-month supply of a covered drug

During the Initial Coverage Stage, your share of the cost of a covered drug will be a copayment.

The amount of the copayment depends on the cost-sharing tier. Sometimes the cost of the drug is lower than your copayment. In these cases, you pay the lower price for the drug instead of the copayment.

CHAPTER 4: What you pay for Part D drugs**Your costs for a *one-month* supply of a covered Part D drug****Primary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 2**

Tier	Standard retail cost sharing (in-network) (up to a 30-day supply)	Mail-order cost sharing (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 30-day supply)	Out-of-network cost sharing (Coverage is limited to certain situations; go to Chapter 3 for details.) (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$0	\$0	\$0	\$0
Cost-Sharing Tier 2 (Generic Drugs)	\$0	\$0	\$0	\$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$50	\$50	\$50	\$50
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$75	\$75	\$75	\$75
Cost-Sharing Tier 5 (Specialty)	\$100	\$100	\$100	\$100

CHAPTER 4: What you pay for Part D drugs**Secondary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 2**

Tier	Standard retail cost sharing (in-network) (up to a 34-day supply)	Mail-order cost sharing (up to a 34-day supply)
Cost-Sharing Tier 0 (\$0 Drugs)	\$0	\$0
Cost-Sharing Tier 1 (Generic Drugs)	\$0	\$0
Cost-Sharing Tier 2 (Preferred Brand Drugs)	\$50	\$50
Cost-Sharing Tier 3 (Non-Preferred Brand Drugs)	\$75	\$75
Cost-Sharing Tier 4 (Preferred Specialty)	\$100	\$100
Cost-Sharing Tier 5 (Non-Preferred Specialty)	\$150	\$150

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

CHAPTER 4: What you pay for Part D drugs**Primary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 4**

Tier	Standard retail cost sharing (in-network) (up to a 30-day supply)	Mail-order cost sharing (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 30-day supply)	Out-of-network cost sharing (Coverage is limited to certain situations; see Chapter 3 for details.) (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$10	\$10	\$10	\$10
Cost-Sharing Tier 2 (Generic Drugs)	\$10	\$10	\$10	\$10
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$50	\$50	\$50	\$50
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$100	\$100
Cost-Sharing Tier 5 (Specialty)	\$150	\$150	\$150	\$150

CHAPTER 4: What you pay for Part D drugs**Secondary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 4**

Tier	Standard retail cost sharing (in-network) (up to a 34-day supply)	Mail-order cost sharing (up to a 34-day supply)
Cost-Sharing Tier 0 ((\$0 Drugs)	\$0	\$0
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$10	\$10
Cost-Sharing Tier 2 (Preferred Brand Drugs)	\$50	\$50
Cost-Sharing Tier 3 (Preferred Specialty Generic Drugs)	\$100	\$100
Cost-Sharing Tier 4 (Preferred Specialty Brand Drugs)	\$150	\$150

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Go to Section 7 of this chapter for more information on cost sharing for Part D vaccines.

Section 5.3 If your doctor prescribes less than a full month's supply, you may not have to pay the cost of the entire month's supply

Typically, the amount you pay for a drug covers a full month's supply. There may be times when you or your doctor would like you to have less than a month's supply of a drug (for example, when you're trying a medication for the first time). You can also ask your doctor to prescribe, and your pharmacist to dispense, less than a full month's supply if this will help you better plan refill dates.

If you get less than a full month's supply of certain drugs, you won't have to pay for the full month's supply.

- If you're responsible for coinsurance, you pay a *percentage* of the total cost of the drug. Since the coinsurance is based on the total cost of the drug, your cost will be lower since the total cost for the drug will be lower.

CHAPTER 4: What you pay for Part D drugs

- If you're responsible for a copayment for the drug, you only pay for the number of days of the drug that you get instead of a whole month. We calculate the amount you pay per day for your drug (the *daily cost-sharing rate*) and multiply it by the number of days of the drug you get.

Section 5.4 Your costs for a long-term (up to a 90-day) supply of a covered Part D drug

For some drugs, you can get a long-term supply (also called an *extended supply*). A long-term supply is up to a 90-day supply.

- Sometimes the cost of the drug is lower than your copayment. In these cases, you pay the lower price for the drug instead of the copayment.

Your costs for a long-term (up to a 90-day) supply of a covered Part D drug**Primary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 2**

Tier	Standard retail cost sharing (in-network) (up to a 90-day supply)	Mail-order cost sharing (up to a 90-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$0	\$0
Cost-Sharing Tier 2 (Generic Drugs)	\$0	\$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$100	\$100
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$150	\$150
Cost-Sharing Tier 5 (Specialty)	Not Covered	Not Covered

CHAPTER 4: What you pay for Part D drugs**Secondary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 2**

Tier	Standard retail cost sharing (in-network) (up to a 90-day supply)	Mail-order cost sharing (up to a 90-day supply)
Cost-Sharing Tier 0 (\$0 Drugs)	\$0	\$0
Cost-Sharing Tier 1 (Generic Drugs)	\$0	\$0
Cost-Sharing Tier 2 (Preferred Brand Drugs)	\$100	\$100
Cost-Sharing Tier 3 (Non-Preferred Brand Drugs)	\$150	\$150
Cost-Sharing Tier 4 (Preferred Specialty)	\$200	\$200
Cost-Sharing Tier 5 (Non-Preferred Specialty)	\$300	\$300

You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

CHAPTER 4: What you pay for Part D drugs**Primary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 4**

Tier	Standard retail cost sharing (in-network) (up to a 90-day supply)	Mail-order cost sharing (up to a 90-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$20	\$20
Cost-Sharing Tier 2 (Generic Drugs)	\$20	\$20
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$100	\$100
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$200	\$200
Cost-Sharing Tier 5 (Specialty)	Not Covered	Not Covered

CHAPTER 4: What you pay for Part D drugs**Secondary Prescription Drug Benefits for CareFirst BlueCross BlueShield Group Medicare Rx 4**

Tier	Standard retail cost sharing (in-network) (up to a 90-day supply)	Mail-order cost sharing (up to a 90-day supply)
Cost-Sharing Tier 0 ((\$0 Drugs)	\$0	\$0
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$20	\$20
Cost-Sharing Tier 2 (Preferred Brand Drugs)	\$100	\$100
Cost-Sharing Tier 3 (Preferred Specialty Generic Drugs)	\$200	\$200
Cost-Sharing Tier 4 (Preferred Specialty Brand Drugs)	\$300	\$300

You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Section 5.5 You stay in the Initial Coverage Stage until your total drug costs for the year reach \$2,100

You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.

We offer additional coverage on some prescription drugs that aren't normally covered in a Medicare Prescription Drug Plan. Payments made for these drugs won't count toward your total out-of-pocket costs.

The *Part D EOB* you get will help you keep track of how much you, our plan, and any third parties have spent on your behalf during the year. Not all members will reach the \$2,100 out-of-pocket limit in a year.

We'll let you know if you reach this amount. Go to Section 1.2 for more information on how Medicare calculates your out-of-pocket costs.

CHAPTER 4: What you pay for Part D drugs

SECTION 6 The Catastrophic Coverage Stage

In the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You enter the Catastrophic Coverage Stage when your out-of-pocket costs reach the \$2,100 limit for the calendar year. Once you're in the Catastrophic Coverage Stage, you'll stay in this payment stage until the end of the calendar year.

- During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 7 What you pay for Part D vaccines

Important message about what you pay for vaccines - Some vaccines are considered medical benefits and are covered under Part B. Other vaccines are considered Part D drugs. You can find these vaccines listed in our plan's Drug List. Our plan covers most adult Part D vaccines at no cost to you. Refer to our plan's Drug List or call Pharmacy Member Services at 833-840-7962 (TTY users call 711) for coverage and cost-sharing details about specific vaccines.

There are 2 parts to our coverage of Part D vaccinations:

- The first part is the cost of **the vaccine itself**.
- The second part is for the cost of **giving you the vaccine**. (This is sometimes called the administration of the vaccine.)

Your costs for a Part D vaccine depend on 3 things:

- 1. Whether the vaccine is recommended for adults by an organization called the Advisory Committee on Immunization Practices (ACIP).**
 - Most adult Part D vaccines are recommended by ACIP and cost you nothing.
- 2. Where you get the vaccine.**
 - The vaccine itself may be dispensed by a pharmacy or provided by the doctor's office.
- 3. Who gives you the vaccine.**
 - A pharmacist or another provider may give the vaccine in the pharmacy. Or a provider may give it in the doctor's office.

What you pay at the time you get the Part D vaccine can vary depending on the circumstances and what **drug payment stage** you're in.

- When you get a vaccine, you may have to pay the entire cost for both the vaccine itself and the cost for the provider to give you the vaccine. You can ask our plan to pay you back for our share of the cost. For most adult Part D vaccines, this means you'll be reimbursed the entire cost you paid.
- Other times when you get a vaccine, you pay only your share of the cost under your Part D benefit. For most adult Part D vaccines, you pay nothing.

Below are 3 examples of ways you might get a Part D vaccine.

CHAPTER 4: What you pay for Part D drugs

- Situation 1:* You get the Part D vaccine at the network pharmacy. (Whether you have this choice depends on where you live. Some states don't allow pharmacies to give vaccines.)
- For most adult Part D vaccines, you will pay nothing.
 - For other Part D vaccines, you will pay the pharmacy your copayment for the vaccine itself, which includes the cost of giving you the vaccine.
 - Our plan will pay the remainder of the costs.
- Situation 2:* You get the Part D vaccine at your doctor's office.
- When you get the vaccine, you may have to pay the entire cost of the vaccine itself and the cost for the provider to give it to you.
 - You can then ask our plan to pay our share of the cost, by using the procedures that are described in Chapter 5.
 - For most adult Part D vaccines, you'll be reimbursed the full amount you paid. For other Part D vaccines, you'll be reimbursed the amount you paid less any copayment for the vaccine (including administration).
- Situation 3:* You buy the Part D vaccine itself at the network pharmacy and take it to your doctor's office where they give you the vaccine.
- For most adult Part D vaccines, you will pay nothing for the vaccine itself.
 - For other Part D vaccines, you will pay the pharmacy your copayment for the vaccine itself.
 - When your doctor gives you the vaccine, you may have to pay the entire cost for this service. You can then ask our plan to pay our share of the cost by using the procedures described in Chapter 5.
 - For most adult Part D vaccines, you'll be reimbursed the full amount you paid. For other Part D vaccines, you'll be reimbursed the amount you paid less any copayment for the vaccine administration.

CHAPTER 5:

Asking us to pay our share of the costs for covered drugs

SECTION 1 Situations when you should ask us to pay our share for covered drugs

Sometimes when you get a prescription drug, you may need to pay the full cost. Other times, you may find you pay more than you expected under the coverage rules of our plan, or you may get a bill from a provider. In these cases, you can ask our plan to pay you back (reimburse you). It's your right to be paid back by our plan whenever you've paid more than your share of the cost for drugs covered by our plan. There may be deadlines that you must meet to get paid back. Go to Section 2 of this chapter.

Examples of situations in which you may need to ask our plan to pay you back or to pay a bill you got:

1. When you use an out-of-network pharmacy to fill a prescription

If you go to an out-of-network pharmacy, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription.

Save your receipt and send a copy to us when you ask us to pay you back for our share of the cost. Remember that we only cover out-of-network pharmacies in limited circumstances. Go to Chapter 3, Section 2.4 to learn about these circumstances. We may not pay you back the difference between what you paid for the drug at the out-of-network pharmacy and the amount that we'd pay at an in-network pharmacy.

2. When you pay the full cost for a prescription because you don't have our plan membership card with you

If you don't have our plan membership card with you, you can ask the pharmacy to call our plan or look up your enrollment information. However, if the pharmacy can't get the enrollment information they need right away, you may need to pay the full cost of the prescription yourself.

Save your receipt and send a copy to us when you ask us to pay you back for our share of the cost. We may not pay you back the full cost you paid if the cash price you paid is higher than our negotiated price for the prescription.

3. When you pay the full cost for a prescription in other situations

You may pay the full cost of the prescription because you find that the drug isn't covered for some reason.

CHAPTER 5: Asking us to pay our share of the costs for covered drugs

- For example, the drug may not be on our plan's Drug List, or it could have a requirement or restriction you didn't know about or don't think should apply to you. If you decide to get the drug immediately, you may need to pay the full cost for it.
- Save your receipt and send a copy to us when you ask us to pay you back. In some situations, we may need to get more information from your doctor to pay you back for our share of the cost. We may not pay you back the full cost you paid if the cash price you paid is higher than our negotiated price for the prescription.

4. If you're retroactively enrolled in our plan

Sometimes a person's enrollment in our plan is retroactive. (This means that the first day of their enrollment has already passed. The enrollment date may even have occurred last year.)

If you were retroactively enrolled in our plan and you paid out of pocket for any of your drugs after your enrollment date, you can ask us to pay you back for our share of the costs. You'll need to submit paperwork for us to handle the reimbursement.

When you send us a request for payment, we'll review your request and decide whether the service or drug should be covered. This is called making a **coverage decision**. If we decide it should be covered, we'll pay for our share of the cost for the service or drug. If we deny your request for payment, you can appeal our decision. Chapter 7 has information about how to make an appeal.

SECTION 2 How to ask us to pay you back

You can ask us to pay you back by sending us a request in writing. If you send a request in writing, send your receipt documenting the payment you have made. It's a good idea to make a copy of your receipts for your records. **You must submit your claim to us within three (3) years** of the date you received the service, item, or drug.

To make sure you are giving us all the information we need to make a decision, you can fill out our claim form to make your request for payment.

- You don't have to use the form, but it will help us process the information faster.
- Download a copy of the form from our website (www.carefirst.com/myaccount) or call Pharmacy Member Services at 833-840-7962 (TTY users call 711) and ask for the form.

Mail your request for payment together with any bills or paid receipts to us at this address:

CVS Caremark Medicare Part D Claims Processing
P.O. Box 52066
Phoenix, AZ 85072-2066

SECTION 3 We'll consider your request for payment and say yes or no

When we get your request for payment, we'll let you know if we need any additional information from you. Otherwise, we'll consider your request and make a coverage decision.

- If we decide the drug is covered and you followed all the rules, we'll pay for our share of the cost. Our share of the cost might not be the full amount you paid (for example, if you got drug at an out-of-network pharmacy or if the cash price you paid for a drug is higher than our negotiated price). If you already paid for the drug, we'll mail your reimbursement of our share of the cost to you. We'll send payment within 30 days after your request was received.
- If we decide the drug is *not* covered, or you did *not* follow all the rules, we won't pay for our share of the cost. We'll send you a letter explaining the reasons why we aren't sending the payment and your rights to appeal that decision.

Section 3.1 If we tell you that we won't pay for all or part of the drug, you can make an appeal

If you think we made a mistake in turning down your request for payment or the amount we're paying, you can make an appeal. If you make an appeal, it means you're asking us to change the decision we made when we turned down your request for payment. The appeals process is a formal process with detailed procedures and important deadlines. For the details on how to make this appeal, go to Chapter 7.

CHAPTER 6:

Your rights and responsibilities

SECTION 1 Our plan must honor your rights and cultural sensitivities

Section 1.1 We must provide information in a way that works for you and consistent with your cultural sensitivities (in languages other than English, braille, large print, or other alternate formats, etc.)
Debemos brindar información de una manera que sea apropiada para usted (en otros idiomas además del inglés, en letra grande o en formatos alternativos, etc.)

Our plan is required to ensure that all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all enrollees, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds. Examples of how our plan may meet these accessibility requirements include, but aren't limited to, provision of translator services, interpreter services, teletypewriters, or TTY (text telephone or teletypewriter phone) connection.

Our plan has free interpreter services available to answer questions from non-English speaking members. We can also give you materials in languages other than English including Spanish and braille, large print, or other alternate formats at no cost if you need it. We're required to give you information about our plan's benefits in a format that's accessible and appropriate for you. To get information from us in a way that works for you, call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

If you have any trouble getting information from our plan in a format that's accessible and appropriate for you, please call to file a grievance with Pharmacy Member Services at 833-840-7962, TTY 711 or file a grievance by writing to

Grievance Department
P.O. Box 30016
Pittsburgh, PA 15222-0330.

You can also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) or directly with the Office for Civil Rights at 1-800-368-1019 or TTY 1-800-537-7697.

Su plan tiene la obligación de garantizar que todos los servicios, tanto clínicos como no clínicos, se presten de manera competente desde el punto de vista cultural y que sean accesibles para todos los inscritos, incluidos aquellos que tienen un dominio limitado del inglés, una capacidad limitada de lectura, una incapacidad auditiva o un origen cultural y étnico distinto. Algunos ejemplos de cómo un plan puede cumplir estos requisitos de accesibilidad incluyen, entre otros,

CHAPTER 6: Your rights and responsibilities

la prestación de servicios de traducción, servicios de interpretación, teletipos o conexión TTY (teléfono de texto o teletipo).

Nuestro plan cuenta con servicios gratuitos de interpretación para responder a las preguntas de los inscritos que no hablan inglés. También podemos proporcionarle información en sistema Braille, letras grandes u otros formatos alternativos sin costo alguno si lo necesita. Debemos brindarle información sobre los beneficios del plan en un formato que sea accesible y apropiado para usted. Para que le brindemos información de una manera que funcione para usted, llame a Servicios para Miembros.

Si tiene problemas para obtener información de nuestro plan en un formato que sea accesible y apropiado para usted, llame para presentar una queja ante Servicios para Miembros al 833-840-7962, TTY 711 o presente una queja por escrito a

Grievance Department
P.O. Box 30016
Pittsburgh, PA 15222-0330.

También puede presentar un reclamo ante Medicare llamando al 1-800-MEDICARE (1-800-633-4227) o directamente en la Oficina de Derechos Civiles al 1-800-368-1019 o TTY 1-800-537-7697.

Section 1.2 We must ensure you get timely access to covered drugs

You have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays. If you think that you aren't getting your Part D drugs within a reasonable amount of time, Chapter 7 tells what you can do.

Section 1.3 We must protect the privacy of your personal health information

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your personal health information includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.
- You have rights related to your information and controlling how your health information is used. We give you a written notice, called a *Notice of Privacy Practice* that tells about these rights and explains how we protect the privacy of your health information.

How do we protect the privacy of your health information?

- We make sure that unauthorized people don't see or change your records.
- Except for the circumstances noted below, if we intend to give your health information to anyone who isn't providing your care or paying for your care, *we are required to get written permission from you or someone you have given legal power to make decisions for you first.*

CHAPTER 6: Your rights and responsibilities

- There are certain exceptions that don't require us to get your written permission first. These exceptions are allowed or required by law.
 - We're required to release health information to government agencies that are checking on quality of care.
 - Because you're a member of our plan through Medicare, we're required to give Medicare your health information including information about your Part D drugs. If Medicare releases your information for research or other uses, this will be done according to federal statutes and regulations; typically, this requires that information that uniquely identifies you not be shared.

You can see the information in your records and know how it's been shared with others

You have the right to look at your medical records held at our plan, and to get a copy of your records. We're allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we'll work with your healthcare provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that aren't routine.

If you have questions or concerns about the privacy of your personal health information, call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

Notice of Privacy Practices

This notice describes how medical and financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your medical and financial information is important to us.

This notice applies to members of fully-insured groups and individual policyholders only. If you are a member of a self-insured group, while we continue to safeguard your personal information with the same safety mechanisms, you will get a Notice of Privacy Practices from your group health plan. If you are unsure if you are a fully insured or self-insured member, please contact your group administrator. This notice applies to the privacy practices of CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., FirstCare, Inc. (CareFirst), CareFirst Advantage, Inc., and CareFirst Advantage PPO, Inc. We may share your financial and protected health information (oral, written or electronic) as well as the protected health information of others on your insurance policy as needed for payment or health care operations purposes.

Uses & disclosures of medical information***Our legal duty***

This notice describes our privacy practices, which include how we may use, disclose (share or give out), collect, handle and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy

CHAPTER 6: Your rights and responsibilities

practices that are described in this notice while it is in effect. This notice took effect October 1, 2016 and is intended to amend the notice of CareFirst privacy practices with an effective date of April 14, 2003.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and post the new notice on our website, www.carefirst.com, and provide the revised notice or information about the changes and how to get the revised notice in our next annual mailing to our health plan subscribers.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

We maintain physical, electronic and procedural safeguards in accordance with federal and state standards to protect your health information. All of our associates receive training on these standards at the time they are hired and thereafter receive annual refresher training. Access to your protected health information is restricted to appropriate business purposes and requires pass codes to access our computer systems and badges to access our facilities. Associates who violate our standards are subject to disciplinary actions.

Primary uses and disclosures of protected health information

We use and disclose protected health information about you for payment and health care operations. The federal health care privacy regulations ("HIPAA Privacy Rule") generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, applicable state or federal privacy laws might impose a privacy standard under which we will be required to operate. For example, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing and reproductive rights. In addition to these state law requirements, we also may use or disclose your protected health information for health benefits administration purposes (such as claims and enrollment processing, care management and wellness offerings, claims payment, and fraud detection and prevention efforts), for our business operations (including for quality measurement and enhancement and benefit improvement and development) and in the following situations:

Payment: We may use and disclose your protected health information for all activities that are included within the definition of "payment" as written in the HIPAA Privacy Rule. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others that are covered by your health plan. We also may use your information to determine your eligibility for benefits, coordinate benefits, examine medical necessity, obtain premiums and issue

CHAPTER 6: Your rights and responsibilities

explanations of benefits to the person who subscribes to the health plan in which you participate.

Health care operations: We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the HIPAA Privacy Rule. For example, we may use and disclose your protected health information to determine our premiums for your health plan, conduct quality assessment and improvement activities, engage in care coordination or case management, and manage our business.

Business associates: In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation or pharmacy benefit management). We may share your contact information and phone number including your mobile number with our business associates. To perform these functions or to provide the services, our business associates will receive, create, maintain, use or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Other covered entities: We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Other possible uses and disclosures of protected health information

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information:

To you or with your authorization: We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Without your written

CHAPTER 6: Your rights and responsibilities

authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Disclosures to the Secretary of the U.S. Department of Health and Human Services: We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

To plan sponsors: Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan.

We also may disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

To family and friends: If you agree (or if you are unavailable to agree), such as in a medical emergency situation, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment of your health care.

Underwriting: We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or disclose protected health information that is genetic information of an individual for such purposes. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us.

Health oversight activities: We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs and (iv) compliance with civil rights laws.

Abuse or neglect: We may disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

To prevent a serious threat to health or safety: Consistent with certain federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Coroners, medical examiners, funeral directors and organ donation: We may disclose protected health information to a coroner or medical examiner for purposes of identifying you after you

CHAPTER 6: Your rights and responsibilities

die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye or tissue donation and transplantation.

Research: We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.

Inmates: If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you, (2) your health and safety and the health and safety of others or (3) the safety and security of the correctional institution.

Workers' compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public health and safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Required by law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to DHHS upon their request for purposes of determining whether we are in compliance with federal privacy laws.

