



2023

Information & Enrollment Guide

CareFirst BlueCross BlueShield Medicare Advantage

SERVICE AREA: ANNE ARUNDEL, CARROLL, FREDERICK,
HARFORD AND HOWARD COUNTIES

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CareFirst has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies®** for 10 consecutive years!

Welcome!

Thanks for your interest in our Medicare Advantage plans, CareFirst BlueCross BlueShield Advantage Core (HMO) and CareFirst BlueCross BlueShield Advantage Enhanced (HMO). Deciding which Medicare plan is right for you is an important decision—one you shouldn't rush. Inside this booklet, you'll find all the information you need to enroll in a Medicare Advantage plan that works for you.



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

We're here for you.

833-473-0394 (TTY: 711)

8 a.m.–6 p.m. ET, Monday–Friday

8 a.m.–12 p.m. ET, Saturday

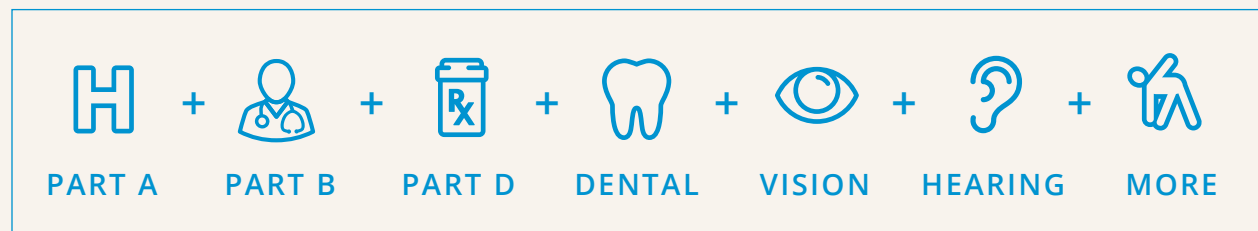
To learn more, visit carefirst.com/medicareadvantage or call to schedule one-on-one appointment with a licensed sales agent.

WHAT'S INSIDE?

- Medicare Advantage basics
- The benefits of our “all-in-one” plans
- Complete Summary of Benefits
- Top 100 prescription drug list
- Pre-enrollment checklist
- Application

What is Medicare Advantage?

Medicare Advantage, also known as Medicare Part C, is a health plan approved by Medicare and offered by private insurance companies like us. Medicare Advantage plans bundle your Medicare Part A (hospital/facility costs) and Medicare Part B (doctor/labs/other costs) with added benefits and services.



MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Original Medicare doesn't include prescription drug coverage—also called **Medicare Part D**. It's also only available through private insurance companies and is often included in Medicare Advantage plans.

Our CareFirst BlueCross BlueShield Medicare Advantage plans **include prescription drug coverage with no annual deductible**.

WITH A MEDICARE ADVANTAGE PLAN YOU GET:

- **Convenience:** All your Medicare benefits on a single plan. If you ever need help, there's only one number to call.
- **Cost protection:** Plans have annual limits on your out-of-pocket expenses.
- **Added benefits you want:** Benefits beyond doctor's visits. Hearing, vision, fitness dental and more are part of the plan.

Let's compare Original Medicare to a Medicare Advantage plan

ORIGINAL MEDICARE (PARTS A & B)

- Provided by Medicare, a federal government agency.
- For most, Part A is free. Your monthly Part B premium is based on your annual income.
- Original Medicare only covers about 80% of your medical costs after you meet your deductibles.

OR

MEDICARE ADVANTAGE PLAN (PART C)

- Offered by private insurance companies approved by Medicare, like CareFirst BlueCross BlueShield.
- Includes your Medicare Part A and Part B coverage.
- May include Medicare Part D—that's your prescription drug coverage.
- Usually includes added benefits, like vision, hearing, dental, fitness classes and gym memberships and more.
- In addition to your Part B premium, you only have to pay one other monthly premium.

YOU CAN ADD:

MEDICARE SUPPLEMENT PLAN

- You pay an additional premium every month.
- Medicare Supplement plans help you pay for medical expenses not covered by Original Medicare.

YOU CAN ALSO ADD:

PRESCRIPTION DRUG PLAN (PART D)

- You may need to pay another monthly premium.
- Offered by private insurance companies.

The advantage is clear.

A Medicare Advantage plan can be more convenient and may save you money while streamlining your monthly premiums. Plus, you get added benefits that can help you be the healthiest you.

Our Medicare Advantage Plans

CHOOSE A PLAN FROM THE NAME THAT'S BEEN WITH MARYLANDERS FOR GENERATIONS

Marylanders have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years. That's why we're proud to introduce the new CareFirst BlueCross BlueShield Medicare Advantage plans.

Our all-in-one plans give you access to doctors, specialists, hospitals, plus preventive dental, vision and hearing coverage with premiums **starting at \$18 a month**.

ELIGIBILITY

You're eligible to enroll in a CareFirst Medicare Advantage plan if:

- You qualify for Medicare Part A
- You are enrolled in and continue to pay for Medicare Part B; and
- You live in one of the following Maryland counties—Anne Arundel, Carroll, Frederick, Harford and Howard.