Legal process and proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law enforcement: We may disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and national security: We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful counterintelligence, intelligence and other national security activities.

Other uses and disclosures of your protected health information: Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not

CHAPTER 6: Your rights and responsibilities

be effective for information that we already have used or disclosed in reliance on your authorization.

Individual rights

Access: You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your protected health information. You may request the information be as an electronic copy in certain circumstance, if you make the request in writing. You also may request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

Disclosure accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information. Your request may be for disclosures made up to six years before the date of your request.

You may request an accounting by submitting your request in writing using the information listed at the end of this notice. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency) until or unless we receive a written request from you to terminate the restriction. Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing.

CHAPTER 6: Your rights and responsibilities

You may request a restriction by writing to us using the information listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure and (2) how you want to limit our use and/or disclosure of the information. You may also use the information listed at the end of this notice to send a written request to terminate an agreed upon restriction.

Confidential communication: If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We may accommodate your request if it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a confidential communication by writing to us using the information listed at the end of this notice.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic notice: Even if you agree to receive this notice on our Website or by electronic mail (email), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form. If the email transmission has failed, and CareFirst is aware of the failure, then we will provide a paper copy of the notice to you.

Breach Notification: In the event of breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Collection of Personal Financial Information & Uses and disclosures of financial information

We may collect personal financial information about you from many sources, including:

Information you provide on enrollment applications or other forms, such as your name, address, social security number, salary, age and gender.

Information about your relationship with CareFirst, our affiliates and others, such as your policy coverage, premiums and claims payment history.

Information as described above that we obtain from any of our affiliates.

Information we receive about you from other sources such as your employer, your provider, your broker and other third parties.

CHAPTER 6: Your rights and responsibilities

Information we receive about you when you log on to our Website. We have the capability through the use of "cookies" to track certain information, such as finding out if members have previously visited the CareFirst Website or to track the amount of time visitors spend on the Website. These cookies do not collect personally identifiable information and we do not combine information collected through cookies with other personal financial information to determine the identity of visitors to its Website. We will not disclose cookies to third parties.

How your information is used

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your financial information to anyone outside of CareFirst unless we have proper authorization from you, or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information. In addition, we limit access to your financial information to those CareFirst employees, business partners, providers, benefit plan administrators, brokers, consultants and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

Disclosure of your financial information

In order to protect your privacy, third parties that are either affiliated or nonaffiliated with CareFirst are also subject to strict privacy laws. Affiliated entities are companies that are part of the CareFirst corporate family and include health maintenance organizations (HMOs), third party administrators, health insurers, long term care insurers and insurance agencies. In some situations, related to our insurance transactions involving you, we will disclose your personal financial information to a non-affiliated third party that helps us to provide services to or for you.

When we disclose information to these third parties, we require them to agree to protect your financial information and to use it only for its intended purpose, and to comply with all relevant laws.

Changes in our privacy policy

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your financial information secure — it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records.

Questions and complaints***Information on CareFirst privacy practices***

You may request a copy of our notices at any time. If you want more information about our privacy practices, if you would like additional copies of this notice, or have questions or concerns, please call the Member Services number on your ID card or contact the CareFirst Privacy Office using the information below.

CHAPTER 6: Your rights and responsibilities

Filing a complaint

If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to DHHS. We will provide you with the contact information for DHHS upon request.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with DHHS.

Contact Information:

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.

Privacy Office CT 10-03

10455 Mill Run Circle, Owings Mills, MD 21117

Phone: 800-853-9236

Fax: 410-505-6692

Email: privacy.office@carefirst.com

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 business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, 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. and CareFirst Advantage PPO, 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.

Section 1.4 We must give you information about our plan, our network of pharmacies, and your covered drugs

As a member of CareFirst BlueCross BlueShield Group Medicare Rx, you have the right to get several kinds of information from us.

If you want any of the following kinds of information, please call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

- **Information about our plan.** This includes, for example, information about our plan's financial condition.

CHAPTER 6: Your rights and responsibilities

- **Information about our network pharmacies.** You have the right to get information about the qualifications of the pharmacies in our network and how we pay the pharmacies in our network.
- **Information about your coverage and the rules you must follow when using your coverage.** Chapters 3 and 4 provide information about Part D drug coverage.
- **Information about why something is not covered and what you can do about it.** Chapter 7 provides information on asking for a written explanation on why a Part D drug isn't covered or if your coverage is restricted. Chapter 7 also provides information on asking us to change a decision, also called an appeal.

Section 1.5 You have the right to know your treatment options and participate in decisions about your care

You have the right to give instructions about what's to be done if you can't make medical decisions for yourself

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you're in this situation. This means, *if you want to*, you can:

- Fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself.
- **Give your doctors written instructions** about how you want them to handle your medical care if you become unable to make decisions for yourself.

Legal documents you can use to give directions in advance in these situations are called **advance directives**. Documents like a **living will** and **power of attorney for health care** are examples of advance directives.

How to set up an advance directive to give instructions:

- **Get a form.** You can get an advance directive form from your lawyer, from a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare.
- **Fill out the form and sign it.** No matter where you get this form, it's a legal document. Consider having a lawyer help you prepare it.
- **Give copies of the form to the right people.** Give a copy of the form to your doctor and to the person you name on the form who can make decisions for you if you can't. You may want to give copies to close friends or family members. Keep a copy at home.

If you know ahead of time that you're going to be hospitalized, and you have signed an advance directive, **take a copy with you to the hospital.**

- The hospital will ask you whether you signed an advance directive form and whether you have it with you.

CHAPTER 6: Your rights and responsibilities

- If you didn't sign an advance directive form, the hospital has forms available and will ask if you want to sign one.

Filling out an advance directive is your choice (including whether you want to sign one if you're in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you signed an advance directive.

If your instructions aren't followed

If you sign an advance directive and you believe that a doctor or hospital didn't follow the instructions in it, you can file a complaint with the appropriate state-specific agency—for example, your State Department of Health. Contact your State Health Insurance Assistance Program (contact information is located in the appendix following this Evidence of Coverage) for more information.

Section 1.6 You have the right to make complaints and ask us to reconsider decisions we made

If you have any problems, concerns, or complaints and need to ask for coverage, or make an appeal, Chapter 7 of this document tells what you can do. Whatever you do—ask for a coverage decision, make an appeal, or make a complaint— **we're required to treat you fairly.**

Section 1.7 If you believe you're being treated unfairly, or your rights aren't being respected

If you believe you've been treated unfairly or your rights haven't been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY users call 1-800-537-7697), or call your local Office for Civil Rights.

If you believe you've been treated unfairly or your rights haven't been respected, *and it's not* about discrimination, you can get help dealing with the problem you're having from these places:

- **Call Pharmacy Member Services at 833-840-7962 (TTY users call 711)**
- **Call your local SHIP.** For details, go to Chapter 2, Section 3. A list of State Health Insurance Programs can be found in Exhibit A of this document.
- **Call Medicare** at 1-800-MEDICARE (1-800-633-4227) (TTY users call 1-877-486-2048)

Section 1.8 How to get more information about your rights

Get more information about your rights from these places:

- **Call Pharmacy Member Services at 833-840-7962 (TTY users call 711)**
- **Call your local SHIP.** For details, go to Chapter 2, Section 3. A list of State Health Insurance Programs can be found in Exhibit A of this document.
- **Contact Medicare**

CHAPTER 6: Your rights and responsibilities

- Visit Medicare.gov to read the publication *Medicare Rights & Protections* (available at: <https://www.medicare.gov/publications/11534-medicare-rights-and-protections.pdf>.)
- Call 1-800-MEDICARE (1-800-633-4227) (TTY users call 1-877-486-2048)

SECTION 2 Your responsibilities as a member of our plan

Things you need to do as a member of our plan are listed below. For questions, call Pharmacy Member Services at 833-840-7962 (TTY users call 711).

- **Get familiar with your covered drugs and the rules you must follow to get these covered drugs.** Use this *Evidence of Coverage* to learn what's covered and the rules you need to follow to get covered drugs.
 - Chapters 3 and 4 give details about Part D drug coverage.
- **If you have any other prescription drug coverage in addition to our plan, you're required to tell us.** Chapter 1 tells you about coordinating these benefits.
- **Tell your doctor and pharmacist that you're enrolled in our plan.** Show our plan membership card whenever you get Part D drugs.
- **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**
 - To help get the best care, tell your doctors and other health providers about your health problems. Follow the treatment plans and instructions you and your doctors agree on.
 - Make sure your doctors know all the drugs you're taking, including over-the-counter drugs, vitamins, and supplements.
 - If you have any questions, be sure to ask and get an answer you can understand.
- **Pay what you owe.** As a plan member, you're responsible for these payments:
 - If your plan requires a premium, you must pay your premium to your employer group. Premium information and how to pay will be located in your employer group materials.
 - You must continue to pay your Medicare Part B premiums to remain a member of the plan.
 - For most of your drugs covered by our plan, you must pay your share of the cost when you get the drug.
 - If you are required to pay a late enrollment penalty, you must pay the penalty to keep your drug coverage.
 - If you are required to pay the extra amount for Part D because of your yearly income, you must continue to pay the extra amount directly to the government to stay a member of our plan.
- **If you move *within* our plan service area, we need to know** so we can keep your membership record up to date and know how to contact you.
- **If you move *outside* our plan service area, you can't stay a member of our plan.**
- **If you move, tell Social Security (or the Railroad Retirement Board).**

CHAPTER 7:

If you have a problem or complaint (coverage decisions, appeals, complaints)

SECTION 1 What to do if you have a problem or concern

This chapter explains 2 types of processes for handling problems and concerns:

- For some problems, you need to use the **process for coverage decisions and appeals**.
- For other problems, you need to use the **process for making complaints** (also called grievances).

Both processes have been approved by Medicare. Each process has a set of rules, procedures, and deadlines that must be followed by us and by you.

The information in this chapter will help you identify the right process to use and what to do.

Section 1.1 Legal terms

There are legal terms for some of the rules, procedures, and types of deadlines explained in this chapter. Many of these terms are unfamiliar to most people. To make things easier, this chapter uses more familiar words in place of some legal terms.

However, it's sometimes important to know the correct legal terms. To help you know which terms to use to get the right help or information, we include these legal terms when we give details for handling specific situations.

SECTION 2 Where to get more information and personalized help

We're always available to help you. Even if you have a complaint about our treatment of you, we're obligated to honor your right to complain. You should always call Pharmacy Member Services at 833-840-7962 (TTY users call 711) for help. In some situations, you may also want help or guidance from someone who isn't connected with us. Two organizations that can help are:

State Health Insurance Assistance Program (SHIP)

Each state has a government program with trained counselors. The program is not connected with us or with any insurance company or health plan. The counselors at this program can help you understand which process you should use to handle a problem you're having. They can also answer questions, give you more information, and offer guidance on what to do.

The services of SHIP counselors are free. You will find phone numbers and website URLs in Chapter 2, Section 3 of this document.

Medicare

You can also contact Medicare for help.

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048
- Visit [Medicare.gov](https://www.Medicare.gov)

SECTION 3 Which process to use for your problem

Is your problem or concern about your benefits or coverage?

This includes problems about whether prescription drugs are covered or not, the way they are covered, and problems related to payment for prescription drugs.

Yes.

Go to, **Section 4, A guide to coverage decisions and appeals.**

No.

Go to **Section 7, How to make a complaint about quality of care, waiting times, customer service or other concerns.**

Coverage decisions and appeals

SECTION 4 A guide to coverage decisions and appeals

Coverage decisions and appeals deal with problems related to your benefits and coverage for prescription drugs, including payments. This is the process you use for issues such as whether a drug is covered or not and the way in which the drug is covered.

Asking for coverage decisions before you get services

If you want to know if we'll cover medical care before you get it, you can ask us to make a coverage decision for you. A coverage decision is a decision we make about your benefits and coverage or about the amount we'll pay for your prescription drugs.

In limited circumstances a request for a coverage decision will be dismissed, which means we won't review the request. Examples of when a request will be dismissed include if the request is incomplete, if someone makes the request on your behalf but isn't legally authorized to do so or if you ask for your request to be withdrawn. If we dismiss a request for a coverage decision,

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

we'll send a notice explaining why the request was dismissed and how to ask for a review of the dismissal.

We make a coverage decision whenever we decide what's covered for you and how much we pay. In some cases, we might decide a drug isn't covered or is no longer covered for you. If you disagree with this coverage decision, you can make an appeal.

Making an appeal

If we make a coverage decision, whether before or after you get a benefit, and you aren't satisfied, you can **appeal** the decision. An appeal is a formal way of asking us to review and change a coverage decision we made. Under certain circumstances, you can ask for an expedited or **fast appeal** of a coverage decision. Your appeal is handled by different reviewers than those who made the original decision.

When you appeal a decision for the first time, this is called a Level 1 appeal. In this appeal, we review the coverage decision we made to check to see if we properly followed the rules. When we complete the review, we give you our decision.

In limited circumstances, a request for a Level 1 appeal will be dismissed, which means we won't review the request. Examples of when a request will be dismissed include if the request is incomplete, if someone makes the request on your behalf but isn't legally authorized to do so, or if you ask for your request to be withdrawn. If we dismiss a request for a Level 1 appeal, we'll send a notice explaining why the request was dismissed and how to ask for a review of the dismissal.

If we don't dismiss your case but say no to all or part of your Level 1 appeal, you can go on to a Level 2 appeal. The Level 2 appeal is conducted by an independent review organization that is not connected to us. If you are not satisfied with the decision at the Level 2 appeal, you may be able to continue through additional levels of appeal (This chapter explains Level 3, 4, and 5 appeals).

Section 4.1 Get help asking for a coverage decision or making an appeal

Here are resources if you decide to ask for any kind of coverage decision or appeal a decision:

- **Call Pharmacy Member Services at 833-840-7962 (TTY users call 711).**
- **Get free help** from your State Health Insurance Assistance Program.
- **Your doctor or other prescriber can make a request for you.** For Part D drugs, your doctor or other prescriber can ask for a coverage decision or a Level 1 appeal on your behalf. If your Level 1 appeal is denied, your doctor or prescriber can ask for a Level 2 appeal.
- **You can ask someone to act on your behalf.** You can name another person to act for you as your representative to ask for a coverage decision or make an appeal.

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- If you want a friend, relative, or another person to be your representative, call Pharmacy Member Services at 833-840-7962 (TTY users call 711) and ask for the *Appointment of Representative* form. (The form is also available [CMS.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf) or on our website at www.carefirst.com/myaccount.) This form gives that person permission to act on your behalf. It must be signed by you and by the person you want to act on your behalf. You must give us a copy of the signed form.
- We can accept an appeal request from a representative without the form, but we can't begin or complete our review until we get it. If we don't get the form before our deadline for making a decision on your appeal, your appeal request will be dismissed. If this happens, we'll send you a written notice explaining your right to ask the independent review organization to review our decision to dismiss your appeal.
- **You also have the right to hire a lawyer.** You can contact your own lawyer or get the name of a lawyer from your local bar association or other referral service. There are groups that will give you free legal services if you qualify. However, **you aren't required to hire a lawyer** to ask for any kind of coverage decision or appeal a decision.

SECTION 5 Part D drugs: How to ask for a coverage decision or make an appeal

Section 5.1 What to do if you have problems getting a Part D drug or want us to pay you back for a Part D drug

Your benefits include coverage for many prescription drugs. To be covered, the drug must be used for a medically accepted indication. (Go to Chapter 3 for more information about a medically accepted indication.) For details about Part D drugs, rules, restrictions, and costs go to Chapters 3 and 4. **This section is about your Part D drugs only.** To keep things simple, we generally say *drug* in the rest of this section, instead of repeating *covered outpatient prescription drug* or *Part D drug* every time. We also use the term Drug List instead of *List of Covered Drugs* or *formulary*.

- If you don't know if a drug is covered or if you meet the rules, you can ask us. Some drugs require you to get approval from us before we'll cover it.
- If your pharmacy tells you that your prescription can't be filled as written, the pharmacy will give you a written notice explaining how to contact us to ask for a coverage decision.

Part D coverage decisions and appeals**Legal Term:**

An initial coverage decision about your Part D drugs is called a **coverage determination**.

A coverage decision is a decision we make about your benefits and coverage or about the amount we'll pay for your drugs. This section tells what you can do if you're in any of the following situations:

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- Asking to cover a Part D drug that's not on our plan's Drug List. **Ask for an exception Section 5.2**
- Asking to waive a restriction on our plan's coverage for a drug (such as limits on the amount of the drug you can get, prior authorization criteria, or the requirement to try another drug first) **Ask for an exception. Section 5.2**
- Asking to pay a lower cost-sharing amount for a covered drug on a higher cost-sharing tier. **Ask for an exception. Section 5.2**
- Asking to get pre-approval for a drug. **Ask for a coverage decision. Section 5.4**
- Pay for a prescription drug you already bought. **Ask us to pay you back. Section 5.4**

If you disagree with a coverage decision we have made, you can appeal our decision.

This section tells you both how to ask for coverage decisions and how to request an appeal.

Section 5.2 Asking for an exception**Legal Terms:**

Asking for coverage of a drug that's not on the Drug List is a **formulary exception**.

Asking for removal of a restriction on coverage for a drug is a **formulary exception**.

Asking to pay a lower price for a covered non-preferred drug is a **tiering exception**.

If a drug isn't covered in the way you'd like it to be covered, you can ask us to make an **exception**. An exception is a type of coverage decision.

For us to consider your exception request, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. Here are three examples of exceptions that you or your doctor or other prescriber can ask us to make:

- 1. Covering a Part D drug that's not on our Drug List.** If we agree to cover a drug not on the Drug List, you'll need to pay the cost-sharing amount that applies to drugs in Tier 4 (Non-Preferred Drugs). You can't ask for an exception to the cost-sharing amount we require you to pay for the drug.
- 2. Removing a restriction for a covered drug.** Chapter 3 describes the extra rules or restrictions that apply to certain drugs on our Drug List. If we agree to make an exception and waive a restriction for you, you can ask for an exception to the cost-sharing amount we require you to pay for the drug.
- 3. Changing coverage of a drug to a lower cost-sharing tier.** Every drug on our Drug List is in one of five cost-sharing tiers. In general, the lower the cost-sharing tier number, the less you pay as your share of the cost of the drug.
 - If our Drug List contains alternative drug(s) for treating your medical condition that are in a lower cost-sharing tier than your drug, you can ask us to cover your drug at the cost-sharing amount that applies to the alternative drug(s).

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- You can't ask us to change the cost-sharing tier for any drug in Tier 5 Specialty. Exceptions will not be considered for changes to cost sharing for any drug in Tier 5 Specialty or any drug on the non Part D enhanced drug list.
- If we approve your tiering exception request and there's more than one lower cost-sharing tier with alternative drugs you can't take, you usually pay the lowest amount.

Section 5.3 Important things to know about asking for exceptions**Your doctor must tell us the medical reasons**

Your doctor or other prescriber must give us a statement that explains the medical reasons you're asking for requesting an exception. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

Our Drug List typically includes more than one drug for treating a particular condition. These different possibilities are called **alternative** drugs. If an alternative drug would be just as effective as the drug you're asking for and wouldn't cause more side effects or other health problems, we generally won't approve your request for an exception. If you ask us for a tiering exception, we generally won't approve your request for an exception unless all the alternative drugs in the lower cost-sharing tier(s) won't work as well for you or are likely to cause an adverse reaction or other harm.

We can say yes or no to your request

- If we approve your request for an exception, our approval usually is valid until the end of our plan year. This is true as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.
- If we say no to your request, you can ask for another review by making an appeal.

Section 5.4 How to ask for a coverage decision, including an exception**Legal Term:**

A fast coverage decision is called an **expedited coverage determination**.

Step 1: Decide if you need a standard coverage decision or a fast coverage decision.

Standard coverage decisions are made within **72 hours** after we get your doctor's statement.

Fast coverage decisions are made within **24 hours** after we get your doctor's statement.

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

If your health requires it, ask us to give you a fast coverage decision. To get a fast coverage decision, you must meet 2 requirements:

- You must be asking for a drug you didn't get. (You can't ask for fast coverage decision to be paid back for a drug you have already bought.)
- Using the standard deadlines could cause serious harm to your health or hurt your ability to regain function.
- **If your doctor or other prescriber tells us that your health requires a fast coverage decision, we'll automatically give you a fast coverage decision.**
- **If you ask for a fast coverage decision on your own, without your doctor or prescriber's support, we'll decide whether your health requires that we give you a fast coverage decision.** If we don't approve a fast coverage decision, we'll send you a letter that:
 - Explains that we'll use the standard deadlines.
 - Explains if your doctor or other prescriber asks for the fast coverage decision, we'll automatically give you a fast coverage decision.
 - Tells you how you can file a fast complaint about our decision to give you a standard coverage decision instead of the fast coverage decision you asked for. We'll answer your complaint within 24 hours of receipt.

Step 2: Ask for a standard coverage decision or a fast coverage decision.

Start by calling, writing, or faxing our plan to ask us to authorize or provide coverage for the prescription drugs you want. You can also access the coverage decision process through our website. We must accept any written request, including a request submitted on the *CMS Model Coverage Determination Request Form* or on our plan's form, which is available on our website www.carefirst.com/myaccount. Chapter 2 has contact information. You may access a printable version of the form or submit your coverage determination request electronically through our secure member portal, which you can find on our website at <https://www.carefirst.com/pshbp/resources-forms.html>. To help us process your request, please be sure to include your name, contact information, and information that shows which denied claim is being appealed.

You, your doctor, (or other prescriber) or your representative can do this. You can also have a lawyer act on your behalf. Section 4 of this chapter tells how you can give written permission to someone else to act as your representative.

- **If you're asking for an exception, provide the supporting statement**, which is the medical reasons for the exception. Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone and follow up by faxing or mailing a written statement if necessary.

Step 3: We consider your request and give you our answer.

Deadlines for a fast coverage decision

- We must generally give you our answer within **24 hours** after we get your request.
 - For exceptions, we will give you our answer within 24 hours after we get your doctor's supporting statement. We'll give you our answer sooner if your health requires us to.

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization.
- **If our answer is yes to part or all of what you asked for**, we must provide the coverage we have agreed to provide within 24 hours after we receive your request or doctor's statement supporting your request.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

Deadlines for a standard coverage decision about a drug you didn't get yet

- We must generally give you our answer **within 72 hours** after we get your request.
 - For exceptions, we'll give you our answer within 72 hours after we get your doctor's supporting statement. We'll give you our answer sooner if your health requires us to.
 - If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it'll be reviewed by an independent review organization.
- **If our answer is yes to part or all of what you asked for**, we must **provide the coverage** we have agreed to provide **within 72 hours** after we get your request or doctor's statement supporting your request.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

Deadlines for a standard coverage decision about payment for a drug you've already bought

- We must give you our answer **within 14 calendar days** after we get your request.
 - If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization.
- **If our answer is yes to part or all of what you asked for**, we're also required to make payment to you within 14 calendar days after we get your request.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

Step 4: If we say no to your coverage request, you can make an appeal.

- If we say no, you have the right to ask us to reconsider this decision by making an appeal. This means asking again to get the drug coverage you want. If you make an appeal, it means you're going on to Level 1 of the appeals process.

Section 5.5 How to make a Level 1 appeal**Legal Terms:**

An appeal to our plan about a Part D drug coverage decision is called a plan **redetermination**.

Legal Terms:

A *fast appeal* is called an **expedited redetermination**.

Step 1: Decide if you need a standard appeal or a fast appeal.

A standard appeal is usually made within 7 calendar days. A fast appeal is generally made within 72 hours. If your health requires it, ask for a fast appeal.

- If you're appealing a decision we made about a drug, you and your doctor or other prescriber will need to decide if you need a fast appeal.
- The requirements for getting a fast appeal are the same as those for getting a fast coverage decision in Section 5.4 of this chapter.

Step 2: You, your representative, doctor, or other prescriber must contact us and make your Level 1 appeal. If your health requires a quick response, you must ask for a fast appeal.

- **For standard appeals, submit a written request.** Chapter 2 has contact information.
- **For fast appeals, either submit your appeal in writing or call us at 833-840-7962.** Chapter 2 has contact information.
- **We must accept any written request,** including a request submitted on the *CMS Model Redetermination Request Form*, which is available on our website <https://www.carefirst.com/pshbp/plan-information/prescription-drug-coverage/drug-management-programs.html>. Include your name, contact information, and information about your claim to help us process your request.
- You may submit your coverage determination request electronically through our secure member portal, which you can find on the following website: <https://www.carefirst.com/pshbp/plan-information/prescription-drug-coverage/drug-management-programs.html>.
- **You must make your appeal request within 65 calendar days** from the date on the written notice we sent to tell you our answer on the coverage decision. If you miss this deadline and have a good reason for missing it, explain the reason your appeal is late when you make your appeal. We may give you more time to make your appeal. Examples of good cause may include a serious illness that prevented you from contacting us or if we provided you with incorrect or incomplete information about the deadline for asking for an appeal.
- **You can ask for a copy of the information in your appeal and add more information.** You and your doctor may add more information to support your appeal. We're allowed to charge a fee for copying and sending this information to you.

Step 3: We consider your appeal and give you our answer.

- When we review your appeal, we take another careful look at all of the information about your coverage request. We check to see if we were following all the rules when we said no to your request. We may contact you or your doctor or other prescriber to get more information.

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

Deadlines for a fast appeal

- For fast appeals, we must give you our answer **within 72 hours after we get your appeal**. We'll give you our answer sooner if your health requires us to.
 - If we don't give you an answer within 72 hours, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization. Section 5.6 explains the Level 2 appeal process.
- **If our answer is yes to part or all of what you asked for**, we must provide the coverage we have agreed to provide within 72 hours after we get your appeal.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no and how you can appeal our decision.

Deadlines for a standard appeal for a drug you didn't get

- For standard appeals, we must give you our answer **within 7 calendar days** after we get your appeal. We'll give you our decision sooner if you didn't get the drug yet and your health condition requires us to do so.
 - If we don't give you a decision within 7 calendar days, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization. Section 5.6 explains the Level 2 appeal process.
- **If our answer is yes to part or all of what you asked for**, we must provide the coverage as quickly as your health requires, but no later than **7 calendar days** after we get your appeal.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no and how you can appeal our decision.

Deadlines for a standard appeal about payment for a drug you already bought

- We must give you our answer **within 14 calendar days** after we get your request.
 - If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization.
- **If our answer is yes to part or all of what you asked for**, we are also required to make payment to you within **30 calendar days** after we get your request.
- **If our answer is no to part or all of what you asked for**, we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

Step 4: If we say no to your appeal, you decide if you want to continue with the appeals process and make *another* appeal.

- If you decide to make another appeal, it means your appeal is going on to Level 2 of the appeals process.

Section 5.6 How to make a Level 2 appeal

Legal Term

The formal name for the independent review organization is the **Independent Review Entity**. It is sometimes called the **IRE**.

The **independent review organization is an independent organization hired by Medicare**. It isn't connected with us and is not a government agency. This organization decides whether the decision we made is correct or if it should be changed. Medicare oversees its work.

Step 1: You (or your representative or your doctor or other prescriber) must contact the independent review organization and ask for a review of your case.

- If we say no to your Level 1 appeal, the written notice we send you will include **instructions on how to make a Level 2 appeal** with the independent review organization. These instructions will tell who can make this Level 2 appeal, what deadlines you must follow, and how to reach the independent review organization.
- **You must make your appeal request within 65 calendar days** from the date on the written notice.
- If we did not complete our review within the applicable timeframe or make an unfavorable decision regarding an **at-risk** determination under our drug management program, we'll automatically forward your request to the IRE.
- We'll send the information we have about your appeal to the independent review organization. This information is called your **case file**. **You have the right to ask us for a copy of your case file.**
- You have a right to give the independent review organization additional information to support your appeal.

Step 2: The independent review organization reviews your appeal.

- Reviewers at the independent review organization will take a careful look at all of the information related to your appeal.

Deadlines for fast appeal

- If your health requires it, ask the independent review organization for a fast appeal.
- If the independent review organization agrees to give you a fast appeal, the independent review organization must give you an answer to your Level 2 appeal **within 72 hours** after it gets your appeal request.

Deadlines for standard appeal

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- For standard appeals, the independent review organization must give you an answer to your Level 2 appeal **within 7 calendar days** after it gets your appeal if it is for a drug you didn't get yet. If you're asking us to pay you back for a drug you already bought, the independent review organization must give you an answer to your Level 2 appeal **within 14 calendar days** after it gets your request.

Step 3: The independent review organization gives you its answer.***For fast appeals:***

- **If the independent review organization says yes to part or all of what you asked for**, we must provide the drug coverage that was approved by the independent review organization **within 24 hours** after we get the decision from the independent review organization.

For standard appeals:

- **If the independent review organization says yes to part or all of your request for coverage**, we must **provide the drug coverage** that was approved by the independent review organization **within 72 hours** after we get the decision from the independent review organization.
- **If the independent review organization says yes to part or all of your request to pay you back for a drug you already bought**, we are required to **send payment to you within 30 calendar days** after we receive the decision from the review organization.

What if the independent review organization says no to your appeal?

If this organization says **no to part or all of** your appeal, it means they agree with our decision not to approve your request (or part of your request). (This is called **upholding the decision**. It's also called **turning down your appeal**.) In this case, the independent review organization will send you a letter that:

- Explains the decision.
- Lets you know about your right to a Level 3 appeal if the dollar value of the drug coverage you're asking for meets a certain minimum. If the dollar value of the drug coverage you're asking for is too low, you can't make another appeal and the decision at Level 2 is final.
- Tells you the dollar value that must be in dispute to continue with the appeals process.

Step 4: If your case meets the requirements, you choose whether you want to take your appeal further.

- There are three additional levels in the appeals process after Level 2 (for a total of five levels of appeal).
- If you want to go on to a Level 3 appeal, the details on how to do this are in the written notice you get after your Level 2 appeal decision.
- The Level 3 appeal is handled by an Administrative Law Judge or attorney adjudicator. Section 6 explains the Levels 3, 4, and 5 appeals process.

SECTION 6 Taking your appeal to Levels 3, 4 and 5

Section 6.1 Appeal Levels 3, 4 and 5 for Part D Drug Requests

This section may be right for you if you made a Level 1 appeal and a Level 2 appeal, and both of your appeals were turned down.

If the dollar value of the drug you appealed meets certain minimum levels, you may be able to go to additional levels of appeal. If the dollar value is less than the minimum level, you can't appeal any further. The written response you get to your Level 2 appeal will explain how to make a Level 3 appeal.

For most situations that involve appeals, the last 3 levels of appeal work in much the same way as the first two levels. Here's who handles the review of your appeal at each of these levels.

Level 3 appeal

An **Administrative Law Judge** or an attorney adjudicator who works for the federal government will review your appeal and give you an answer.

- **If the Administrative Law Judge or attorney adjudicator says yes to your appeal, the appeals process *may or may not be over*.** Unlike a decision at a Level 2 appeal, we have the right to appeal a Level 3 decision that's favorable to you. If we decide to appeal, it will go to a Level 4 appeal.
 - If we decide *not* to appeal, we must authorize or provide you with the medical care within 60 calendar days after we get the Administrative Law Judge's or attorney adjudicator's decision.
 - If we decide to appeal the decision, we'll send you a copy of the Level 4 appeal request with any accompanying documents. We may wait for the Level 4 appeal decision before authorizing or providing the medical care in dispute.
- **If the Administrative Law Judge or attorney adjudicator says no to your appeal, the appeals process *may or may not be over*.**
 - If you decide to accept this decision that turns down your appeal, the appeals process is over.
 - If you don't want to accept the decision, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 appeal.

Level 4 appeal

The **Medicare Appeals Council** (Council) will review your appeal and give you an answer. The Council is part of the federal government.

- **If the answer is yes, or if the Council denies our request to review a favorable Level 3 appeal decision, the appeals process *may or may not be over*.** Unlike a decision at

Level 2, we have the right to appeal a Level 4 decision that is favorable to you. We'll decide whether to appeal this decision to Level 5.

- If we decide *not* to appeal the decision, we must authorize or provide you with the medical care within 60 calendar days after getting the Council's decision.
- If we decide to appeal the decision, we'll let you know in writing.
- **If the answer is no or if the Council denies the review request, the appeals process may or may not be over.**
 - If you decide to accept this decision that turns down your appeal, the appeals process is over.
 - If you don't want to accept the decision, you may be able to continue to the next level of the review process. If the Council says no to your appeal, the notice you get will tell you whether the rules allow you to go to a Level 5 appeal and how to continue with a Level 5 appeal.

Level 5 appeal

A judge at the **Federal District Court** will review your appeal.

- A judge will review all of the information and decide *yes* or *no* to your request. This is a final answer. There are no more appeal levels after the Federal District Court.

Making complaints

SECTION 7 How to make a complaint about quality of care, waiting times, customer service, or other concerns

Section 7.1 What kinds of problems are handled by the complaint process

The complaint process is *only* used for certain types of problems. This includes problems about quality of care, waiting times, and customer service. Here are examples of the kinds of problems handled by the complaint process.

Complaint	Example
Quality of your care	• Are you unhappy with the quality of the care you got?
Respecting your privacy	• Did someone not respect your right to privacy or share confidential information?
Disrespect, poor customer service, or other negative behaviors	• Has someone been rude or disrespectful to you? • Are you unhappy with our Member Services? • Do you feel you're being encouraged to leave our plan?

Complaint	Example
Waiting times	- Have you been kept waiting too long by pharmacists? Or by our Member Services or other staff at our plan? - Examples include waiting too long on the phone, in the waiting or exam room, or getting a prescription.
Cleanliness	Are you unhappy with the cleanliness or condition of a pharmacy?
Information you get from us	- Did we fail to give you a required notice? - Is our written information hard to understand?
Timeliness (These types of complaints are all about the <i>timeliness</i> of our actions related to coverage decisions and appeals)	If you have asked for a coverage decision or made an appeal, and you think that we aren't responding quickly enough, you can make a complaint about our slowness. Here are examples: - You asked us for a <i>fast coverage decision</i> or a <i>fast appeal</i> and we have said no; you can make a complaint. - You believe we are not meeting the deadlines for coverage decisions or appeals; you can make a complaint. - You believe we aren't meeting deadlines for covering or reimbursing you for certain drugs that were approved; you can make a complaint. - You believe we failed to meet required deadlines for forwarding your case to the independent review organization; you can make a complaint.

Section 7.2 How to make a complaint

Legal Terms:

- A **complaint** is also called a **grievance**.
- Making a complaint** is called **filing a grievance**.
- Using the process for complaints** is called **using the process for filing a grievance**.
- A **fast complaint** is called an **expedited grievance**.

Step 1: Contact us promptly – either by phone or in writing.

- Calling Pharmacy Member Services at 833-840-7962 (TTY users call 711) is usually the first step.** If there's anything else you need to do, Member Services will let you know.
- If you don't want to call (or you called and weren't satisfied), you can put your complaint in writing and send it to us.** If you put your complaint in writing, we'll respond to your complaint in writing.

CHAPTER 7: If you have a problem or complaint (coverage decisions, appeals, complaints)

- **Standard Grievance Process** - You can file a grievance through a call to Member Services at the number on the back of this document. Often we can resolve your grievance during the call. If we cannot resolve your grievance during the call we will forward your concern for more investigation. You can also send your concern to us in writing.

Send written complaints about your Part D drug coverage to:

Grievance Department
P.O. Box 30016
Pittsburgh, PA 15222-0330

Your grievance must be forwarded to us orally or in writing within 60 days of the event or incident. We will respond to your grievance within 30 calendar days.

- **Expedited Grievances** - Call Member Services if you have an Expedited Grievance, which is a complaint about:
 - Our decision to request an extension to a coverage determination or appeal which would extend the timeframe to provide a decision by 14 days, or;
 - Our decision not to expedite your request for a coverage determination or appeal
 - An Expedited Grievance will be reviewed within 24 hours of receipt. We will call you with the outcome of your Expedited Grievance.
- The **deadline** for making a complaint is **60 calendar days** from the time you had the problem you want to complain about.

Step 2: We look into your complaint and give you our answer.

- **If possible, we'll answer you right away.** If you call us with a complaint, we may be able to give you an answer on the same phone call.
- **Most complaints are answered within 30 calendar days.** If we need more information and the delay is in your best interest or if you ask for more time, we can **take up to 14 more calendar days** (44 calendar days total) to answer your complaint. If we decide to take extra days, we'll tell you in writing.
- **If you're making a complaint because we denied your request for a fast coverage decision or a fast appeal, we'll automatically give you a fast complaint.** If you have a fast complaint, it means we'll give you **an answer within 24 hours**.
- **If we don't agree** with some or all of your complaint or don't take responsibility for the problem you're complaining about, we'll include our reasons in our response to you.

Section 7.3 You can also make complaints about quality of care to the Quality Improvement Organization

When your complaint is about *quality of care*, you also have 2 extra options:

- **You can make your complaint directly to the Quality Improvement Organization.** The Quality Improvement Organization is a group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients. Chapter 2 has contact information.

Or

- **You can make your complaint to both the Quality Improvement Organization and us at the same time.**

Section 7.4 You can also tell Medicare about your complaint

You can submit a complaint about CareFirst BlueCross BlueShield Group Medicare Rx directly to Medicare. To submit a complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx. You may also call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.

CHAPTER 8:

Ending membership in our plan

SECTION 1 Ending your membership in our plan

Ending your membership in CareFirst BlueCross BlueShield Group Medicare Rx may be **voluntary** (your own choice) or **involuntary** (not your own choice):

- You might leave our plan because you decide you *want* to leave. Sections 2 and 3 give information on ending your membership voluntarily.
- There are also limited situations where we're required to end your membership. Section 5 tells you about situations when we must end your membership.

If you're leaving our plan, our plan must continue to provide your prescription drugs, and you'll continue to pay your cost share until your membership ends.

SECTION 2 When can you end your membership in our plan?

You can make changes to your plan during your employer's annual Open Enrollment Period (OEP). Your employer will provide information on what your plan enrollment options are and when the OEP begins and ends. Should you choose to disenroll from all of your employer group offerings, you should discuss this decision with your former employer group to determine what the impacts of that disenrollment would be.

All Medicare beneficiaries can make a change to their Medicare Advantage plan during the Annual Enrollment Period from October 15 to December 7 each year and during the Medicare Advantage Open Enrollment Period from January 1 to March 31. Should you choose to leave your employer group's retiree plan at this time, you should discuss this change with your employer group to understand how this disenrollment will impact your retiree coverage.

Note: If you disenroll from Medicare drug coverage and go without creditable prescription drug coverage for 63 or more days in a row, you may have to pay a late enrollment penalty if you join a Medicare drug plan later.

Section 2.1 Get more information about when you can end your membership

If you have any questions about ending your membership you can:

- **Contact your former employer.**
- **Call Member Services at 833-489-1316 (TTY users call 711).**

- Find the information in the **Medicare & You 2026** handbook.
- Call **Medicare** at 1-800-MEDICARE (1-800-633-4227). (TTY users call 1-877-486-2048)

SECTION 3 How to end your membership in our plan

The table below explains how you can end your membership in our plan.

If you would like to switch from our plan to:	Here's what you should do:
• Another Medicare health plan	• Contact your former employer.
• Original Medicare <i>with</i> a separate Medicare drug plan	• Contact your former employer.
• Original Medicare <i>without</i> a separate Medicare drug plan	• Contact your former employer.

SECTION 4 Until your membership ends, you must keep getting your drugs through our plan

Until your membership ends, and your new Medicare coverage starts, you must continue to get your prescription drugs through our plan.

- **Continue to use our network pharmacies or mail order to get your prescriptions filled.**

SECTION 5 CareFirst BlueCross BlueShield Group Medicare Rx must end our plan membership in certain situations

CareFirst BlueCross BlueShield Group Medicare Rx must end your membership in our plan if any of the following happen:

- If you no longer have Medicare Part A or Part B (or both).
- If you move out of our service area.
- If you're away from our service area for more than 12 months.
 - If you move or take a long trip, call Member Services at 833-489-1316 (TTY users call 711) to find out if the place you're moving or traveling to is in our plan's area.
- If you become incarcerated (go to prison)
- If you're no longer a United States citizen or lawfully present in the United States
- If you lie or withhold information about other insurance, you have that provides prescription drug coverage

CHAPTER 8: Ending membership in our plan

- If you intentionally give us incorrect information when you're enrolling in our plan, and that information affects your eligibility for our plan. (We can't make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that's disruptive and makes it difficult for us to provide care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get prescription drugs. (We can't make you leave our plan for this reason unless we get permission from Medicare first.)
 - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If your employer group or union informs us that you have not paid your plan premium per your employer group or union's rules and you must be disenrolled.
- If you're required to pay the extra Part D amount because of your income and you don't pay it, Medicare will disenroll you from our plan and you'll lose drug coverage.

If you have questions or want more information on when we can end your membership, call Member Services at 833-489-1316 (TTY users call 711).

Section 5.1 We can't ask you to leave our plan for any health-related reason

CareFirst BlueCross BlueShield Group Medicare Rx isn't allowed to ask you to leave our plan for any health-related reason.

What should you do if this happens?

If you feel you're being asked to leave our plan because of a health-related reason, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

Section 5.2 You have the right to make a complaint if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you file a grievance or can make a complaint about our decision to end your membership.

CHAPTER 9:

Legal notices

SECTION 1 Notice about governing law

The principal law that applies to this *Evidence of Coverage* document is Title XVIII of the Social Security Act and the regulations created under the Social Security Act by the Centers for Medicare & Medicaid Services (CMS). In addition, other federal laws may apply and, under certain circumstances, the laws of the state you live in. This may affect your rights and responsibilities even if the laws aren't included or explained in this document.

SECTION 2 Notice about nondiscrimination

We don't discriminate based on race, ethnicity, national origin, color, religion, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. All organizations that provide Medicare prescription drug plans, like our plan, must obey federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, all other laws that apply to organizations that get federal funding, and any other laws and rules that apply for any other reason.

If you want more information or have concerns about discrimination or unfair treatment, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights. You can also review information from the Department of Health and Human Services' Office for Civil Rights at [HHS.gov/ocr/index.html](https://www.hhs.gov/ocr/index.html).

If you have a disability and need help with access to care, call Pharmacy Member Services at 833-840-7962 (TTY users call 711). If you have a complaint, such as a problem with wheelchair access, Member Services can help.

SECTION 3 Notice about Medicare Secondary Payer subrogation rights

We have the right and responsibility to collect for covered Medicare prescription drugs for which Medicare is not the primary payer. According to CMS regulations at 42 CFR sections 422.108 and 423.462, CareFirst BlueCross BlueShield Group Medicare Rx, as a Medicare prescription drug plan sponsor, will exercise the same rights of recovery that the Secretary exercises under CMS

CHAPTER 9: Legal notices

regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws.

SECTION 4 Third Party Liability and Subrogation

CareFirst BlueCross BlueShield Group Medicare Rx has subrogation and reimbursement rights. Subrogation requires that you turn over to CareFirst BlueCross BlueShield Group Medicare Rx any rights you may have against a third party. A third party is any person, corporation, insurer or other entity that may be liable to you for an injury or illness. This right applies to the amount of benefits paid by CareFirst BlueCross BlueShield Group Medicare Rx for injuries or illnesses where a third party could be liable. The Plan is given the same rights of subrogation and recovery that are available to the Medicare Program under the Medicare Secondary Payer rules. CareFirst BlueCross BlueShield Group Advantage may use whatever rights of recovery are available to the Medicare program under 42 U.S.C. § 1395mm(e)(4), 42 U.S.C. §1395w-22(a)(4), 42 C.F.R. Part 411, and 42 C.F.R. Part 422.

Recovery means to be successful in a lawsuit, to collect or obtain an amount; to obtain a favorable or final judgment; to obtain an amount in any legal manner; an amount finally collected or the amount of judgment as a result of an action brought against a third party or involving uninsured or underinsured motorist claims. A Recovery does not include payments made to you under a personal injury protection policy. CareFirst BlueCross BlueShield Group Medicare Rx will not recover medical expenses from you unless you recover for medical expenses in a cause of action.

- A.** You must notify CareFirst BlueCross BlueShield Group Medicare Rx as soon as reasonably possible that a third party may be liable for the injuries or illnesses for which benefits are being provided or paid.
- B.** To the extent that actual payments made by CareFirst BlueCross BlueShield Group Medicare Rx result from the occurrence that gave rise to the cause of action, CareFirst BlueCross BlueShield Group Medicare Rx shall be subrogated and succeed to any right of recovery you have against any person or organization.
- C.** You shall pay CareFirst BlueCross BlueShield Group Medicare Rx the amount recovered by suit, settlement, or otherwise from any third party's insurer, any uninsured or underinsured motorist coverage, or as permitted by law, to the extent that any actual payments made by CareFirst BlueCross BlueShield Group Medicare Rx result from the occurrence that gave rise to the cause of action.
- D.** You shall furnish information and assistance, and execute papers that CareFirst BlueCross BlueShield Group Medicare Rx may require to facilitate enforcement of these rights. You shall not commit any action prejudicing the rights and interests of CareFirst BlueCross BlueShield Group Medicare Rx.

CHAPTER 9: Legal notices

- E.** In a subrogation claim arising out of a claim for personal injury, the amount recovered by CareFirst BlueCross BlueShield Group Medicare Rx may be reduced by:
- 1.** Dividing the total amount of the personal injury recovery into the total amount of the attorney's fees incurred by the injured person for services rendered in connection with the injured person's claim; and
 - 2.** Multiplying the result by the amount of CareFirst BlueCross BlueShield Group Medicare Rx's subrogation claim. This percentage may not exceed one-third (1/3) of CareFirst BlueCross BlueShield Group Advantage's subrogation claim.
- F.** On written request by CareFirst BlueCross BlueShield Group Medicare Rx, you or your attorney demanding a reduction of the subrogation claim shall provide CareFirst BlueCross BlueShield Group Medicare Rx with your certification that states the amount of the attorney's fees incurred.