If you are eligible for Medicare and Medicaid and live in our coverage area, you can enroll in CareFirst BlueCross BlueShield Advantage DualPrime (HMO D-SNP). Contact us at 844-811-6334 (TTY 711) or visit carefirst.com/mddsnp to learn more.

Need more information about enrolling in Medicare?

Register for an event near you at carefirst.com/medicareadvantage. Events are held mid-October through early December. Or talk to a licensed agent 833-473-0394.



ALL CAREFIRST MEDICARE ADVANTAGE PLANS INCLUDE:



24-Hour Nurse Advice Line



Preventive dental benefits



Video Visits for urgent and behavioral health services



Routine eye exams and eyewear through Davis Vision providers



Access to more than 66,000 pharmacies nationwide



Hearing exam and hearing aids through NationsHearing®



Aspire Health Palliative Care Program



Onduo Diabetes Management Program



A complete health and wellness in-home assessment



SilverSneakers® fitness



Worldwide emergency and urgently needed services



A network of high-quality providers you can depend on

Get More When You Choose CareFirst



DENTAL BENEFITS

A healthy mouth is a sign of a healthy body. Researchers have found that periodontitis is linked with other health problems, like cardiovascular disease, stroke and bacterial pneumonia (Source: ADA). Our preventive dental benefit covers oral exams, cleanings, fluoride treatment and dental X-rays twice a calendar year.



VIDEO VISIT

Video Visit allows members to securely connect with a provider for urgent care services and behavioral health like therapy and psychiatry. Convenience doesn't mean extra fees—your copay will be the same amount as if you went in person.



EYE EXAMS AND EYE WEAR

Good vision is not just crucial to your overall health—it also affects your quality of life. Our routine eye exam coverage includes dilation and refraction from a Davis Vision provider (one per calendar year). Our plans also offer allowances for frames and contact lenses. The Davis Vision network includes Visionworks, Target, Walmart, Costco, MyEyeDr and Pearle Vision and more.



HEARING AIDS AND EXAMS

CareFirst has partnered with NationsHearing® to bring you the most comprehensive and cost-effective hearing benefit program. We simplify the process by scheduling a no-cost routine hearing test, and if necessary, help you select the most comfortable and effective hearing aids to meet your needs and lifestyle. Getting started is easy.



SILVERSNEAKERS® FITNESS

SilverSneakers can help you live a healthier, more active life through fitness and social connection. For no additional cost, you'll have access to thousands of gym locations across the U.S. as well as virtual classes.

- **Fitness classes**—SilverSneakers has fitness classes for all fitness levels, led by trained instructors.
- **Online resources**—Can't get to the gym or feel safer working out at home? Attend online classes, workshops and more through SilverSneakers.com and the SilverSneakers GO app.



24-HOUR NURSE ADVICE LINE

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. All available at no charge.



ASPIRE HEALTH PALLIATIVE CARE PROGRAM

Aspire Health provides compassionate providers that travel to you or work with you by phone, 24/7 access to your care team, care planning with your existing doctors, and additional resources for you and your family. And it's 100% covered by your CareFirst plan.



IN-HOME ASSESSMENT

All members may receive a complete in-home health and wellness assessment. Assessments include review of medications for safety and success in managing your health conditions and personalized recommendations for additional health screenings.



ONDUO—DIABETES MANAGEMENT PROGRAM

Onduo helps members manage diabetes through a personalized program that offers day-to-day support between doctor visits. Members who enroll get access to virtual clinics, diabetic supplies, health coaching and more at no additional cost.



Want to know if your doctors participate in our Medicare Advantage plans?

Explore our Medicare Advantage network with our Find A Doctor tool! It's quick and easy:

- Visit carefirst.com/findadocmapd
- Input your city and state, or ZIP
- Browse by category or search for provider names or specialties

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CareFirst BlueCross BlueShield Advantage Core (HMO)

Looking for a budget-friendly plan that may be right for you? This plan covers all the benefits of Medicare at affordable costs and offers added benefits like vision, dental and fitness.

Our **Core** plan covers all the basics including prescription drugs, plus many supplemental benefits—like preventive dental, routine vision exam and eye wear allowances, routine hearing exams and hearing aid discounts—plus so much more, all with a low monthly premium.

Plan Highlights

- Low \$18 monthly premium
- No medical or prescription drug deductible
- Low copays on prescription drugs
- Preventive dental services
- Routine vision exam and eye wear allowance
- Routine hearing exams
- SilverSneakers® fitness program

Who might choose the Core plan?



Meet Jada. Jada is looking for a budget-friendly plan. She doesn't mind paying a little more per office visit if it means she'll have a lower monthly premium. She understands it's important to carry health insurance but doesn't want to spend more than necessary. Having a fixed income, she's looking for prescription drug coverage included and added benefits, like fitness memberships and savings on vision care.

Our CareFirst BlueCross BlueShield Advantage Core plan may be right for Jada. This plan offers low monthly premiums, while providing access to many added benefits.