CHAPTER 10:

Definitions

Appeal – An appeal is something you do if you disagree with our decision to deny a request for coverage of prescription drugs or payment for drugs you already got.

Biological Product – A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and can't be copied exactly, so alternative forms are called biosimilars. (go to “**Original Biological Product**” and “**Biosimilar**”).

Biosimilar – A biological product very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product. Some biosimilars may be substituted for the original biological product at the pharmacy without needing a new prescription (Go to “**Interchangeable Biosimilar**”).

Brand Name Drug – A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the drug. Brand name drugs have the same active-ingredient formula as the generic version of the drug. However, generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the brand name drug has expired.

Catastrophic Coverage Stage – The stage in the Part D Drug Benefit that begins when you (or other qualified parties on your behalf) have spent \$2,100 for Part D covered drugs during the covered year. During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

Centers for Medicare & Medicaid Services (CMS) – The Federal agency that administers Medicare.

Chronic-Care Special Needs Plan (C-SNP) – C-SNPs are SNPs that restrict enrollment to MA eligible people who have specific severe and chronic diseases.

Coinsurance – An amount you may be required to pay, expressed as a percentage (for example 20%) as your share of the cost for prescription drugs after you pay any deductibles.

Complaint – The formal name for making a complaint is **filing a grievance**. The complaint process is used *only* for certain types of problems. This includes problems about quality of care, waiting times, and the customer service you get. It also includes complaints if our plan doesn't follow the time periods in the appeal process.

Copayment (or copay) – An amount you may be required to pay as your share of the cost for a prescription drug. A copayment is a set amount (for example \$10), rather than a percentage.

Cost Sharing – Cost sharing refers to amounts that a member has to pay when drugs are gotten. (This is in addition to our plan's monthly premium.) Cost sharing includes any combination of

CHAPTER 10: Definitions

the following 3 types of payments: 1) any deductible amount a plan may impose before drugs are covered; 2) any fixed copayment amount that a plan requires when a specific drug is gotten; or 3) any coinsurance amount, a percentage of the total amount paid for a drug, that a plan requires when a specific drug is gotten.

Cost-Sharing Tier – Every drug on the list of covered drugs is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug.

Coverage Determination – A decision about whether a drug prescribed for you is covered by our plan and the amount, if any, you're required to pay for the prescription. In general, if you bring your prescription to a pharmacy and the pharmacy tells you the prescription isn't covered under our plan, that isn't a coverage determination. You need to call or write to our plan to ask for a formal decision about the coverage. Coverage determinations are called **coverage decisions** in this document.

Covered Drugs – The term we use to mean all of the prescription drugs covered by our plan.

Creditable Prescription Drug Coverage – Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare prescription drug coverage later.

Daily cost-sharing rate – A daily cost-sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you're required to pay a copayment. A daily cost-sharing rate is the copayment divided by the number of days in a month's supply. Here is an example: If your copayment for a one-month supply of a drug is \$30, and a one-month's supply in our plan is 30 days, then your daily cost-sharing rate is \$1 per day.

Deductible – The amount you must pay for prescriptions before our plan pays.

Disenroll or Disenrollment – The process of ending your membership in our plan.

Dispensing Fee – A fee charged each time a covered drug is dispensed to pay for the cost of filling a prescription, such as the pharmacist's time to prepare and package the prescription.

Dual Eligible Special Needs Plans (D-SNP) – D-SNPs enroll people who are entitled to both Medicare (Title XVIII of the Social Security Act) and medical assistance from a state plan under Medicaid (Title XIX). States cover some Medicare costs, depending on the state and the person's eligibility.

Dually Eligible Individual – A person who is eligible for Medicare and Medicaid coverage.

Emergency – A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life (and if you're a pregnant woman, loss of an unborn child), loss of a limb, or loss of function of a limb, or loss of or serious impairment to a bodily function. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

CHAPTER 10: Definitions

Evidence of Coverage (EOC) and Disclosure Information – This document, along with your enrollment form and any other attachments, riders, or other optional coverage selected, which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan.

Exception – A type of coverage decision that, if approved, allows you to get a drug that is not on our formulary (a formulary exception), or get a non-preferred drug at a lower cost-sharing level (a tiering exception). You may also ask for an exception if our plan requires you to try another drug before getting the drug you're asking for, if our plan requires a prior authorization for a drug and you want us to waive the criteria restriction, or if our plan limits the quantity or dosage of the drug you're asking for (a formulary exception).

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

Generic Drug – A prescription drug that's approved by the FDA as having the same active ingredient(s) as the brand name drug. Generally, a generic drug works the same as a brand name drug and usually costs less.

Grievance – A type of complaint you make about our plan, providers, or pharmacies, including a complaint concerning the quality of your care. This doesn't involve coverage or payment disputes.

Income Related Monthly Adjustment Amount (IRMAA) – If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount, also known as IRMAA. IRMAA is an extra charge added to your premium. Less than 5% of people with Medicare are affected, so most people won't pay a higher premium.

Initial Coverage Stage – This is the stage before your out-of-pocket costs for the year have reached the out-of-pocket threshold amount.

Initial Enrollment Period – When you're first eligible for Medicare, the period of time when you can sign up for Medicare Part A and Part B. If you're eligible for Medicare when you turn 65, your Initial Enrollment Period is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

Interchangeable Biosimilar – A biosimilar that may be used as a substitute for an original biosimilar product at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

List of Covered Drugs (formulary or Drug List) – A list of prescription drugs covered by our plan.

Low Income Subsidy (LIS) – Go to Extra Help.

Manufacturer Discount Program – A program under which drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics. Discounts are based on agreements between the federal government and drug manufacturers.

CHAPTER 10: Definitions

Maximum Fair Price – The price Medicare negotiated for a selected drug.

Medicaid (or Medical Assistance) – A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. State Medicaid programs vary, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medically Accepted Indication – A use of a drug that is either approved by the FDA or supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information system.

Medicare – The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant).

Medicare Advantage (MA) Plan – Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage Plan can be i) an HMO, ii) a PPO, iii) a Private Fee-for-Service (PFFS) plan, or iv) a Medicare Medical Savings Account (MSA) plan. Besides choosing from these types of plans, a Medicare Advantage HMO or PPO plan can also be a Special Needs Plan (SNP). In most cases, Medicare Advantage Plans also offer Medicare Part D (prescription drug coverage). These plans are called **Medicare Advantage Plans with Prescription Drug Coverage**.

Medicare Cost Plan – A Medicare Cost Plan is a plan operated by a Health Maintenance Organization (HMO) or Competitive Medical Plan (CMP) in accordance with a cost-reimbursed contract under section 1876(h) of the Act.

Medicare-Covered Services – Services covered by Medicare Part A and Part B. The term Medicare-Covered Services doesn't include the extra benefits, such as vision, dental, or hearing, that a Medicare Advantage plan may offer.

Medicare Health Plan – A Medicare health plan is offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in our plan. This term includes all Medicare Advantage Plans, Medicare Cost Plans, Special Needs Plans, Demonstration/Pilot Programs, and Programs of All-inclusive Care for the Elderly (PACE).

Medicare Prescription Drug Coverage (Medicare Part D) – Insurance to help pay for outpatient prescription drugs, vaccines, biologicals, and some supplies not covered by Medicare Part A or Part B.

Medication Therapy Management (MTM) program – A Medicare Part D program for complex health needs provided to people who meet certain requirements or are in a Drug Management Program. MTM services usually include a discussion with a pharmacist or health care provider to review medications.

Medigap (Medicare Supplement Insurance) Policy – Medicare supplement insurance sold by private insurance companies to fill *gaps* in Original Medicare. Medigap policies only work with Original Medicare. (A Medicare Advantage Plan is not a Medigap policy.)

CHAPTER 10: Definitions

Member (Member of our Plan, or Plan Member) – A person with Medicare who is eligible to get covered services, who has enrolled in our plan and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS).

Member Services – A department within our plan responsible for answering your questions about your membership, benefits, grievances, and appeals.

Network Pharmacy – A pharmacy that contracts with our plan where members of our plan can get their prescription drug benefits. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Original Biological Product – A biological product that has been approved by the FDA and serves as the comparison for manufacturers making a biosimilar version. It is also called a reference product.

Original Medicare (Traditional Medicare or Fee-for-Service Medicare) – Original Medicare is offered by the government, and not a private health plan like Medicare Advantage plans and prescription drug plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital, or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. Original Medicare has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and is available everywhere in the United States.

Out-of-Network Pharmacy – A pharmacy that doesn't have a contract with our plan to coordinate or provide covered drugs to members of our plan. Most drugs you get from out-of-network pharmacies aren't covered by our plan unless certain conditions apply.

Out-of-Pocket Costs – Go to the definition for *cost sharing* above. A member's cost-sharing requirement to pay for a portion of drugs gotten is also referred to as the member's *out-of-pocket* cost requirement.

Out-of-Pocket Threshold – The maximum amount you pay out of pocket for Part D drugs.

PACE plan – A PACE (Program of All-Inclusive Care for the Elderly) plan combines medical, social, and long-term care (LTC) services for frail people to help people stay independent and living in their community (instead of moving to a nursing home) as long as possible. People enrolled in PACE plans receive both their Medicare and Medicaid benefits through the plan. PACE is not available in all states. If you would like to know if PACE is available in your state, contact Member Services at 833-840-7962 (TTY users call 711).

Part C – Go to Medicare Advantage (MA) Plan.

Part D – The voluntary Medicare Prescription Drug Benefit Program.

Part D Drugs – Drugs that can be covered under Part D. We may or may not offer all Part D drugs. Certain categories of drugs have been excluded as covered Part D drugs by Congress.

Part D Late Enrollment Penalty – An amount added to your monthly premium for Medicare drug coverage if you go without creditable coverage (coverage that's expected to pay, on average,

CHAPTER 10: Definitions

at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more after you're first eligible to join a Part D plan.

Premium – The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Prior Authorization – Approval in advance to get certain drugs based on specific criteria. Covered drugs that need prior authorization are marked in the formulary and our criteria are posted on our website.

Quality Improvement Organization (QIO) – A group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients.

Quantity Limits – A management tool that is designed to limit the use of a drug for quality, safety, or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.

"Real-Time Benefit Tool" – A portal or computer application in which enrollees can look up complete, accurate, timely, clinically appropriate, enrollee-specific formulary and benefit information. This includes cost-sharing amounts, alternative formulary medications that may be used for the same health condition as a given drug, and coverage restrictions (Prior Authorization, Step Therapy, Quantity Limits) that apply to alternative medications.

Selected Drug – A drug covered under Part D for which Medicare negotiated a Maximum Fair Price.

Service Area – A geographic area where you must live to join a particular prescription drug plan. Our plan may disenroll you if you permanently move out of our plan's service area.

Special Enrollment Period – A set time when members can change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include: if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs, if you move into a nursing home, or if we violate our contract with you.

Step Therapy – A utilization tool that requires you to first try another drug to treat your medical condition before we'll cover the drug your physician may have initially prescribed.

Supplemental Security Income (SSI) – A monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 and older. SSI benefits aren't the same as Social Security benefits.

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Alabama	
<u>ADAP</u> Alabama AIDS Drug Assistance Program Office of HIV Prevention and Care Alabama Department of Public Health The RSA Tower 201 Monroe Street, Suite 1400 Montgomery, AL 36104 http://www.alabamapublichealth.gov/hiv/adap.html	1-866-574-9964
<u>Medicaid</u> Alabama Medicaid P.O. Box 5624 Montgomery, AL 36103-5624 http://www.medicaid.alabama.gov/	1-800-362-1504 TTY 800-253-0799
<u>SHIP</u> Alabama State Health Insurance Assistance Program (SHIP) 201 Monroe ST, STE 350 Montgomery, AL 36104 https://alabamaageline.gov/ship/	1-800-243-5463
Alaska	
<u>ADAP</u> Alaskan AIDS Assistance Association 1057 W Fireweed LN, #102 Anchorage, AK 99503 http://www.alaskanids.org/index.php/client-services/adap	1-800-478-2437
<u>Medicaid</u> State of Alaska Department of Health & Social Services, Division of Health Care Services 4601 Business Park Blvd, Bldg. K Anchorage, AK 99503-7167 http://dhss.alaska.gov/dhcs/Pages/default.aspx#medicaid	1-800-780-9972 TTY 1-907-465-5430
<u>SHIP</u> Alaska Medicare Information Office 550 W 7th Ave, Suite 1230 Anchorage, AK 99501 http://dhss.alaska.gov/dsds/Pages/medicare/default.aspx	1-907-269-3680
American Samoa	
<u>ADAP</u> American Samoa Department of Health Faagaalu RD 1 Pago Pago, AS 96799 https://www.americansamoa.gov/	1-684-633-2437 8 a.m. - 5 p.m. local time, Monday - Friday

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

American Samoa	
<u>Medicaid</u> American Samoa Medicaid State Agency ASCTA Executive BLDG #304 P.O. Box 998383 Pago Pago, AS 96799 https://www.amsamoamedicaid.com	1-684-699-4777 TTY 711
Arizona	
<u>ADAP</u> Arizona Department of Health Services ADAP 150 N 18th AVE Phoenix, AZ 85007 https://www.azdhs.gov/preparedness/bureau-of-infectious-disease-and-services/hiv-hepatitis-c-services/index.php#aids-drug-assistance-program-home	1-800-334-1540
<u>Medicaid</u> Arizona Health Care Cost Containment System (AHCCCS) 801 E Jefferson ST Phoenix, AZ 85034 https://www.azahcccs.gov/	1-855-432-7587 TTY 711
<u>SHIP</u> Arizona State Health Insurance Assistance Program 1366 E Thomas RD, STE 108 ATTN: SHIP Phoenix, AZ 85104 https://des.az.gov/medicare-assistance	1-800-432-4040 TTY 711
Arkansas	
<u>ADAP</u> Arkansas Department of Health, Ryan White Program - Part B 4815 W Markham ST, Slot 33 Little Rock, AR 72205 https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program	1-501-661-2408
<u>Medicaid</u> Arkansas Division of Medical Services Department of Human Services Donaghey Plaza S, P.O. Box 1437 Slot S401 Little Rock, AR 72203-1437 https://humanservices.arkansas.gov/divisions-shared-services/medical-services/	1-800-482-8988 TTY 1-800-285-1131

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Arkansas	
<u>SHIP</u> Arkansas Senior Health Insurance Information Program (SHIIP) 1 Commerce Way Little Rock, AR 72202 https://www.insurance.arkansas.gov/pages/consumer-services/senior-health/	1-800-224-6330 TTY 711
California	
<u>ADAP</u> Department of Health Services - ADAP P.O. Box 997426 Sacramento, CA 95899-7426 https://www.cdph.ca.gov/Programs/CID/DOA/pages/OA_adap_eligibility.aspx	1-844-421-7050
<u>Medicaid</u> Medi-Cal - Managed Care Operations Division Department of Health Care Services P.O. Box 989009 West Sacramento, CA 95798-9850 http://www.healthcareoptions.dhcs.ca.gov/	1-800-430-4263 TTY 1-800-430-7077
<u>SHIP</u> California Health Insurance Counseling & Advocacy Program (HICAP) 2880 Gateway Oaks Drive, Suite 200 Sacramento, CA 95833 https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/	1-800-434-0222 TTY 1-800-735-2929
<u>SPAP</u> Department of Health Services P.O. Box 997377 Sacramento, CA 95899-7377 https://www.pharmacy.ca.gov/consumers/medicare_discount.shtml	1-844-421-7050 TTY 711
Colorado	
<u>ADAP</u> Colorado AIDS Drug Assistance Program (ADAP) ADAP-3800, 4300 Cherry Creek DR S Denver, CO 80246-1530 https://cdphe.colorado.gov/state-drug-assistance-program	1-303-692-2716
<u>Medicaid</u> Colorado Department of Health Care Policy and Financing 1570 Grant St.	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Colorado	
Denver, CO 80203-1818 https://hcpf.colorado.gov/	1-800-221-3943 TTY 711
<u>SHIP</u> Colorado Senior Health Insurance Assistance Program (SHIP) 1560 Broadway, STE 850 Denver, CO 80202 https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare	1-888-696-7213 TTY 711
<u>SPAP</u> Colorado Department of Health Care Policy & Financing 1570 Grant ST Denver, CO 80103-1818 https://hcpf.colorado.gov/	1-800-221-3943 TTY 711
Connecticut	
<u>ADAP</u> Connecticut ADAP Magellan Health Services P.O. Box 9971 Glen Allen, VA 23060 https://portal.ct.gov/dss/health-and-home-care/cadap/connecticut-aids-drug-assistance-program-cadap?language=en_US	1-800-424-3310
<u>Medicaid</u> Connecticut Department of Social Services 55 Farmington AVE Hartford, CT 06105-3730 https://portal.ct.gov/husky	1-877-284-8759 TTY 1-866-492-5276
<u>SHIP</u> Connecticut CHOICES Senior Health Insurance Program 55 Farmington AVE, FL 12 Hartford, CT 06105-3730 https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/CHOICES-Connecticuts-program-for-Health-insurance-assistance-Outreach-Information-and-referral-Couns	1-800-994-9422 TTY 711
Delaware	
<u>ADAP</u> Delaware Division of Public Health Ryan White Program 540 S DuPont HWY Dover, DE 19901	1-302-744-1050

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Delaware	
http://www.dhss.delaware.gov/dhss/dph/dpc/hivtreatment.html	
<u>Medicaid</u> Delaware Health and Social Services 1901 N Dupont HWY, Lewis BLDG New Castle, DE 19720 https://dhss.delaware.gov/dhss/dmma/	866-843-7212 TTY 711
<u>SHIP</u> Delaware Medicare Assistance Bureau (DMAB) 1351 WN ST, STE 101 Dover, DE 19904 https://insurance.delaware.gov/divisions/dmab/	1-800-336-9500 TTY 711
<u>SPAP</u> Delaware Prescription Assistance Program P.O. Box 950, MANOR BRANCH New Castle, DE 19720 https://dhss.delaware.gov/dhss/dmma/dpap.html	1-844-245-9580 TTY 711
District of Columbia	
<u>ADAP</u> District of Columbia ADAP 899 N Capitol ST NE, STE 400 Washington, DC 20002 https://dchealth.dc.gov/node/137072	1-202-671-4815
<u>Medicaid</u> DC Department of Human Services 64 New York AVE NE, FL 6 Washington, DC 20002 https://dhs.dc.gov/service/medical-assistance	1-202-671-4200 TTY 711
<u>SHIP</u> Department of Aging and Community Living 500 K ST NE Washington, DC 20002 https://dacl.dc.gov/service/health-insurance-counseling	202-727-8370 TTY 711
<u>SPAP</u> District of Columbia Department of Health AIDS Drug Assistance Program (ADAP) 899 N Capitol ST NE Washington, DC 20002 https://dchealth.dc.gov/node/137072	1-202-671-4815 TTY 711

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Florida	
<u>ADAP</u> Florida Department of Health ADAP HIV/AIDS Section 4052 Bald Cypress Way Tallahassee, FL 32399 http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html	1-800-352-2437
<u>Medicaid</u> Florida Medicaid Agency for Health Care Administration (AHCA) 2727 Mahan DR, MS 6 Tallahassee, FL 32308 https://quality.healthfinder.fl.gov/medicaid/florida-medicaid-general	1-888-419-3456 TTY 1-800-955-8771
<u>SHIP</u> Florida Serving Health Insurance Needs of Elders (SHINE) 4040 Esplanade Way, STE 270 Tallahassee, FL 32399-7000 www.floridashine.org	1-800-963-5337 TTY 1-800-955-8770
Georgia	
<u>ADAP</u> Georgia AIDS Drug Assistance Program (ADAP) 2 Peachtree ST NW, FL 15 Atlanta, GA 30303-3186 https://dph.georgia.gov/health-topics/office-hiv-aids/hiv-care/aids-drug-assistance-program-adap	1-404-656-9805
<u>Medicaid</u> Georgia Department of Community Health 1249 Donald Lee Hollowell Parkway Atlanta, GA 30318 https://medicaid.georgia.gov/	1-866-552-4464 TTY 711
<u>SHIP</u> GeorgiaCares Senior Health Insurance Plan 2 Peachtree ST NW, FL 33 Atlanta, GA 30303 https://aging.georgia.gov/georgia-ship	1-866-552-4464 (Option 4) TTY 711
Guam	
<u>ADAP</u> Bureau of Communicable Disease Control - STD/HIV 123 Chalan Kareta, RM 156 Mangilao, GU 96913	1-671-734-2437 8 a.m. - 5 p.m. local time, Monday – Friday

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Guam	
http://dphss.guam.gov/ryan-white-hiv-aids-program/	
<u>Medicaid</u> Guam Department of Public Health and Social Services Bureau of Health Care Financing 123 Chalan Kareta Mangilao, GU 96913-6304 https://dphss.guam.gov/wp-content/uploads/2019/05/GUAM-MEDICAID-Handbook-Revised-3-12-19-Individual-Pages-for-website.pdf	1-671-735-7243 TTY 711
<u>SHIP</u> Guam Medicare Assistance Program (GUAM MAP) 130 University DR, STE 8, University Castle Mall Mangilao, GU 96913 https://dphss.guam.gov/	1-671-735-7421 TTY 1-671-735-7415
Hawaii	
<u>ADAP</u> Hawaii Harm Reduction Services Branch 3627 Kilauea AVE, STE 306 Honolulu, HI 96816 https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/	1-808-733-9360
<u>Medicaid</u> Department of Human Services 1390 Miller ST, RM 209 Honolulu, HI 96813 https://medquest.hawaii.gov/	808-586-4993 TTY 711
<u>SHIP</u> Hawaii SHIP No. 1 Capitol District, 250 S Hotel ST, STE 406 Honolulu, HI 96813-2831 www.hawaiiiship.org	808-586-7299 TTY 1-866-810-4379
Idaho	
<u>ADAP</u> Idaho AIDS Drug Assistance Program (IDADAP) 450 W State ST, FL 4 Boise, ID 83720-0036 https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv	1-208-334-5612
<u>Medicaid</u> Idaho Department of Health and Welfare P.O. Box 83720 Boise, ID 83720-0026	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Idaho	
https://healthandwelfare.idaho.gov/services-programs/medicaid-health	1-877-456-1233
<u>SHIP</u> Idaho Senior Health Insurance Benefits Advisors (SHIBA) 700 W State ST, P.O. Box 83720 Boise, ID 83720-0043 http://www.doi.idaho.gov/SHIBA/	1-800-247-4422
<u>SPAP</u> Idaho AIDS Drug Assistance Program (IDADAP) 450 W State ST, P.O. Box 83720 Boise, ID 83720-0036 http://www.healthandwelfare.idaho.gov/Health/HIV,STD,HepatitisPrograms/HIVCare/tabid/391/Default.aspx	1-208-334-6657 TTY 711
Illinois	
<u>ADAP</u> Illinois ADAP 525 W Jefferson ST, FL 1 Springfield, IL 62761 https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services	1-800-825-3518
<u>Medicaid</u> Illinois Department of Healthcare and Family Services 100 S Grand AVE E Springfield, IL 62704 https://enrollhfs.illinois.gov/en	1-800-843-6154 TTY 866-324-5553
<u>SHIP</u> Illinois Senior Health Insurance Program (SHIP) One Natural Resources Way, STE 100 Springfield, IL 62702-1271 https://ilaging.illinois.gov/ship.html	1-800-252-8966 TTY 711
Indiana	
<u>ADAP</u> Indiana HIV Medical Services Program 2 N Meridian ST, STE 6C Indianapolis, IN 46206 https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/	1-800-382-9480
<u>Medicaid</u> Indiana Family and Social Services Administration 402 W. Washington Street, P.O. Box 7083 Indianapolis, IN 46207-7083	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Indiana	
https://www.in.gov/medicaid/	1-800-403-0864 TTY 1-800-743-3333
<u>SHIP</u> Indiana State Health Insurance Assistance Program (SHIP) 311 W Washington ST, STE 300 Indianapolis, IN 46204-2787 http://www.in.gov/idoi/2495.htm	1-800-452-4800 TTY 1-866-846-0139
<u>SPAP</u> HoosierRx P.O. Box 6224 Indianapolis, IN 49206 https://www.in.gov/medicaid/members/194.htm	1-866-267-4679 TTY 711
Iowa	
<u>ADAP</u> Iowa Ryan White Part B Program Lucas State Office Building 321 E. 12th Street Des Moines, IA 50319-0075 https://hhs.iowa.gov/health-prevention/hiv-sti-and-hepatitis/hivaids-program	1-515-281-7689 TTY 1-800-735-2942
<u>Medicaid</u> Iowa Medicaid P.O. Box 36510 Des Moines, IA 50315 https://hhs.iowa.gov/programs/welcome-iowa-medicaid	1-800-338-8366 TTY 1-800-735-2942
<u>SHIP</u> SHIP--SMP Iowa Insurance Division 1963 Bell Avenue Suite 100 Des Moines, Iowa 50315 https://shiip.iowa.gov	1-800-351-4664 TTY 1-800-735-2942
Kansas	
<u>ADAP</u> Kansas AIDS Drug Assistance Program 1000 SW Jackson ST, STE 210 Topeka, KS 66612 https://www.kdhe.ks.gov/359/AIDS-Drug-Assistance-Program-ADAP	1-785-296-6174
<u>Medicaid</u> KanCare (Kansas Department of Health and Environment)	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Kansas	
1000 SW Jackson ST Topeka, KS 66612-1220 www.kancare.ks.gov	1-800-792-4884 TTY 1-800-766-3777
<u>SHIP</u> Senior Health Insurance Counseling for Kansas (SHICK) New England BLDG, 503 S Kansas AVE Topeka, KS 66603-3404 http://www.kdads.ks.gov/SHICK/shick_index.html	1-800-860-5260 TTY 1-785-291-3167
Kentucky	
<u>ADAP</u> Kentucky AIDS Drug Assistance Program (KADAP) HIV/AIDS Branch, 275 E Main ST, HS2E-C Frankfort, KY 40621 https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx	1-800-420-7431
<u>Medicaid</u> Kentucky Cabinet for Health and Family Services 275 E Main ST Frankfort, KY 40621 https://chfs.ky.gov/agencies/dms/Pages/default.aspx	502-564-4321 TTY 711
<u>SHIP</u> Kentucky State Health Insurance Assistance Program (SHIP) 275 E Main ST, 3E-E Frankfort, KY 40621 https://chfs.ky.gov/agencies/dail/Pages/ship.aspx	1-877-293-7447 (Option 2) TTY 1-800-627-4702
Louisiana	
<u>ADAP</u> Louisiana Office of Public Health STD/HIV Program, 1450 Poydras ST, STE 2136 New Orleans, LA 70112 http://new.dhh.louisiana.gov/index.cfm/page/1099	1-504-568-7474
<u>Medicaid</u> Louisiana Department of Health P.O. Box 629 Baton Rouge, LA 70821-0629 https://ldh.la.gov/healthy-louisiana	1-888-342-6207 TTY 711
<u>SHIP</u> Louisiana Senior Health Insurance Information Program (SHIIP) P.O. Box 94214	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Louisiana	
Baton Rouge, LA 70804 http://www.ldi.la.gov/SHIIP/	1-800-259-5300 TTY 711
Maine	
<u>ADAP</u> Maine AIDS Drug Assistance Program 11 State House Station, 286 Water ST Augusta, ME 04330 https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml	1-207-287-3747
<u>Medicaid</u> Office of MaineCare Services 11 State House Station Augusta, ME 04333-0011 https://www.maine.gov/dhhs/oms/	1-800-977-6740 TTY 711
<u>SHIP</u> Maine State Health Insurance Assistance Program (SHIP) 11 State House Station, 41 Anthony AVE Augusta, ME 04333 https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance	1-800-262-2232 TTY 711
<u>SPAP</u> Office of MaineCare Services 11 State House Station Augusta, ME 04333-0011 https://www.maine.gov/dhhs/oms	1-800-977-6740 TTY 711
Maryland	
<u>ADAP</u> Maryland AIDS Drug Assistance Program Prevention and Health Promotion Administration 1223 W Pratt Street Baltimore, MD 21223 https://health.maryland.gov/phpa/OIDPCS/Pages/MADAP.aspx	1-410-767-6535
<u>Medicaid</u> Maryland Department of Health 201 West Preston ST Baltimore, MD 21201-2399 https://health.maryland.gov/mmcp/Pages/home.aspx	1-877-463-3464 TTY 1-800-735-2258
<u>SHIP</u> Maryland Department of Aging - Senior Health Insurance Assistance Program (SHIP)	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Maryland	
301 W Preston ST, STE 1007 Baltimore, MD 21201 https://aging.maryland.gov/Pages/state-health-insurance-program.aspx	1-800-243-3425 TTY 711
<u>SPAP</u> Maryland Senior Prescription Drug Assistance Program (SPDAP) c/o International Software Systems Inc. P.O. Box 749 Greenbelt, Maryland 20768-0749 www.marylandspdap.com	1-800-551-5995 TTY 1-800-877-5156
Massachusetts	
<u>ADAP</u> Access Health MA/HDAP The Schrafft's City CTR, 529 Main ST, STE 301 Boston, MA 02129 https://crihealth.org/drug-assistance/hdap/	1-617-502-1700
<u>Medicaid</u> MassHealth Central Office 1 Ashburton Place Boston, MA 02108 https://www.mass.gov/topics/masshealth	1-800-841-2900 TTY 1-800-497-4648
<u>SHIP</u> Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) 1 Ashburton Place, RM 517 Boston, MA 02108 https://www.mass.gov/health-insurance-counseling	1-800-243-4636 TTY 1-800-439-2370
<u>SPAP</u> Prescription Advantage Executive Office of Elder Affairs P.O. Box 15153 Worcester, MA 01615-0153 https://www.prescriptionadvantagemma.org/	1-800-243-4636 TTY 1-877-610-0241
Michigan	
<u>ADAP</u> Attn: Michigan Drug Assistance Programs HIV Care & Prevention Section Division of HIV and STI Programs Michigan Department of Health and Human Services P.O. Box 30727 Lansing, MI 48909	1-888-826-6565

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Michigan	
https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/michigan-drug-assistance-program	
<u>Medicaid</u> Department of Health and Human Services 333 S Grand AVE, P.O. Box 30195 Lansing, MI 48909 www.michigan.gov/michicaid	1-517-241-3740 TTY 711
<u>SHIP</u> Michigan Medicare/Medicaid Assistance Program (MMAP), Inc. 6105 W. Joe Hwy. Suite 204 Lansing, MI 48917 https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program	1-800-803-7174 TTY 711
Minnesota	
<u>ADAP</u> Minnesota HIV/AIDS Programs Department of Human Services, P.O. Box 64972 St. Paul, MN 55164-0972 https://mn.gov/dhs/people-we-serve/seniors/health-care/hiv-aids/programs-services/	1-800-657-3761
<u>Medicaid</u> Minnesota Department of Human Services P.O. Box 64989 St. Paul, MN 55164-0989 https://mn.gov/dhs/michicaid-matters/	1-800-657-3739 TTY 1-800-627-3529
<u>SHIP</u> Minnesota State Health Insurance Assistance Program/Senior LinkAge Line P.O. Box 64976 St. Paul, MN 55164-0976 https://mn.gov/aging-pathways/	1-800-333-2433 TTY 1-800-627-3529
Mississippi	
<u>ADAP</u> Mississippi Department of Health, STD/HIV Office 570 E Woodrow Wilson DR, P.O. Box 1700 Jackson, MS 39215-1700 https://msdh.ms.gov/msdhsite/_static/14,13047,150.html	1-601-362-4879
<u>Medicaid</u> State of Mississippi Division of Medicaid	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Mississippi	
550 High ST STE, 1000 Sillers BLDG Jackson, MS 39201-1399 http://www.medicaid.ms.gov/	1-800-421-2408 TTY 711
<u>SHIP</u> Mississippi Department of Human Services, Division of Aging & Adult Services 200 S Lamar ST Jackson, MS 39201 https://www.mdhs.ms.gov/post/ship-is-here-to-help-answer-your-medicare-questions/	1-601-359-4500 TTY 711
Missouri	
<u>ADAP</u> Missouri Department of Health and Senior Services Bureau of HIV, STD and Hepatitis P.O. Box 570 Jefferson City, MO 65102-0570 https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php	1-573-751-6439
<u>Medicaid</u> MO HealthNet Division Department of Social Services 615 Howerton CT, P.O. Box 6500 Jefferson City, MO 65102-6500 https://www.dss.mo.gov/mhd/	1-573-751-3425 TTY 1-800-735-2966
<u>SHIP</u> Missouri CLAIM Senior Health Insurance Program 1105 Lakeview Avenue Columbia, MO 65201 www.missouricclaim.org	1-800-390-3330 TTY 711
<u>SPAP</u> MissouriRx Plan (MORx) P.O. Box 6500 Jefferson City, MO 65102-6500 https://mydss.mo.gov/mhd/pharmacy	1-800-392-2161 TTY 711
Montana	
<u>ADAP</u> Montana AIDS Drug Assistance Program (ADAP) DPHHS, Cogswell BLDG C-211 1400 Broadway ST Helena, MT 59620-2951 https://dphhs.mt.gov/publichealth/hivstd/treatment/mtryanwhiteprog	1-406-444-3565

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Montana	
<u>Medicaid</u> Montana Healthcare Programs P.O. 202951 Helena, MT 59620-2951 https://dphhs.mt.gov/MontanaHealthcarePrograms/welcome/memberservices/index	1-888-706-1535 TTY 1-800-833-8503
<u>SHIP</u> Montana State Health Insurance Assistance Program (SHIP) 1100 N Last Chance Gulch, FL 4 Helena, MT 59601 https://dphhs.mt.gov/sltc/aging/ship	1-800-551-3191 TTY 711
<u>SPAP</u> Montana Big Sky Rx P.O. Box 202915 Helena, MT 59620-2915 https://dphhs.mt.gov/SLTC/aging/BigSky	1-866-369-1233 TTY 711
Nebraska	
<u>ADAP</u> Nebraska Department of Health & Human Services Ryan White HIV/AIDS Program P.O. Box 95026 Lincoln, NE 68509-5026 https://dhhs.ne.gov/Pages/HIV-Care.aspx	1-402-471-2101
<u>Medicaid</u> NE Department of Health and Human Services 301 Centennial Mall S Lincoln, NE 68509 https://dhhs.ne.gov/Pages/General-Medicaid-Information.aspx	1-402-471-3121 TTY 711
<u>SHIP</u> Nebraska Senior Health Insurance Information Program (SHIIP) 2717 S. 8th Street, Suite 4 Lincoln, NE 68508 https://doi.nebraska.gov/ship-smp	1-800-234-7119 TTY 711
Nevada	
<u>ADAP</u> Office of HIV/AIDS 2290 S. Jones Blvd. Suite 110 Las Vegas, Nevada 89146	1-844-609-4623

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Nevada	
https://dphh.nv.gov/Programs/HIV-Ryan/Ryan_White_Part_B_-_Home/	
<u>Medicaid</u> Nevada Medicaid Customer Service P.O. Box 30042 Reno, NV 89520-3042 https://www.medicaid.nv.gov/	877-638-3472
<u>SHIP</u> <u>Nevada Medicare Assistance Program (MAP)</u> <u>1550 E. College Parkway</u> <u>Carson City, NV 89706</u> <u>https://www.nevadacareconnection.org/care-options/types-of-services/medicare-assistance-program-map/</u>	1-800-307-4444 TTY 711
New Hampshire	
<u>ADAP</u> New Hampshire CARE Program Bureau Of Infectious Disease Control 29 Hazen Drive Concord, NH 03301 https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-adap	1-603-271-4502
<u>Medicaid</u> New Hampshire Department of Health and Human Services 129 Pleasant ST Concord, NH 03301-3852 https://www.dhhs.nh.gov/ombp/medicaid/	1-844-275-3447 TTY 1-800-735-2964
<u>SHIP</u> New Hampshire SHIP - ServiceLink Aging and Disability Resource Center 2 Industrial Park DR, Concord, NH 03302 https://www.dhhs.nh.gov/programs-services/adult-aging-care/aging-and-disability-resource-centers/aging-disability-6	1-866-634-9412 TTY 1-800-735-2964
New Jersey	
<u>ADAP</u> New Jersey AIDS Drug Distribution Program (ADDP) P.O. Box 360 Trenton, NJ 08625-0360	1-877-613-4533

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

New Jersey	
http://www.state.nj.us/health/hivstdtb/hiv-aids/medications.shtml	
<u>Medicaid</u> Department of Human Services Division of Medical Assistance & Health Services P.O. Box 712 Trenton, NJ 08625-0712 https://www.state.nj.us/humanservices/dmahs/clients/medicaid/	1-800-356-1561 TTY 711
<u>SHIP</u> New Jersey State Health Insurance Assistance Program (SHIP) P.O. Box 715 Trenton, NJ 08625-0715 https://www.nj.gov/humanservices/doas/services/q-z/ship/	1-800-792-8820 TTY 711
<u>SPAP</u> New Jersey Pharmaceutical Assistance to The Aged & Disabled (PAAD) P.O. Box 715 Trenton, NJ 08625-0715 https://www.nj.gov/humanservices/doas/services/q-z/ship/medicare_drug.shtml	1-800-792-9745 TTY 711
New Mexico	
<u>ADAP</u> New Mexico Department of Health AIDS Drug Assistance Program 1190 S Saint Francis DR, STE 1200 Santa Fe, NM 87505 http://nmhealth.org/about/phd/idb/hats/	1-833-796-8773
<u>Medicaid</u> NM Human Services Department P.O. Box 2348 Santa Fe, NM 87504-2348 https://www.hca.nm.gov/lookingforassistance/centennial-care-overview/	1-800-283-4465 TTY 1-855-227-5485
<u>SHIP</u> New Mexico Benefits Counseling Program SHIP 2550 Cerrillos Road Santa Fe, NM 87505 https://www.aging.nm.gov/consumer-and-elder-rights/ship/	1-505-476-4846 TTY 1-505-476-4937

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

New York	
<u>ADAP</u> New York AIDS Drug Assistance Program HIV Uninsured Care Programs, Empire STA, P.O. Box 2052 Albany, NY 12220-0052 http://www.health.ny.gov/diseases/aids/general/resources/adap/	1-800-542-2437
<u>Medicaid</u> New York State Department of Health Corning Tower, Empire State Plaza Albany, NY 12237 http://www.health.state.ny.us/health_care/medicaid/index.htm	1-800-541-2831 TTY 711
<u>SHIP</u> New York Health Insurance Information Counseling and Assistance Program (HIICAP) 2 Empire State Plaza, FL 5 Albany, NY 12223 https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap	1-800-701-0501 TTY 711
<u>SPAP</u> New York State EPIC Program P.O. Box 15018 Albany, NY 12212-5018 http://www.health.ny.gov/health_care/epic/	1-800-332-3742 TTY 1-800-290-9138
North Carolina	
<u>ADAP</u> North Carolina Division of Public Health Communicable Disease Branch 1905 Mail Service CTR Raleigh, NC 27699-1905 https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html	1-919-733-3419
<u>Medicaid</u> Division of Medical Assistance 2501 Mail Service CTR Raleigh, NC 27699-2501 https://dma.ncdhhs.gov/medicaid	1-888-245-0179 TTY 1-877-452-2514
<u>SHIP</u> North Carolina Seniors Health Insurance Information Program (SHIIP) 325 N Salisbury ST Raleigh, NC 27603 http://www.ncdoi.com/SHIIP/Default.aspx	1-855-408-1212 TTY 711

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

North Dakota	
<u>ADAP</u> North Dakota Department of Health, Division of Disease Control 2635 E Main AVE Bismarck, ND 58506-5520 https://www.ndhealth.gov/hiv/RyanWhite/	1-701-328-2378
<u>Medicaid</u> North Dakota Department of Human Services 600 E BLVD AVE, Department 325 Bismarck, ND 58505-0250 http://www.nd.gov/dhs/services/medicalserv/medicaid	1-800-755-2604 TTY 1-800-366-6888
<u>SHIP</u> North Dakota Senior Health Insurance Counseling (SHIC) 600 E BLVD AVE Bismarck, ND 58505-0320 http://www.nd.gov/ndins/shic/	1-888-575-6611 TTY 1-800-366-6888
Northern Mariana Islands	
<u>Medicaid</u> State Medicaid Administration Office Government BLDG # 1252, Capital Hill RD, Caller Box 100007 Saipan, MP 96950 https://www.cnmimedicaid.org/medicaid-information-center	1-670-664-4880 TTY 711
<u>SHIP</u> Northern Mariana Islands Senior Health Insurance Program P.O. Box 5795 CHR B Saipan, MP 96950 http://commerce.gov.mp/	1-670-664-3000 TTY 711
Ohio	
<u>ADAP</u> Ohio Department of Health HIV Care Services Section, 246 N High ST Columbus, OH 43215 https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/welcome	1-800-777-4775
<u>Medicaid</u> Ohio Department of Medicaid 50 W Town ST, STE 400 Columbus, OH 43215	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Ohio	
https://medicaid.ohio.gov/	1-800-324-8680 TTY 711
<u>SHIP</u> Ohio Senior Health Insurance Information Program (OSHIIP) 50 W Town ST, STE 300, FL 3 Columbus, OH 43215 https://insurance.ohio.gov/about-us/divisions/oshiip	1-800-686-1578 TTY 1-614-644-3745
Oklahoma	
<u>ADAP</u> Oklahoma State Department of Health Sexual Health and Harm Reduction Services 123 Robert S. Kerr Ave, Ste 1702 Oklahoma City, OK 73102-6406 https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/sexual-health-harm-reduction/provider-info/training-material/hiv-hdapbrochure14.pdf	1-405- 426-8400
<u>Medicaid</u> Oklahoma Health Care Authority 4345 N Lincoln BLVD Oklahoma City, OK 73105 http://www.okhca.org	1-800-987-7767 TTY 711
<u>SHIP</u> Oklahoma Medicare Assistance Program (MAP) 400 NE 50th ST Oklahoma City, OK 73105 https://www.oid.ok.gov/consumers/information-for-seniors/	1-405-521-2828 TTY 711
Oregon	
<u>ADAP</u> Oregon CAREAssist 800 NE Oregon ST, STE 1105 Portland, OR 97232 http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/HIVCareTreatment/CAREAssist/Pages/index.aspx	1-971-673-0144
<u>Medicaid</u> Oregon Health Authority 500 Summer ST, NE, E-20 Salem, OR 97301-1097 https://www.oregon.gov/oha/HSD/OHP	800-699-9075 TTY 711

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Oregon	
<u>SHIP</u> Oregon Senior Health Insurance Benefits Assistance (SHIBA) P.O. Box 14480 Salem, OR 97309-0405 http://healthcare.oregon.gov/shiba/Pages/index.aspx	1-800-722-4134 TTY 711
Pennsylvania	
<u>ADAP</u> Pennsylvania Special Pharmaceutical Benefits Program Department of Health Po Box 8808 Harrisburg, PA 17105-8088 https://www.health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx	1-800-922-9384
<u>Medicaid</u> Pennsylvania Department of Human Services P.O. Box 5959 Harrisburg, PA 17110-0959 https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx	1-866-550-4355 TTY 711
<u>SHIP</u> Pennsylvania APPRISE Senior Health Insurance Program 555 Walnut ST, FL 5 Harrisburg, PA 17101-1919 https://www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx	1-800-783-7067 TTY 711
<u>SPAP</u> Pennsylvania PACE P.O. Box 8806 Harrisburg, PA 17105-8806 https://www.pa.gov/agencies/aging/aging-programs-and-services/pace-program	1-800-225-7223 TTY 1-800-222-9004
Puerto Rico	
<u>ADAP</u> Puerto Rico Departamento de Salud, Programa Ryan White Parte B P.O. Box 70184 San Juan, PR 00936-8184 https://adap.directory/puerto-rico	1-787-765-2929
<u>Medicaid</u> Government of Puerto Rico, Department of Health Medicaid Program	

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Puerto Rico	
P.O. Box 70184 San Juan, PR 00936-8184 https://medicaid.pr.gov	1-787-765-2929 TTY 1-787-625-6955
<u>SHIP</u> Puerto Rico State Health Insurance Assistance Program (SHIP) Avenida Ponce de León Parada 16 Edificio 1064 tercer piso Santurce, San Juan, PR 00919-1179 https://www.oppea.pr.gov/programas-y-servicios	1-787-721-6121 TTY 711
Rhode Island	
<u>ADAP</u> Rhode Island AIDS Drug Assistance Program Department of Health 3 Capitol Hill Providence, RI 02908 https://eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx	1-401-222-5960
<u>Medicaid</u> Executive Office of Health and Human Services (EOHHS) 3 W RD Cranston, RI 02920 https://eohhs.ri.gov/initiatives/integrated-care-initiative/medicare-medicaid-plan	1-844-602-3469 TTY 711
<u>SHIP</u> Rhode Island State Health Insurance Assistance Program (SHIP) 25 Howard AVE, BLDG 57 Cranston, RI 02920 https://oha.ri.gov/what-we-do/access/health-insurance-coaching/medicare-counseling	1-401-462-3000 TTY 1-401-462-0740
<u>SPAP</u> Rhode Island Office of Health Aging 25 Howard AVE, BLDG 57 Cranston, RI 02920 https://oha.ri.gov/what-we-do/access/health-insurance-coaching/drug-cost-assistance	1-401-462-3000 TTY 1-401-462-0740
South Carolina	
<u>ADAP</u> South Carolina AIDS Drug Assistance Program (ADAP) DHEC, STD/HIV Division, 2600 Bull ST Columbia, SC 29201	1-800-856-9954

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

South Carolina	
https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/aids-drug-assistance-program	
<u>Medicaid</u> South Carolina Department of Health and Human Services P.O. Box 8206 Columbia, SC 29202-8206 http://www.scdhhs.gov/	1-888-549-0820 TTY 1-888-842-3620
<u>SHIP</u> South Carolina (I-CARE) Insurance Counseling Assistance and Referrals for Elders 1301 Gervais ST, STE 350 Columbia, SC 29201 https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/aids-drug-assistance-program	1-800-868-9095 TTY 711
South Dakota	
<u>ADAP</u> Ryan White Part B CARE Program South Dakota Department of Health 615 E 4th ST Pierre, SD 57501-1700 https://doh.sd.gov/topics/diseases/infectious/reportable-communicable-diseases/hivaids/ryan-white-part-b-program/	1-800-592-1861 8 a.m. - 5 p.m. local time, Monday - Friday
<u>Medicaid</u> South Dakota Department of Social Services, Division of Medical Services 700 Governors DR Pierre, SD 57501 http://dss.sd.gov/medicaid/	605-773-4678 TTY 711
<u>SHIP</u> South Dakota Senior Health Information & Insurance Education (SHIINE) 2520 E Franklin St Pierre, SD 57501 https://doh.sd.gov/about/ship-and-sha/	1-877-331-4834 TTY 711
Tennessee	
<u>ADAP</u> Tennessee HIV Drug Assistance Program (HDAP) Department of Health, Andrew Johnson Tower 710 James Robertson Pkwy, 4th floor Nashville, TN 37243	615-253-3937

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Tennessee	
https://www.tn.gov/health/health-program-areas/std/std-ryanwhite.html	
<u>Medicaid</u> Division of TennCare 310 Great Circle RD Nashville, TN 37243 https://www.tn.gov/tenncare/	1-800-342-3145 TTY 711
<u>SHIP</u> Tennessee Commission on Aging & Disability – TN SHIP Andrew Jackson BLDG, 502 Deaderick ST, FL 9 Nashville, TN 37243-0860 https://www.tn.gov/content/tn/aging/our-programs/state-health-insurance-assistance-program--ship-.html	1-877-801-0044 TTY 711
Texas	
<u>ADAP</u> Texas HIV Medication Program ATTN: MSJA, MC 1873, P.O. Box 149347 Austin, TX 78714-9387 www.dshs.state.tx.us/hivstd/meds	1-800-255-1090
<u>Medicaid</u> Texas Medicaid Health and Human Services Commission 4900 N Lamar BLVD, P.O. Box 1324 Austin, TX 78751 https://www.hhs.texas.gov/services/health/medicaid-chip	800-252-9240
<u>SHIP</u> Texas Department of Insurance (HICAP) P.O. Box 12030, Austin, TX 78711 https://www.hhs.texas.gov/services/health/medicare	1-800-252-3439 TTY 711
<u>SPAP</u> Texas HIV State Pharmaceutical Assistance Program (SPAP) P.O. Box 149347, MC 1873 Austin, TX 78714 https://www.dshs.state.tx.us/hivstd/meds/spap.shtm	1-800-255-1090 TTY 711
Utah	
<u>ADAP</u> Utah Department of Health, Bureau of Epidemiology 288 N 1460 W, P.O. Box 142104 Salt Lake City, UT 84114-2104 https://epi.utah.gov/ryan-white/	1-801-538-6197

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Utah	
<u>Medicaid</u> Utah Department of Health, Medicaid and Health Financing P.O. Box 143106 Salt Lake City, UT 84114-3106 https://medicaid.utah.gov/	1-800-662-9651 TTY 711
<u>SHIP</u> Utah Senior Health Insurance Information Program (SHIP) 195 N 1950 W Salt Lake City, UT 84116 https://daas.utah.gov/services/#ship	1-800-541-7735 TTY 711
Vermont	
<u>ADAP</u> VT Medication Assistance Program Health Surveillance Division P.O. Box 70 Burlington, VT 05402 https://www.healthvermont.gov/disease-control/hiv	802-863-7240
<u>Medicaid</u> Medicaid Department of Vermont Health Access 280 ST DR Waterbury, VT 05671 http://www.greenmountaincare.org/	1-800-250-8427 TTY 711
<u>SHIP</u> Vermont State Health Insurance Assistance Program (SHIP) 280 State DR, HC 2 S Waterbury, VT 05671-2070 http://asd.vermont.gov/services/ship	1-800-642-5119 TTY 711
<u>SPAP</u> Green Mountain Care Prescription Assistance Department of Vermont Health Access 280 State DR Waterbury, VT 05671-1020 https://dvha.vermont.gov/members/prescription-assistance	1-800-250-8427 TTY 711
Virgin Islands of the U.S.	
<u>ADAP</u> US Virgin Islands STD/HIV/TB Program USVI Department of Health, Old Municipal Hospital Complex, BLDG 1	1-340-774-9000

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Virgin Islands of the U.S.	
St. Thomas, VI 00802 https://doh.vi.gov/programs/communicable-diseases	
<u>Medicaid</u> U.S. Virgin Islands Bureau of Health Insurance & Medical Assistance 1303 Hospital Ground, Knud Hansen Complex, BLDG A St. Thomas, VI 00802 https://dhs.vi.gov/office-of-medicaid/	1-340-773-6449 TTY 711
<u>SHIP</u> Virgin Islands State Health Insurance Assistance Program (VISHIP) 1131 King ST, STE 101 St. Croix, VI 00820 https://ltg.gov.vi/departments/vi-ship-medicare/	1-340-773-6449 TTY 711
<u>SPAP</u> US Virgin Islands Pharmaceutical Assistance Program 1303 Hospital Ground, Knud Hansen Complex, BLDG A St. Thomas, VI 00802 https://dhs.vi.gov/senior-citizen-affairs/	1-340-774-0930 TTY 711
Virginia	
<u>ADAP</u> Virginia AIDS Drug Assistance Program (ADAP) Office of Disease Prevention 109 Governor ST, FL 6 Richmond, VA 23219 https://www.vdh.virginia.gov/disease-prevention/vamap/	855-362-0658
<u>Medicaid</u> Department of Medical Assistance Services 600 E Broad ST Richmond, VA 23219 http://www.dmas.virginia.gov/	1-855-242-8282 TTY 711
<u>SHIP</u> Virginia Insurance Counseling and Assistance Program (VICAP) 1610 Forest AVE, STE 100 Henrico, VA 23229 https://www.vda.virginia.gov/vicap.htm	1-800-552-3402 TTY 711
<u>SPAP</u> Virginia Medication Assistance Program (MAP) P.O. Box 2448 Richmond, VA 23218-2448 https://www.vdh.virginia.gov/disease-prevention/vamap/	1-855-362-0658 TTY 711

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Washington	
<u>ADAP</u> Washington Early Intervention Program (EIP) HIV Client Services P.O. Box 47841 Olympia, WA 98504-7841 https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/ClientServices/ADAPandEIP	1-877-376-9316
<u>Medicaid</u> Washington State Health Care Authority P.O. Box 45531 Olympia, WA 98504 https://www.dshs.wa.gov/altsa/home-and-community-services/medicaid	1-800-562-3022 TTY 711
<u>SHIP</u> Washington Statewide Health Insurance Benefits Advisors (SHIBA) P.O. Box 40255 Olympia, WA 98504-0255 https://www.insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba	1-800-562-6900 TTY 1-360-586-0241
West Virginia	
<u>ADAP</u> Jay Adams, HIV Care Coordinator PO Box 6360 Wheeling, WV 26003 https://oeeps.wv.gov/rwp/pages/default.aspx	304-232-6822
<u>Medicaid</u> West Virginia Bureau for Medical Services 350 Capitol ST, RM 251 Charleston, WV 25301 https://dhhr.wv.gov/bms/Members/Apply/Pages/default.aspx	1-304-558-1700 TTY 711
<u>SHIP</u> West Virginia State Health Insurance Assistance Program (WV SHIP) 1900 Kanawha BLVD East Charleston, WV 25305 http://www.wvseniorservices.gov/StayingHealthy/SHIPMedicare/tabid/72/Default.aspx	1-877-987-4463 TTY 711
Wisconsin	
<u>ADAP</u> Wisconsin AIDS Drug Assistance Program (ADAP)	1-800-991-5532

Appendix A - Exhibit A Contact Information for AIDS Drug Assistance Programs (ADAP), State Medicaid Offices, State Health Insurance Assistance Programs (SHIP) and State Pharmaceutical Assistance Programs (SPAP)

Wisconsin	
Department of Health Services 1 W Wilson ST Madison, WI 53703 https://www.dhs.wisconsin.gov/aids-hiv/adap.htm	
<u>Medicaid</u> Wisconsin Department of Health Services 1 W Wilson ST Madison, WI 53703 https://www.dhs.wisconsin.gov/medicaid/index.htm	1-800-362-3002 TTY 711
<u>SHIP</u> Wisconsin SHIP (SHIP) State Health Insurance Plan 1402 Pankratz ST, STE 111 Madison, WI 53704-4001 https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm	1-800-242-1060 TTY 711
<u>SPAP</u> Wisconsin SeniorCare Pharmaceutical Assistance Program Department of Health Services 1 W Wilson ST, P.O. Box 6710 Madison, WI 53716-0710 http://www.dhs.wisconsin.gov/seniorcare	1-800-657-2038 TTY 711 8 a.m. - 6 p.m. local time, Monday - Friday
Wyoming	
<u>ADAP</u> Wyoming Department of Health Communicable Disease Unit HIV Treatment Program 401 Hathaway BLDG Cheyenne, WY 82002 https://health.wyo.gov/publichealth/communicable-disease-unit/hiv aids/	1-307-777-5856 8 a.m. - 5 p.m. local time, Monday - Friday
<u>Medicaid</u> Wyoming Department of Health 122 W 25th St., 4th Floor West Cheyenne, WY 82001 http://health.wyo.gov/healthcarefin/medicaid/	1-307-777-7531 TTY 855-329-5204
<u>SHIP</u> Wyoming State Health Insurance Information Program (WSHIIP) 106 W Adams AVE Riverton, WY 82501 http://www.wyoming seniors.com/services/wyoming-state-health-insurance-information-program	1-800-856-4398 TTY 711

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20000	Washington	DISTRICT OF COLUMBIA	DC
20001	Washington	DISTRICT OF COLUMBIA	DC
20002	Washington	DISTRICT OF COLUMBIA	DC
20003	Washington	DISTRICT OF COLUMBIA	DC
20004	Washington	DISTRICT OF COLUMBIA	DC
20005	Washington	DISTRICT OF COLUMBIA	DC
20006	Washington	DISTRICT OF COLUMBIA	DC
20007	Washington	DISTRICT OF COLUMBIA	DC
20008	Washington	DISTRICT OF COLUMBIA	DC
20009	Washington	DISTRICT OF COLUMBIA	DC
20010	Washington	DISTRICT OF COLUMBIA	DC
20011	Washington	DISTRICT OF COLUMBIA	DC
20012	Washington	DISTRICT OF COLUMBIA	DC
20013	Washington	DISTRICT OF COLUMBIA	DC
20015	Washington	DISTRICT OF COLUMBIA	DC
20016	Washington	DISTRICT OF COLUMBIA	DC
20017	Washington	DISTRICT OF COLUMBIA	DC
20018	Washington	DISTRICT OF COLUMBIA	DC
20019	Washington	DISTRICT OF COLUMBIA	DC
20020	Washington	DISTRICT OF COLUMBIA	DC
20022	Washington	DISTRICT OF COLUMBIA	DC
20023	Washington	DISTRICT OF COLUMBIA	DC
20024	Washington	DISTRICT OF COLUMBIA	DC
20026	Washington	DISTRICT OF COLUMBIA	DC
20027	Washington	DISTRICT OF COLUMBIA	DC
20029	Washington	DISTRICT OF COLUMBIA	DC
20030	Washington	DISTRICT OF COLUMBIA	DC
20032	Washington	DISTRICT OF COLUMBIA	DC
20033	Washington	DISTRICT OF COLUMBIA	DC
20035	Washington	DISTRICT OF COLUMBIA	DC
20036	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20037	Washington	DISTRICT OF COLUMBIA	DC
20038	Washington	DISTRICT OF COLUMBIA	DC
20039	Washington	DISTRICT OF COLUMBIA	DC
20040	Washington	DISTRICT OF COLUMBIA	DC
20041	Washington	DISTRICT OF COLUMBIA	VA
20042	Washington	DISTRICT OF COLUMBIA	DC
20043	Washington	DISTRICT OF COLUMBIA	DC
20044	Washington	DISTRICT OF COLUMBIA	DC
20045	Washington	DISTRICT OF COLUMBIA	DC
20046	Washington	DISTRICT OF COLUMBIA	DC
20047	Washington	DISTRICT OF COLUMBIA	DC
20048	Washington	DISTRICT OF COLUMBIA	DC
20049	Washington	DISTRICT OF COLUMBIA	DC
20050	Washington	DISTRICT OF COLUMBIA	DC
20051	Washington	DISTRICT OF COLUMBIA	DC
20052	Washington	DISTRICT OF COLUMBIA	DC
20053	Washington	DISTRICT OF COLUMBIA	DC
20055	Washington	DISTRICT OF COLUMBIA	DC
20056	Washington	DISTRICT OF COLUMBIA	DC
20057	Washington	DISTRICT OF COLUMBIA	DC
20058	Washington	DISTRICT OF COLUMBIA	MD
20058	Washington	MONTGOMERY	MD
20059	Washington	DISTRICT OF COLUMBIA	DC
20060	Washington	DISTRICT OF COLUMBIA	DC
20061	Washington	DISTRICT OF COLUMBIA	DC
20062	Washington	DISTRICT OF COLUMBIA	DC
20063	Washington	DISTRICT OF COLUMBIA	DC
20064	Washington	DISTRICT OF COLUMBIA	DC
20065	Washington	DISTRICT OF COLUMBIA	DC
20066	Washington	DISTRICT OF COLUMBIA	DC
20067	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20068	Washington	DISTRICT OF COLUMBIA	DC
20069	Washington	ARLINGTON	VA
20070	Washington	ARLINGTON	VA
20071	Washington	DISTRICT OF COLUMBIA	DC
20073	Washington	DISTRICT OF COLUMBIA	DC
20074	Washington	DISTRICT OF COLUMBIA	DC
20075	Washington	DISTRICT OF COLUMBIA	DC
20076	Washington	DISTRICT OF COLUMBIA	DC
20077	Washington	DISTRICT OF COLUMBIA	DC
20078	Washington	DISTRICT OF COLUMBIA	DC
20080	Washington	DISTRICT OF COLUMBIA	DC
20081	Washington	DISTRICT OF COLUMBIA	DC
20082	Washington	DISTRICT OF COLUMBIA	DC
20088	Washington	DISTRICT OF COLUMBIA	DC
20090	Washington	DISTRICT OF COLUMBIA	DC
20091	Washington	DISTRICT OF COLUMBIA	DC
20097	Washington	DISTRICT OF COLUMBIA	DC
20098	Washington	DISTRICT OF COLUMBIA	DC
20201	Washington	DISTRICT OF COLUMBIA	DC
20202	Washington	DISTRICT OF COLUMBIA	DC
20203	Washington	DISTRICT OF COLUMBIA	DC
20204	Washington	DISTRICT OF COLUMBIA	DC
20206	Washington	DISTRICT OF COLUMBIA	VA
20206	Washington	ARLINGTON	VA
20207	Washington	DISTRICT OF COLUMBIA	MD
20208	Washington	DISTRICT OF COLUMBIA	DC
20209	Washington	DISTRICT OF COLUMBIA	DC
20210	Washington	DISTRICT OF COLUMBIA	DC
20211	Washington	DISTRICT OF COLUMBIA	DC
20212	Washington	DISTRICT OF COLUMBIA	DC
20213	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20214	Washington	DISTRICT OF COLUMBIA	DC
20215	Washington	DISTRICT OF COLUMBIA	DC
20216	Washington	DISTRICT OF COLUMBIA	DC
20217	Washington	DISTRICT OF COLUMBIA	DC
20218	Washington	DISTRICT OF COLUMBIA	DC
20219	Washington	DISTRICT OF COLUMBIA	DC
20220	Washington	DISTRICT OF COLUMBIA	DC
20221	Washington	DISTRICT OF COLUMBIA	DC
20222	Washington	DISTRICT OF COLUMBIA	DC
20223	Washington	DISTRICT OF COLUMBIA	DC
20224	Washington	DISTRICT OF COLUMBIA	DC
20225	Washington	DISTRICT OF COLUMBIA	DC
20226	Washington	DISTRICT OF COLUMBIA	DC
20227	Washington	DISTRICT OF COLUMBIA	DC
20228	Washington	DISTRICT OF COLUMBIA	DC
20229	Washington	DISTRICT OF COLUMBIA	DC
20230	Washington	DISTRICT OF COLUMBIA	DC
20231	Washington	DISTRICT OF COLUMBIA	DC
20232	Washington	DISTRICT OF COLUMBIA	DC
20233	Washington	PRINCE GEORGES	MD
20235	Washington	DISTRICT OF COLUMBIA	DC
20237	Washington	DISTRICT OF COLUMBIA	DC
20238	Washington	DISTRICT OF COLUMBIA	DC
20239	Washington	DISTRICT OF COLUMBIA	DC
20240	Washington	DISTRICT OF COLUMBIA	DC
20241	Washington	DISTRICT OF COLUMBIA	DC
20242	Washington	DISTRICT OF COLUMBIA	DC
20244	Washington	DISTRICT OF COLUMBIA	DC
20245	Washington	DISTRICT OF COLUMBIA	DC
20250	Washington	DISTRICT OF COLUMBIA	DC
20251	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20252	Washington	DISTRICT OF COLUMBIA	DC
20254	Washington	DISTRICT OF COLUMBIA	DC
20260	Washington	DISTRICT OF COLUMBIA	DC
20261	Washington	DISTRICT OF COLUMBIA	DC
20262	Washington	DISTRICT OF COLUMBIA	DC
20265	Washington	DISTRICT OF COLUMBIA	DC
20266	Washington	DISTRICT OF COLUMBIA	DC
20268	Washington	DISTRICT OF COLUMBIA	DC
20270	Washington	DISTRICT OF COLUMBIA	DC
20277	Washington	DISTRICT OF COLUMBIA	DC
20289	Washington	DISTRICT OF COLUMBIA	DC
20292	Washington	DISTRICT OF COLUMBIA	DC
20299	Washington	DISTRICT OF COLUMBIA	DC
20301	Washington	DISTRICT OF COLUMBIA	VA
20301	Washington	FAIRFAX	VA
20303	Washington	DISTRICT OF COLUMBIA	DC
20305	Washington	DISTRICT OF COLUMBIA	DC
20306	Washington	DISTRICT OF COLUMBIA	DC
20307	Washington	DISTRICT OF COLUMBIA	DC
20310	Washington	FAIRFAX	VA
20314	Washington	DISTRICT OF COLUMBIA	DC
20317	Washington	DISTRICT OF COLUMBIA	DC
20318	Washington	DISTRICT OF COLUMBIA	DC
20319	Washington	DISTRICT OF COLUMBIA	DC
20324	Washington	DISTRICT OF COLUMBIA	DC
20330	Washington	FAIRFAX	VA
20331	Washington	DISTRICT OF COLUMBIA	DC
20332	Washington	DISTRICT OF COLUMBIA	DC
20333	Washington	DISTRICT OF COLUMBIA	DC
20334	Washington	DISTRICT OF COLUMBIA	DC
20335	Andrews Air Force Base	PRINCE GEORGES	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20336	Washington	DISTRICT OF COLUMBIA	DC
20337	Washington	DISTRICT OF COLUMBIA	DC
20338	Washington	DISTRICT OF COLUMBIA	DC
20340	Washington	DISTRICT OF COLUMBIA	DC
20350	Washington	ARLINGTON	VA
20355	Washington	DISTRICT OF COLUMBIA	DC
20360	Washington	DISTRICT OF COLUMBIA	DC
20361	Washington	DISTRICT OF COLUMBIA	DC
20362	Washington	DISTRICT OF COLUMBIA	DC
20363	Washington	DISTRICT OF COLUMBIA	DC
20370	Washington	DISTRICT OF COLUMBIA	DC
20371	Washington	DISTRICT OF COLUMBIA	DC
20372	Washington	DISTRICT OF COLUMBIA	DC
20373	Naval Anacost Annex	DISTRICT OF COLUMBIA	DC
20374	Washington Navy Yard	DISTRICT OF COLUMBIA	DC
20375	Washington	DISTRICT OF COLUMBIA	DC
20376	Washington Navy Yard	DISTRICT OF COLUMBIA	DC
20380	Washington	DISTRICT OF COLUMBIA	DC
20388	Washington Navy Yard	DISTRICT OF COLUMBIA	DC
20389	Washington	DISTRICT OF COLUMBIA	MD
20390	Washington	DISTRICT OF COLUMBIA	DC
20391	Washington Navy Yard	DISTRICT OF COLUMBIA	DC
20392	Washington	DISTRICT OF COLUMBIA	DC
20393	Washington	DISTRICT OF COLUMBIA	DC
20394	Washington	DISTRICT OF COLUMBIA	DC
20395	Washington	DISTRICT OF COLUMBIA	MD
20396	Washington	DISTRICT OF COLUMBIA	DC
20397	Washington	DISTRICT OF COLUMBIA	DC
20398	Washington Navy Yard	DISTRICT OF COLUMBIA	DC
20401	Washington	DISTRICT OF COLUMBIA	DC
20402	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20403	Washington	DISTRICT OF COLUMBIA	DC
20404	Washington	DISTRICT OF COLUMBIA	DC
20405	Washington	DISTRICT OF COLUMBIA	DC
20406	Washington	ARLINGTON	VA
20407	Washington	DISTRICT OF COLUMBIA	DC
20408	Washington	DISTRICT OF COLUMBIA	DC
20409	Uninhabited Area	DISTRICT OF COLUMBIA	MD
20410	Washington	DISTRICT OF COLUMBIA	DC
20411	Washington	DISTRICT OF COLUMBIA	DC
20412	Washington	DISTRICT OF COLUMBIA	DC
20413	Washington	DISTRICT OF COLUMBIA	DC
20414	Washington	DISTRICT OF COLUMBIA	DC
20415	Washington	DISTRICT OF COLUMBIA	DC
20416	Washington	DISTRICT OF COLUMBIA	DC
20417	Washington	DISTRICT OF COLUMBIA	DC
20418	Washington	DISTRICT OF COLUMBIA	DC
20419	Washington	DISTRICT OF COLUMBIA	DC
20420	Washington	DISTRICT OF COLUMBIA	DC
20421	Washington	DISTRICT OF COLUMBIA	DC
20422	Washington	DISTRICT OF COLUMBIA	DC
20423	Washington	DISTRICT OF COLUMBIA	DC
20424	Washington	DISTRICT OF COLUMBIA	DC
20425	Washington	DISTRICT OF COLUMBIA	DC
20426	Washington	DISTRICT OF COLUMBIA	DC
20427	Washington	DISTRICT OF COLUMBIA	DC
20428	Washington	DISTRICT OF COLUMBIA	DC
20429	Washington	DISTRICT OF COLUMBIA	DC
20430	Washington	DISTRICT OF COLUMBIA	DC
20431	Washington	DISTRICT OF COLUMBIA	DC
20433	Washington	DISTRICT OF COLUMBIA	DC
20434	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20435	Washington	DISTRICT OF COLUMBIA	DC
20436	Washington	DISTRICT OF COLUMBIA	DC
20437	Washington	DISTRICT OF COLUMBIA	DC
20439	Washington	DISTRICT OF COLUMBIA	DC
20440	Washington	DISTRICT OF COLUMBIA	DC
20441	Washington	DISTRICT OF COLUMBIA	DC
20442	Washington	DISTRICT OF COLUMBIA	DC
20444	Washington	DISTRICT OF COLUMBIA	DC
20447	Washington	DISTRICT OF COLUMBIA	DC
20451	Washington	DISTRICT OF COLUMBIA	DC
20453	Washington	ARLINGTON	VA
20456	Washington	DISTRICT OF COLUMBIA	DC
20460	Washington	DISTRICT OF COLUMBIA	DC
20463	Washington	DISTRICT OF COLUMBIA	DC
20468	Washington	DISTRICT OF COLUMBIA	DC
20469	Washington	DISTRICT OF COLUMBIA	DC
20470	Washington	DISTRICT OF COLUMBIA	DC
20472	Washington	DISTRICT OF COLUMBIA	DC
20500	Washington	DISTRICT OF COLUMBIA	DC
20501	Washington	DISTRICT OF COLUMBIA	DC
20502	Washington	DISTRICT OF COLUMBIA	DC
20503	Washington	DISTRICT OF COLUMBIA	DC
20504	Washington	DISTRICT OF COLUMBIA	DC
20505	Washington	DISTRICT OF COLUMBIA	DC
20506	Washington	DISTRICT OF COLUMBIA	DC
20507	Washington	DISTRICT OF COLUMBIA	DC
20508	Washington	DISTRICT OF COLUMBIA	DC
20509	Washington	DISTRICT OF COLUMBIA	DC
20510	Washington	DISTRICT OF COLUMBIA	DC
20511	Washington	DISTRICT OF COLUMBIA	DC
20515	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20520	Washington	DISTRICT OF COLUMBIA	DC
20521	Washington	DISTRICT OF COLUMBIA	DC
20522	Washington	DISTRICT OF COLUMBIA	DC
20523	Washington	DISTRICT OF COLUMBIA	DC
20524	Washington	DISTRICT OF COLUMBIA	DC
20525	Washington	DISTRICT OF COLUMBIA	DC
20526	Washington	DISTRICT OF COLUMBIA	DC
20527	Washington	DISTRICT OF COLUMBIA	DC
20528	Washington	DISTRICT OF COLUMBIA	DC
20529	Washington	DISTRICT OF COLUMBIA	DC
20530	Washington	DISTRICT OF COLUMBIA	DC
20531	Washington	DISTRICT OF COLUMBIA	DC
20532	Washington	DISTRICT OF COLUMBIA	DC
20533	Washington	DISTRICT OF COLUMBIA	DC
20534	Washington	DISTRICT OF COLUMBIA	DC
20535	Washington	DISTRICT OF COLUMBIA	DC
20536	Washington	DISTRICT OF COLUMBIA	DC
20537	Washington	DISTRICT OF COLUMBIA	DC
20538	Washington	DISTRICT OF COLUMBIA	DC
20539	Washington	DISTRICT OF COLUMBIA	DC
20540	Washington	DISTRICT OF COLUMBIA	DC
20541	Washington	DISTRICT OF COLUMBIA	DC
20542	Washington	DISTRICT OF COLUMBIA	DC
20543	Washington	DISTRICT OF COLUMBIA	DC
20544	Washington	DISTRICT OF COLUMBIA	DC
20546	Washington	DISTRICT OF COLUMBIA	DC
20547	Washington	DISTRICT OF COLUMBIA	DC
20548	Washington	DISTRICT OF COLUMBIA	DC
20549	Washington	DISTRICT OF COLUMBIA	DC
20551	Washington	DISTRICT OF COLUMBIA	DC
20552	Washington	DISTRICT OF COLUMBIA	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20553	Washington	DISTRICT OF COLUMBIA	DC
20554	Washington	DISTRICT OF COLUMBIA	DC
20555	Washington	DISTRICT OF COLUMBIA	DC
20557	Washington	DISTRICT OF COLUMBIA	DC
20558	Washington	DISTRICT OF COLUMBIA	DC
20559	Washington	DISTRICT OF COLUMBIA	DC
20560	Washington	DISTRICT OF COLUMBIA	DC
20565	Washington	DISTRICT OF COLUMBIA	DC
20566	Washington	DISTRICT OF COLUMBIA	DC
20570	Washington	DISTRICT OF COLUMBIA	DC
20571	Washington	DISTRICT OF COLUMBIA	DC
20572	Washington	DISTRICT OF COLUMBIA	DC
20573	Washington	DISTRICT OF COLUMBIA	DC
20575	Washington	DISTRICT OF COLUMBIA	DC
20576	Washington	DISTRICT OF COLUMBIA	DC
20577	Washington	DISTRICT OF COLUMBIA	DC
20578	Washington	DISTRICT OF COLUMBIA	DC
20579	Washington	DISTRICT OF COLUMBIA	DC
20580	Washington	DISTRICT OF COLUMBIA	DC
20581	Washington	DISTRICT OF COLUMBIA	DC
20585	Washington	DISTRICT OF COLUMBIA	DC
20586	Washington	DISTRICT OF COLUMBIA	DC
20588	DHS	HOWARD	MD
20590	Washington	DISTRICT OF COLUMBIA	DC
20591	Washington	DISTRICT OF COLUMBIA	DC
20593	Washington	DISTRICT OF COLUMBIA	DC
20594	Washington	DISTRICT OF COLUMBIA	DC
20597	Washington	DISTRICT OF COLUMBIA	DC
20598	DHS	ARLINGTON	VA
20599	Washington	DISTRICT OF COLUMBIA	MD
20601	Waldorf	CHARLES	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20602	Waldorf	CHARLES	MD
20603	Waldorf	CHARLES	MD
20604	Waldorf	CHARLES	MD
20606	Abell	SAINT MARYS	MD
20607	Accokeek	PRINCE GEORGES	MD
20608	Aquasco	PRINCE GEORGES	MD
20609	Avenue	SAINT MARYS	MD
20610	Barstow	CALVERT	MD
20611	Bel Alton	CHARLES	MD
20612	Benedict	CHARLES	MD
20613	Brandywine	PRINCE GEORGES	MD
20615	Broomes Island	CALVERT	MD
20616	Bryans Road	CHARLES	MD
20617	Bryantown	CHARLES	MD
20618	Bushwood	SAINT MARYS	MD
20619	California	SAINT MARYS	MD
20620	Callaway	SAINT MARYS	MD
20621	Chaptico	SAINT MARYS	MD
20622	Charlotte Hall	SAINT MARYS	MD
20623	Cheltenham	PRINCE GEORGES	MD
20624	Clements	SAINT MARYS	MD
20625	Cobb Island	CHARLES	MD
20626	Coltons Point	SAINT MARYS	MD
20627	Compton	SAINT MARYS	MD
20628	Dameron	SAINT MARYS	MD
20629	Dowell	CALVERT	MD
20630	Drayden	SAINT MARYS	MD
20632	Faulkner	CHARLES	MD
20634	Great Mills	SAINT MARYS	MD
20635	Helen	SAINT MARYS	MD
20636	Hollywood	SAINT MARYS	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20637	Hughesville	CHARLES	MD
20639	Huntingtown	CALVERT	MD
20640	Indian Head	CHARLES	MD
20643	Ironsides	CHARLES	MD
20645	Issue	CHARLES	MD
20646	La Plata	CHARLES	MD
20650	Leonardtown	SAINT MARYS	MD
20653	Lexington Park	SAINT MARYS	MD
20656	Loveville	SAINT MARYS	MD
20657	Lusby	CALVERT	MD
20658	Marbury	CHARLES	MD
20659	Mechanicsville	SAINT MARYS	MD
20660	Morganza	SAINT MARYS	MD
20661	Mount Victoria	CHARLES	MD
20662	Nanjemoy	CHARLES	MD
20664	Newburg	CHARLES	MD
20667	Park Hall	SAINT MARYS	MD
20670	Patuxent River	SAINT MARYS	MD
20674	Piney Point	SAINT MARYS	MD
20675	Pomfret	CHARLES	MD
20676	Port Republic	CALVERT	MD
20677	Port Tobacco	CHARLES	MD
20678	Prince Frederick	CALVERT	MD
20680	Ridge	SAINT MARYS	MD
20682	Rock Point	CHARLES	MD
20684	Saint Inigoes	SAINT MARYS	MD
20685	Saint Leonard	CALVERT	MD
20686	Saint Marys City	SAINT MARYS	MD
20687	Scotland	SAINT MARYS	MD
20688	Solomons	CALVERT	MD
20689	Sunderland	CALVERT	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20690	Tall Timbers	SAINT MARYS	MD
20692	Valley Lee	SAINT MARYS	MD
20693	Welcome	CHARLES	MD
20695	White Plains	CHARLES	MD
20697	Southern MD Facility	PRINCE GEORGES	MD
20701	Annapolis Junction	HOWARD	MD
20703	Lanham	PRINCE GEORGES	MD
20704	Beltsville	PRINCE GEORGES	MD
20705	Beltsville	PRINCE GEORGES	MD
20706	Lanham	PRINCE GEORGES	MD
20707	Laurel	PRINCE GEORGES	MD
20708	Laurel	PRINCE GEORGES	MD
20709	Laurel	PRINCE GEORGES	MD
20710	Bladensburg	PRINCE GEORGES	MD
20711	Lothian	ANNE ARUNDEL	MD
20712	Mount Rainier	PRINCE GEORGES	MD
20714	North Beach	CALVERT	MD
20715	Bowie	PRINCE GEORGES	MD
20716	Bowie	PRINCE GEORGES	MD
20717	Bowie	PRINCE GEORGES	MD
20718	Bowie	PRINCE GEORGES	MD
20719	Bowie	PRINCE GEORGES	MD
20720	Bowie	PRINCE GEORGES	MD
20721	Bowie	PRINCE GEORGES	MD
20722	Brentwood	PRINCE GEORGES	MD
20723	Laurel	HOWARD	MD
20724	Laurel	ANNE ARUNDEL	MD
20725	Laurel	PRINCE GEORGES	MD
20726	Laurel	PRINCE GEORGES	MD
20731	Capitol Heights	PRINCE GEORGES	MD
20732	Chesapeake Beach	CALVERT	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20733	Churchton	ANNE ARUNDEL	MD
20735	Clinton	PRINCE GEORGES	MD
20736	Owings	CALVERT	MD
20737	Riverdale	PRINCE GEORGES	MD
20738	Riverdale	PRINCE GEORGES	MD
20740	College Park	PRINCE GEORGES	MD
20741	College Park	PRINCE GEORGES	MD
20742	College Park	PRINCE GEORGES	MD
20743	Capitol Heights	PRINCE GEORGES	MD
20744	Fort Washington	PRINCE GEORGES	MD
20745	Oxon Hill	PRINCE GEORGES	MD
20746	Suitland	PRINCE GEORGES	MD
20747	District Heights	PRINCE GEORGES	MD
20748	Temple Hills	PRINCE GEORGES	MD
20749	Fort Washington	PRINCE GEORGES	MD
20750	Oxon Hill	PRINCE GEORGES	MD
20751	Deale	ANNE ARUNDEL	MD
20752	Suitland	PRINCE GEORGES	MD
20753	District Heights	PRINCE GEORGES	MD
20754	Dunkirk	CALVERT	MD
20755	Fort George G Meade	ANNE ARUNDEL	MD
20757	Temple Hills	PRINCE GEORGES	MD
20758	Friendship	ANNE ARUNDEL	MD
20759	Fulton	HOWARD	MD
20762	Andrews Air Force Base	PRINCE GEORGES	MD
20763	Savage	HOWARD	MD
20764	Shady Side	ANNE ARUNDEL	MD
20765	Galesville	ANNE ARUNDEL	MD
20768	Greenbelt	PRINCE GEORGES	MD
20769	Glenn Dale	PRINCE GEORGES	MD
20770	Greenbelt	PRINCE GEORGES	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20771	Greenbelt	PRINCE GEORGES	MD
20772	Upper Marlboro	PRINCE GEORGES	MD
20773	Upper Marlboro	PRINCE GEORGES	MD
20774	Upper Marlboro	PRINCE GEORGES	MD
20775	Upper Marlboro	PRINCE GEORGES	MD
20776	Harwood	ANNE ARUNDEL	MD
20777	Highland	HOWARD	MD
20778	West River	ANNE ARUNDEL	MD
20779	Tracys Landing	ANNE ARUNDEL	MD
20780	Hyattsville	PRINCE GEORGES	MD
20781	Hyattsville	PRINCE GEORGES	MD
20782	Hyattsville	PRINCE GEORGES	MD
20783	Hyattsville	PRINCE GEORGES	MD
20784	Hyattsville	PRINCE GEORGES	MD
20785	Hyattsville	PRINCE GEORGES	MD
20787	Hyattsville	PRINCE GEORGES	MD
20788	Hyattsville	PRINCE GEORGES	MD
20789	Hyattsville	PRINCE GEORGES	MD
20790	Capitol Heights	PRINCE GEORGES	MD
20791	Capitol Heights	PRINCE GEORGES	MD
20792	Upper Marlboro	PRINCE GEORGES	MD
20794	Jessup	HOWARD	MD
20797	Southern MD Facility	PRINCE GEORGES	MD
20799	Capitol Heights	PRINCE GEORGES	MD
20800	Capitol Heights	PRINCE GEORGES	MD
20810	Bethesda	MONTGOMERY	MD
20811	Bethesda	MONTGOMERY	MD
20812	Glen Echo	MONTGOMERY	MD
20813	Bethesda	MONTGOMERY	MD
20814	Bethesda	MONTGOMERY	MD
20815	Chevy Chase	MONTGOMERY	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20816	Bethesda	MONTGOMERY	MD
20817	Bethesda	MONTGOMERY	MD
20818	Cabin John	MONTGOMERY	MD
20824	Bethesda	MONTGOMERY	MD
20825	Chevy Chase	MONTGOMERY	MD
20827	Bethesda	MONTGOMERY	MD
20830	Olney	MONTGOMERY	MD
20832	Olney	MONTGOMERY	MD
20833	Brookeville	MONTGOMERY	MD
20837	Poolesville	MONTGOMERY	MD
20838	Barnesville	MONTGOMERY	MD
20839	Beallsville	MONTGOMERY	MD
20841	Boyd's	MONTGOMERY	MD
20842	Dickerson	MONTGOMERY	MD
20847	Rockville	MONTGOMERY	MD
20848	Rockville	MONTGOMERY	MD
20849	Rockville	MONTGOMERY	MD
20850	Rockville	MONTGOMERY	MD
20851	Rockville	MONTGOMERY	MD
20852	Rockville	MONTGOMERY	MD
20853	Rockville	MONTGOMERY	MD
20854	Potomac	MONTGOMERY	MD
20855	Derwood	MONTGOMERY	MD
20857	Rockville	MONTGOMERY	MD
20858	Potomac	MONTGOMERY	MD
20859	Potomac	MONTGOMERY	MD
20860	Sandy Spring	MONTGOMERY	MD
20861	Ashton	MONTGOMERY	MD
20862	Brinklow	MONTGOMERY	MD
20866	Burtonsville	MONTGOMERY	MD
20868	Spencerville	MONTGOMERY	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20871	Clarksburg	MONTGOMERY	MD
20872	Damascus	MONTGOMERY	MD
20874	Germantown	MONTGOMERY	MD
20875	Germantown	MONTGOMERY	MD
20876	Germantown	MONTGOMERY	MD
20877	Gaithersburg	MONTGOMERY	MD
20878	Gaithersburg	MONTGOMERY	MD
20879	Gaithersburg	MONTGOMERY	MD
20880	Washington Grove	MONTGOMERY	MD
20882	Gaithersburg	MONTGOMERY	MD
20883	Gaithersburg	MONTGOMERY	MD
20884	Gaithersburg	MONTGOMERY	MD
20885	Gaithersburg	MONTGOMERY	MD
20886	Montgomery Village	MONTGOMERY	MD
20889	Bethesda	MONTGOMERY	MD
20890	Capitol Heights	PRINCE GEORGES	MD
20891	Kensington	MONTGOMERY	MD
20892	Bethesda	MONTGOMERY	MD
20894	Bethesda	MONTGOMERY	MD
20895	Kensington	MONTGOMERY	MD
20896	Garrett Park	MONTGOMERY	MD
20897	Suburb Maryland Fac	MONTGOMERY	MD
20898	Gaithersburg	MONTGOMERY	MD
20899	Gaithersburg	MONTGOMERY	MD
20900	Silver Spring	MONTGOMERY	MD
20901	Silver Spring	MONTGOMERY	MD
20902	Silver Spring	MONTGOMERY	MD
20903	Silver Spring	MONTGOMERY	MD
20904	Silver Spring	MONTGOMERY	MD
20905	Silver Spring	MONTGOMERY	MD
20906	Silver Spring	MONTGOMERY	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
20907	Silver Spring	MONTGOMERY	MD
20908	Silver Spring	MONTGOMERY	MD
20910	Silver Spring	MONTGOMERY	MD
20911	Silver Spring	MONTGOMERY	MD
20912	Takoma Park	MONTGOMERY	MD
20913	Takoma Park	MONTGOMERY	MD
20914	Silver Spring	MONTGOMERY	MD
20915	Silver Spring	MONTGOMERY	MD
20916	Silver Spring	MONTGOMERY	MD
20918	Silver Spring	MONTGOMERY	MD
20990	Silver Spring	MONTGOMERY	MD
20993	Silver Spring	MONTGOMERY	MD
20997	Silver Spring	MONTGOMERY	MD
21001	Aberdeen	HARFORD	MD
21005	Aberdeen Proving Ground	HARFORD	MD
21009	Abingdon	HARFORD	MD
21010	Gunpowder	HARFORD	MD
21012	Arnold	ANNE ARUNDEL	MD
21013	Baldwin	BALTIMORE	MD
21014	Bel Air	HARFORD	MD
21015	Bel Air	HARFORD	MD
21017	Belcamp	HARFORD	MD
21018	Benson	HARFORD	MD
21020	Boring	BALTIMORE	MD
21021	Upper Falls	BALTIMORE	MD
21022	Brooklandville	BALTIMORE	MD
21023	Butler	BALTIMORE	MD
21024	Whiteford	HARFORD	MD
21027	Chase	BALTIMORE	MD
21028	Churchville	HARFORD	MD
21029	Clarksville	HOWARD	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21030	Cockeysville	BALTIMORE	MD
21031	Hunt Valley	BALTIMORE	MD
21032	Crownsville	ANNE ARUNDEL	MD
21034	Darlington	HARFORD	MD
21035	Davidsonville	ANNE ARUNDEL	MD
21036	Dayton	HOWARD	MD
21037	Edgewater	ANNE ARUNDEL	MD
21040	Edgewood	HARFORD	MD
21041	Ellicott City	HOWARD	MD
21042	Ellicott City	HOWARD	MD
21043	Ellicott City	HOWARD	MD
21044	Columbia	HOWARD	MD
21045	Columbia	HOWARD	MD
21046	Columbia	HOWARD	MD
21047	Fallston	HARFORD	MD
21048	Finksburg	CARROLL	MD
21050	Forest Hill	HARFORD	MD
21051	Fork	BALTIMORE	MD
21052	Fort Howard	BALTIMORE	MD
21053	Freeland	BALTIMORE	MD
21054	Gambrills	ANNE ARUNDEL	MD
21055	Owings Mills	BALTIMORE	MD
21056	Gibson Island	ANNE ARUNDEL	MD
21057	Glen Arm	BALTIMORE	MD
21060	Glen Burnie	ANNE ARUNDEL	MD
21061	Glen Burnie	ANNE ARUNDEL	MD
21062	Glen Burnie	ANNE ARUNDEL	MD
21065	Hunt Valley	BALTIMORE	MD
21071	Glyndon	BALTIMORE	MD
21074	Hampstead	CARROLL	MD
21075	Elkridge	HOWARD	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21076	Hanover	ANNE ARUNDEL	MD
21077	Harmans	ANNE ARUNDEL	MD
21078	Havre de Grace	HARFORD	MD
21080	Marriottsville	HOWARD	MD
21082	Hydes	BALTIMORE	MD
21084	Jarrettsville	HARFORD	MD
21085	Joppa	HARFORD	MD
21087	Kingsville	BALTIMORE	MD
21088	Lineboro	CARROLL	MD
21090	Linthicum Heights	ANNE ARUNDEL	MD
21092	Long Green	BALTIMORE	MD
21093	Lutherville Timonium	BALTIMORE	MD
21094	Lutherville Timonium	BALTIMORE	MD
21098	Hanover	ANNE ARUNDEL	MD
21101	Joppa	HARFORD	MD
21102	Manchester	CARROLL	MD
21104	Marriottsville	CARROLL	MD
21105	Maryland Line	BALTIMORE	MD
21106	Mayo	ANNE ARUNDEL	MD
21107	Manchester	CARROLL	MD
21108	Millersville	ANNE ARUNDEL	MD
21111	Monkton	BALTIMORE	MD
21113	Odenton	ANNE ARUNDEL	MD
21114	Crofton	ANNE ARUNDEL	MD
21117	Owings Mills	BALTIMORE	MD
21120	Parkton	BALTIMORE	MD
21122	Pasadena	ANNE ARUNDEL	MD
21123	Pasadena	ANNE ARUNDEL	MD
21128	Perry Hall	BALTIMORE	MD
21130	Perryman	HARFORD	MD
21131	Phoenix	BALTIMORE	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21132	Pylesville	HARFORD	MD
21133	Randallstown	BALTIMORE	MD
21136	Reisterstown	BALTIMORE	MD
21139	Riderwood	BALTIMORE	MD
21140	Riva	ANNE ARUNDEL	MD
21144	Severn	ANNE ARUNDEL	MD
21146	Severna Park	ANNE ARUNDEL	MD
21150	Simpsonville	HOWARD	MD
21152	Sparks Glencoe	BALTIMORE	MD
21153	Stevenson	BALTIMORE	MD
21154	Street	HARFORD	MD
21155	Upperco	BALTIMORE	MD
21156	Upper Falls	BALTIMORE	MD
21157	Westminster	CARROLL	MD
21158	Westminster	CARROLL	MD
21160	Whiteford	HARFORD	MD
21161	White Hall	HARFORD	MD
21162	White Marsh	BALTIMORE	MD
21163	Woodstock	HOWARD	MD
21200	Baltimore	BALTIMORE CITY	MD
21201	Baltimore	BALTIMORE CITY	MD
21202	Baltimore	BALTIMORE CITY	MD
21203	Baltimore	BALTIMORE CITY	MD
21204	Towson	BALTIMORE	MD
21205	Baltimore	BALTIMORE CITY	MD
21206	Baltimore	BALTIMORE CITY	MD
21207	Gwynn Oak	BALTIMORE	MD
21208	Pikesville	BALTIMORE	MD
21209	Baltimore	BALTIMORE CITY	MD
21210	Baltimore	BALTIMORE CITY	MD
21211	Baltimore	BALTIMORE CITY	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21212	Baltimore	BALTIMORE CITY	MD
21213	Baltimore	BALTIMORE CITY	MD
21214	Baltimore	BALTIMORE CITY	MD
21215	Baltimore	BALTIMORE CITY	MD
21216	Baltimore	BALTIMORE CITY	MD
21217	Baltimore	BALTIMORE CITY	MD
21218	Baltimore	BALTIMORE CITY	MD
21219	Sparrows Point	BALTIMORE	MD
21220	Middle River	BALTIMORE	MD
21221	Essex	BALTIMORE	MD
21222	Dundalk	BALTIMORE	MD
21223	Baltimore	BALTIMORE CITY	MD
21224	Baltimore	BALTIMORE CITY	MD
21225	Brooklyn	BALTIMORE CITY	MD
21226	Curtis Bay	ANNE ARUNDEL	MD
21227	Halethorpe	BALTIMORE	MD
21228	Catonsville	BALTIMORE	MD
21229	Baltimore	BALTIMORE CITY	MD
21230	Baltimore	BALTIMORE CITY	MD
21231	Baltimore	BALTIMORE CITY	MD
21233	Baltimore	BALTIMORE CITY	MD
21234	Parkville	BALTIMORE	MD
21235	Baltimore	BALTIMORE CITY	MD
21236	Nottingham	BALTIMORE	MD
21237	Rosedale	BALTIMORE	MD
21239	Baltimore	BALTIMORE CITY	MD
21240	Baltimore	ANNE ARUNDEL	MD
21241	Baltimore	BALTIMORE CITY	MD
21244	Windsor Mill	BALTIMORE	MD
21250	Baltimore	BALTIMORE	MD
21251	Baltimore	BALTIMORE CITY	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21252	Towson	BALTIMORE	MD
21260	Baltimore	BALTIMORE CITY	MD
21261	Baltimore	BALTIMORE	MD
21263	Baltimore	BALTIMORE CITY	MD
21264	Baltimore	BALTIMORE CITY	MD
21265	Baltimore	BALTIMORE CITY	MD
21268	Baltimore	HOWARD	MD
21270	Baltimore	BALTIMORE CITY	MD
21271	Baltimore	Baltimore City	MD
21273	Baltimore	BALTIMORE CITY	MD
21274	Baltimore	BALTIMORE CITY	MD
21275	Baltimore	BALTIMORE CITY	MD
21276	Baltimore	BALTIMORE CITY	MD
21278	Baltimore	BALTIMORE CITY	MD
21279	Baltimore	BALTIMORE CITY	MD
21280	Baltimore	BALTIMORE CITY	MD
21281	Baltimore	BALTIMORE CITY	MD
21282	Pikesville	BALTIMORE	MD
21283	Baltimore	BALTIMORE CITY	MD
21284	Towson	BALTIMORE	MD
21285	Towson	BALTIMORE	MD
21286	Towson	BALTIMORE	MD
21287	Baltimore	BALTIMORE CITY	MD
21288	Baltimore	BALTIMORE CITY	MD
21289	Baltimore	BALTIMORE CITY	MD
21290	Baltimore	BALTIMORE CITY	MD
21297	Baltimore	BALTIMORE CITY	MD
21298	Baltimore	BALTIMORE CITY	MD
21299	Baltimore	BALTIMORE CITY	MD
21400	Annapolis	ANNE ARUNDEL	MD
21401	Annapolis	ANNE ARUNDEL	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21402	Annapolis	ANNE ARUNDEL	MD
21403	Annapolis	ANNE ARUNDEL	MD
21404	Annapolis	ANNE ARUNDEL	MD
21405	Annapolis	ANNE ARUNDEL	MD
21409	Annapolis	ANNE ARUNDEL	MD
21411	Annapolis	ANNE ARUNDEL	MD
21412	Annapolis	ANNE ARUNDEL	MD
21501	Cumberland	ALLEGANY	MD
21502	Cumberland	ALLEGANY	MD
21503	Cumberland	ALLEGANY	MD
21504	Cumberland	ALLEGANY	MD
21505	Cumberland	ALLEGANY	MD
21520	Accident	GARRETT	MD
21521	Barton	ALLEGANY	MD
21522	Bittinger	GARRETT	MD
21523	Bloomington	GARRETT	MD
21524	Corriganville	ALLEGANY	MD
21528	Eckhart Mines	ALLEGANY	MD
21529	Ellerslie	ALLEGANY	MD
21530	Flintstone	ALLEGANY	MD
21531	Friendsville	GARRETT	MD
21532	Frostburg	ALLEGANY	MD
21536	Grantsville	GARRETT	MD
21538	Kitzmilller	GARRETT	MD
21539	Lonaconing	ALLEGANY	MD
21540	Luke	ALLEGANY	MD
21541	Mc Henry	GARRETT	MD
21542	Midland	ALLEGANY	MD
21543	Midlothian	ALLEGANY	MD
21545	Mount Savage	ALLEGANY	MD
21546	Lonaconing	GARRETT	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21550	Oakland	GARRETT	MD
21555	Oldtown	ALLEGANY	MD
21556	Pinto	ALLEGANY	MD
21557	Rawlings	ALLEGANY	MD
21560	Spring Gap	ALLEGANY	MD
21561	Swanton	GARRETT	MD
21562	Westernport	ALLEGANY	MD
21601	Easton	TALBOT	MD
21606	Easton	TALBOT	MD
21607	Barclay	QUEEN ANNES	MD
21609	Bethlehem	CAROLINE	MD
21610	Betterton	KENT	MD
21612	Bozman	TALBOT	MD
21613	Cambridge	DORCHESTER	MD
21617	Centreville	QUEEN ANNES	MD
21619	Chester	QUEEN ANNES	MD
21620	Chestertown	KENT	MD
21622	Church Creek	DORCHESTER	MD
21623	Church Hill	QUEEN ANNES	MD
21624	Claiborne	TALBOT	MD
21625	Cordova	TALBOT	MD
21626	Crapo	DORCHESTER	MD
21627	Crocheron	DORCHESTER	MD
21628	Crumpton	QUEEN ANNES	MD
21629	Denton	CAROLINE	MD
21631	East New Market	DORCHESTER	MD
21632	Federalsburg	CAROLINE	MD
21634	Fishing Creek	DORCHESTER	MD
21635	Galena	KENT	MD
21636	Goldsboro	CAROLINE	MD
21637	GALENA	KENT	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21638	Grasonville	QUEEN ANNES	MD
21639	Greensboro	CAROLINE	MD
21640	Henderson	CAROLINE	MD
21641	Hillsboro	CAROLINE	MD
21643	Hurlock	DORCHESTER	MD
21644	Ingleside	QUEEN ANNES	MD
21645	Kennedyville	KENT	MD
21646	Worton	KENT	MD
21647	McDaniel	TALBOT	MD
21648	Madison	DORCHESTER	MD
21649	Marydel	CAROLINE	MD
21650	Massey	KENT	MD
21651	Millington	KENT	MD
21652	Neavitt	TALBOT	MD
21653	Newcomb	TALBOT	MD
21654	Oxford	TALBOT	MD
21655	Preston	CAROLINE	MD
21656	Price	QUEEN ANNES	MD
21657	Queen Anne	QUEEN ANNES	MD
21658	Queenstown	QUEEN ANNES	MD
21659	Rhodesdale	DORCHESTER	MD
21660	Ridgely	CAROLINE	MD
21661	Rock Hall	KENT	MD
21662	Royal Oak	TALBOT	MD
21663	Saint Michaels	TALBOT	MD
21664	Secretary	DORCHESTER	MD
21665	Sherwood	TALBOT	MD
21666	Stevensville	QUEEN ANNES	MD
21667	Still Pond	KENT	MD
21668	Sudlersville	QUEEN ANNES	MD
21669	Taylors Island	DORCHESTER	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21670	Templeville	CAROLINE	MD
21671	Tilghman	TALBOT	MD
21672	Toddville	DORCHESTER	MD
21673	Trappe	TALBOT	MD
21675	Wingate	DORCHESTER	MD
21676	Wittman	TALBOT	MD
21677	Woolford	DORCHESTER	MD
21678	Worton	KENT	MD
21679	Wye Mills	TALBOT	MD
21681	Ridgely	CAROLINE	MD
21682	Ridgely	CAROLINE	MD
21683	Ridgely	CAROLINE	MD
21684	Ridgely	CAROLINE	MD
21685	Ridgely	CAROLINE	MD
21686	Ridgely	CAROLINE	MD
21687	Ridgely	CAROLINE	MD
21688	Ridgely	CAROLINE	MD
21690	Chestertown	QUEEN ANNES	MD
21701	Frederick	FREDERICK	MD
21702	Frederick	FREDERICK	MD
21703	Frederick	FREDERICK	MD
21704	Frederick	FREDERICK	MD
21705	Frederick	FREDERICK	MD
21709	Frederick	FREDERICK	MD
21710	Adamstown	FREDERICK	MD
21711	Big Pool	WASHINGTON	MD
21713	Boonsboro	WASHINGTON	MD
21714	Braddock Heights	FREDERICK	MD
21715	Brownsville	WASHINGTON	MD
21716	Brunswick	FREDERICK	MD
21717	Buckeystown	FREDERICK	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21718	Burkittsville	FREDERICK	MD
21719	Cascade	WASHINGTON	MD
21720	Cavetown	WASHINGTON	MD
21721	Chewsville	WASHINGTON	MD
21722	Clear Spring	WASHINGTON	MD
21723	Cooksville	HOWARD	MD
21727	Emmitsburg	FREDERICK	MD
21733	Fairplay	WASHINGTON	MD
21734	Funkstown	WASHINGTON	MD
21736	ROHRERSVILLE	WASHINGTON	MD
21737	Glenelg	HOWARD	MD
21738	Glenwood	HOWARD	MD
21740	Hagerstown	WASHINGTON	MD
21741	Hagerstown	WASHINGTON	MD
21742	Hagerstown	WASHINGTON	MD
21746	Hagerstown	WASHINGTON	MD
21747	Hagerstown	WASHINGTON	MD
21748	Hagerstown	WASHINGTON	MD
21749	Hagerstown	WASHINGTON	MD
21750	Hancock	WASHINGTON	MD
21754	Ijamsville	FREDERICK	MD
21755	Jefferson	FREDERICK	MD
21756	Keedysville	WASHINGTON	MD
21757	Keymar	CARROLL	MD
21758	Knoxville	FREDERICK	MD
21759	Ladiesburg	FREDERICK	MD
21762	Libertytown	FREDERICK	MD
21764	New Windsor	CARROLL	MD
21765	Lisbon	HOWARD	MD
21766	Little Orleans	ALLEGANY	MD
21767	Maugansville	WASHINGTON	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21769	Middletown	FREDERICK	MD
21770	Monrovia	FREDERICK	MD
21771	Mount Airy	FREDERICK	MD
21773	Myersville	FREDERICK	MD
21774	New Market	FREDERICK	MD
21775	New Midway	FREDERICK	MD
21776	New Windsor	CARROLL	MD
21777	Point of Rocks	FREDERICK	MD
21778	Rocky Ridge	FREDERICK	MD
21779	Rohrersville	WASHINGTON	MD
21780	Sabillasville	FREDERICK	MD
21781	Saint James	WASHINGTON	MD
21782	Sharpsburg	WASHINGTON	MD
21783	Smithsburg	WASHINGTON	MD
21784	Sykesville	CARROLL	MD
21787	Taneytown	CARROLL	MD
21788	Thurmont	FREDERICK	MD
21790	Tuscarora	FREDERICK	MD
21791	Union Bridge	CARROLL	MD
21792	Unionville	FREDERICK	MD
21793	Walkersville	FREDERICK	MD
21794	West Friendship	HOWARD	MD
21795	Williamsport	WASHINGTON	MD
21797	Woodbine	HOWARD	MD
21798	Woodsboro	FREDERICK	MD
21801	Salisbury	WICOMICO	MD
21802	Salisbury	WICOMICO	MD
21803	Salisbury	WICOMICO	MD
21804	Salisbury	WICOMICO	MD
21810	Allen	WICOMICO	MD
21811	Berlin	WORCESTER	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21813	Bishopville	WORCESTER	MD
21814	Bivalve	WICOMICO	MD
21816	Deal Island	SOMERSET	MD
21817	Crisfield	SOMERSET	MD
21820	Deal Island	SOMERSET	MD
21821	Deal Island	SOMERSET	MD
21822	Eden	WORCESTER	MD
21824	Ewell	SOMERSET	MD
21826	Fruitland	WICOMICO	MD
21829	Girdletree	WORCESTER	MD
21830	Hebron	WICOMICO	MD
21835	Linkwood	DORCHESTER	MD
21836	Manokin	SOMERSET	MD
21837	Mardela Springs	WICOMICO	MD
21838	Marion Station	SOMERSET	MD
21840	Nanticoke	WICOMICO	MD
21841	Newark	WORCESTER	MD
21842	Ocean City	WORCESTER	MD
21843	Ocean City	WORCESTER	MD
21849	Parsonsburg	WICOMICO	MD
21850	Pittsville	WICOMICO	MD
21851	Pocomoke City	WORCESTER	MD
21852	Powellville	WICOMICO	MD
21853	Princess Anne	SOMERSET	MD
21856	Quantico	WICOMICO	MD
21857	Rehobeth	SOMERSET	MD
21861	Sharptown	WICOMICO	MD
21862	Showell	WORCESTER	MD
21863	Snow Hill	WORCESTER	MD
21864	Stockton	WORCESTER	MD
21865	Tyaskin	WICOMICO	MD

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
21866	Tylerton	SOMERSET	MD
21867	Upper Fairmount	SOMERSET	MD
21868	Westover	SOMERSET	MD
21869	Vienna	DORCHESTER	MD
21870	Deal Island	SOMERSET	MD
21871	Westover	SOMERSET	MD
21872	Whaleyville	WORCESTER	MD
21874	Willards	WICOMICO	MD
21875	Delmar	WICOMICO	MD
21890	Westover	SOMERSET	MD
21901	North East	CECIL	MD
21902	Perry Point	CECIL	MD
21903	Perryville	CECIL	MD
21904	Port Deposit	CECIL	MD
21911	Rising Sun	CECIL	MD
21912	Warwick	CECIL	MD
21913	Cecilton	CECIL	MD
21914	Charlestown	CECIL	MD
21915	Chesapeake City	CECIL	MD
21916	Childs	CECIL	MD
21917	Colora	CECIL	MD
21918	Conowingo	CECIL	MD
21919	Earleville	CECIL	MD
21920	Elk Mills	CECIL	MD
21921	Elkton	CECIL	MD
21922	Elkton	CECIL	MD
21930	Georgetown	CECIL	MD
22003	Annandale	FAIRFAX	VA
22009	Burke	FAIRFAX	VA
22015	Burke	FAIRFAX	VA
22027	Dunn Loring	FAIRFAX	VA

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
22031	Fairfax	FAIRFAX	VA
22032	Fairfax	FAIRFAX	VA
22034	Fairfax	FAIRFAX	VA
22035	Fairfax		VA
22036	Fairfax	FAIRFAX	VA
22037	Fairfax	FAIRFAX	VA
22038	Fairfax	FAIRFAX CITY	VA
22040	Falls Church	FALLS CHURCH CITY	VA
22041	Falls Church	FAIRFAX	VA
22042	Falls Church	FAIRFAX	VA
22043	Falls Church	FAIRFAX	VA
22044	Falls Church	FAIRFAX	VA
22046	Falls Church	Falls Church City	VA
22047	FALLS CHURCH	FAIRFAX	VA
22060	Fort Belvoir	FAIRFAX	VA
22067	Greenway		VA
22081	Merrifield	FAIRFAX	VA
22082	Merrifield	FAIRFAX	VA
22106	Mc Lean	FAIRFAX	VA
22107	Mc Lean	FAIRFAX	VA
22108	Mc Lean	FAIRFAX	VA
22109	Mc Lean	FAIRFAX	VA
22116	Merrifield	FAIRFAX	VA
22118	Merrifield	FAIRFAX	VA
22119	Merrifield	FAIRFAX	VA
22120	Falls Church	FAIRFAX	VA
22121	Mount Vernon	FAIRFAX	VA
22122	Newington	FAIRFAX	VA
22150	Springfield	FAIRFAX	VA
22151	Springfield	FAIRFAX	VA
22152	Springfield	FAIRFAX	VA

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
22153	Springfield	FAIRFAX	VA
22156	Springfield	FAIRFAX	VA
22158	Springfield	FAIRFAX	VA
22159	Springfield	FAIRFAX	VA
22160	Springfield	FAIRFAX	VA
22161	Springfield	FAIRFAX	VA
22200	Arlington	ARLINGTON	VA
22201	Arlington	ARLINGTON	VA
22202	Arlington	ARLINGTON	VA
22203	Arlington	ARLINGTON	VA
22204	Arlington	ARLINGTON	VA
22205	Arlington	ARLINGTON	VA
22206	Arlington	ARLINGTON	VA
22207	Arlington	ARLINGTON	VA
22209	Arlington	ARLINGTON	VA
22210	Arlington	ARLINGTON	VA
22211	Fort Myer	ARLINGTON	VA
22212	Arlington	ARLINGTON	VA
22213	Arlington	ARLINGTON	VA
22214	Arlington	ARLINGTON	VA
22215	Arlington	ARLINGTON	VA
22216	Arlington	ARLINGTON	VA
22217	Arlington	ARLINGTON	VA
22218	Arlington	ARLINGTON	VA
22219	Arlington	ARLINGTON	VA
22222	Arlington	ARLINGTON	VA
22223	Arlington	ARLINGTON	VA
22225	Arlington	ARLINGTON	VA
22226	Arlington	ARLINGTON	VA
22227	Arlington	ARLINGTON	VA
22229	Arlington	ARLINGTON	VA

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
22230	Arlington	ARLINGTON	VA
22234	Arlington	ARLINGTON	VA
22240	Arlington	ARLINGTON	VA
22241	Arlington	ARLINGTON	VA
22242	Arlington	ARLINGTON	VA
22243	Arlington	ARLINGTON	VA
22244	Arlington	ARLINGTON	VA
22245	Arlington	ARLINGTON	VA
22246	Arlington	ARLINGTON	VA
22300	Alexandria	ALEXANDRIA CITY	VA
22301	Alexandria	ALEXANDRIA CITY	VA
22302	Alexandria	ALEXANDRIA CITY	VA
22303	Alexandria	FAIRFAX	VA
22304	Alexandria	ALEXANDRIA CITY	VA
22305	Alexandria	ALEXANDRIA CITY	VA
22306	Alexandria	FAIRFAX	VA
22307	Alexandria	FAIRFAX	VA
22308	Alexandria	FAIRFAX	VA
22309	Alexandria	FAIRFAX	VA
22310	Alexandria	FAIRFAX	VA
22311	Alexandria	ALEXANDRIA CITY	VA
22312	Alexandria	FAIRFAX	VA
22313	Alexandria	ALEXANDRIA CITY	VA
22314	Alexandria	ALEXANDRIA CITY	VA
22315	Alexandria	FAIRFAX	VA
22320	Alexandria	ALEXANDRIA CITY	VA
22321	Alexandria	ALEXANDRIA CITY	VA
22331	Alexandria	ALEXANDRIA CITY	VA
22332	Alexandria	ALEXANDRIA CITY	VA
22333	Alexandria	ALEXANDRIA CITY	VA
22334	Alexandria	ALEXANDRIA CITY	VA

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
22336	Alexandria	ALEXANDRIA CITY	VA
22350	Alexandria	ALEXANDRIA CITY	VA
22505	Capitol Heights	PRINCE GEORGES	MD
56901	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56902	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56904	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56908	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56915	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56920	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56933	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56935	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56944	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56945	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56950	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56963	Parcel Return Service	PALMYRA	VA
56964	Parcel Return Service	PRC	DC
56965	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56966	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56967	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56968	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56969	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56970	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56971	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56973	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56980	Parcel Return Service	District of Columbia	DC
56981	Parcel Return Service	District of Columbia	DC
56982	Parcel Return Service	District of Columbia	DC
56983	Parcel Return Service	District of Columbia	DC
56984	Parcel Return Service	District of Columbia	DC
56985	Parcel Return Service	District of Columbia	DC
56973	Parcel Return Service	District of Columbia	DC

Appendix B - Exhibit B Plan Service Area

Zip Code	City	County	State
56998	Parcel Return Service	DISTRICT OF COLUMBIA	DC
56999	Parcel Return Service	DISTRICT OF COLUMBIA	DC
88888	North Pole	DISTRICT OF COLUMBIA	DC

Split Zip Codes

Zip Code	City	County	State
22030	Fairfax	FAIRFAX	VA
22039	Fairfax Station	FAIRFAX	VA
22079	Lorton	FAIRFAX	VA
22101	Mc Lean	FAIRFAX	VA
22102	Mc Lean	FAIRFAX	VA
22103	West McLean	FAIRFAX	VA
22124	Oakton	FAIRFAX	VA
22125	Occoquan	PRINCE WILLIAM	VA
22180	Vienna	FAIRFAX	VA
22181	Vienna	FAIRFAX	VA
22182	Vienna	FAIRFAX	VA
22183	Vienna	FAIRFAX	VA
22184	Vienna	FAIRFAX	VA
22185	Vienna	FAIRFAX	VA
22191	Woodbridge	PRINCE WILLIAM	VA
22192	Woodbridge	PRINCE WILLIAM	VA
22194	Woodbridge	PRINCE WILLIAM	VA
22199	Lorton	FAIRFAX	VA

CareFirst BlueCross BlueShield Group Medicare Rx Member Services

Method	Member Services – Contact Information
Call	Pharmacy Member Services (Rx benefit and claims inquiries) 833-840-7962 24 hours a day, 7 days a week, 365 days a year CareFirst Member Services (enrollment and eligibility inquiries) 833-489-1316 8am-12pm and 1pm-6pm Monday - Friday Calls to these numbers are free. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Fax	844-961-0696
Write	CareFirst BlueCross BlueShield Group Prescription Drug Plan 1501 S. Clinton Street Baltimore, MD 21224
Website	www.carefirst.com/myaccount

State Health Insurance Assistance Program

State Health Insurance Assistance Programs are state programs that get money from the Federal government to give free local health insurance counseling to people with Medicare. A list of State Health Insurance Assistance Programs can be found in Exhibit A located at the end of this Evidence of Coverage.

PRA Disclosure Statement 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 0938-1051. If you have comments 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.