CAREFIRST BLUECROSS BLUESHIELD ADVANTAGE CORE (HMO)

MONTHLY PREMIUM

\$18

Medical Deductible: \$0

Annual Drug Deductible: \$0

Out-of-pocket Maximum: \$8,300

Drug Tiers (one-month supply): Preferred Generics—\$7.00, Generic—\$20.00, Preferred Brand—\$47.00, Non-Preferred Drug—\$100.00, Select Insulins— \$35.00, Specialty—33% of the cost. Tier 1 and Tier 2 (one-, two- and three-month supply) same copay at one-month supply.

Featured Benefit Copays:

- Primary Care Provider (PCP) Visit—\$5
- Specialist Visit—\$50
- Urgent Care Visit—\$30
- Emergency Care Visit—\$95
- Inpatient Hospital Stay
 - Days 1–5—\$350 per day
 - Days 6–90—\$0 per day
- Outpatient Hospital Services—\$250
- Ambulatory Surgical Center—\$200
- Video Visit
 - Urgent Services—\$30
 - Mental Health—\$40
- Skilled Nursing Facility Stay
 - Days 1–20—\$0 per day
 - Days 21–100—\$180 per day
- Routine Hearing Exam—\$0
- Routine Vision Exam—\$20
- Preventive Dental Cleanings, Oral Exams, X-rays and Fluoride Treatment—\$10 per service

For more plan details, see the Summary of Benefits on page 25.

CareFirst BlueCross BlueShield Advantage Enhanced (HMO)

Looking for a plan with lower copays plus additional benefits not covered by Medicare? The **Enhanced** plan has all of the benefits of the Core plan and adds expanded drug coverage, comprehensive dental and extras like routine non-Medicare covered podiatry, acupuncture and chiropractic care.

Plan Highlights

- \$75 monthly premium
- No medical or prescription drug deductible
- Lower copays than our Core plan
- Gap coverage for Tier 1 drugs
- Preventive dental plus additional comprehensive services
- Additional eye wear allowance
- Routine hearing exams
- Routine acupuncture, chiropractic and podiatry coverage
- SilverSneakers® fitness program

Who might choose the Enhanced plan?



Meet Terrance. Terrance uses his health insurance regularly. He sees a few different specialists to manage his chronic condition and takes three prescription drugs. He's interested in improving his health and is looking for added wellness benefits.

Our CareFirst BlueCross BlueShield Advantage Enhanced plan may be right for Terrance. Though the monthly premium is higher than our Core plan, the copays are lower. Terrance uses his insurance often so the lower copays in this plan work for his needs.

CAREFIRST BLUECROSS BLUESHIELD ADVANTAGE ENHANCED (HMO)

MONTHLY PREMIUM

\$75

Medical Deductible: \$0

Annual Drug Deductible: \$0

Out-of-pocket Maximum: \$7,300

Drug Tiers (one-month supply): Preferred Generics—\$5.00, Generic—\$15.00, Preferred Brand—\$47.00, Non-Preferred Drug—\$100.00, Select Insulins— \$35.00, Specialty—33% of the cost. Tier 1 and Tier 2 (one-, two- and three-month supply) same copay at one-month supply.

Featured Benefit Copays:

- Primary Care Provider (PCP) Visit—\$0
- Specialist Visit—\$40
- Urgent Care Visit—\$20
- Emergency Care Visit—\$90
- Inpatient Hospital Stay
Days 1–5—\$350 per day
Days 6–90—\$0 per day
- Outpatient Hospital Services—\$150
- Ambulatory Surgical Center—\$100
- Video Visit
Urgent Services—\$20
Mental Health—\$20
- Skilled Nursing Facility Stay
Days 1–20—\$0 per day
Days 21–100—\$160 per day
- Routine Hearing Exam—\$0
- Routine Vision Exam—\$10
- Preventive Dental—Cleanings, Oral Exams, X-rays and Fluoride Treatment—\$5 per service
- Comprehensive Dental (includes Non-Routine Services, Basic Restorative Services, Non-Surgical Periodontics and Non-Surgical Extractions)—\$15 to \$60

For more plan details, see the Summary of Benefits on page 25.

Comprehensive Part D Prescription Drug Coverage

CareFirst BlueCross BlueShield Advantage Core and Enhanced plans include prescription drug coverage with NO annual deductible. Plus, coverage for long-term care facility pharmacy drugs is included.

	CORE	ENHANCED
	RETAIL PHARMACY COPAY FOR ONE-MONTH SUPPLY*	
Tier 1—Preferred Generic*	\$7	\$5
Tier 2—Generic*	\$20	\$15
Tier 3—Preferred Brand, Select Insulins	\$47 \$35	\$47 \$35
Tier 4—Non-Preferred Drug	\$100	\$100
Tier 5—Specialty	33% of the total cost	33% of the total cost

ONCE YOU ENTER STAGE 3—THE COVERAGE GAP—YOU’LL PAY:

Tier 1—Preferred Generic	25% of the cost	\$5 or 25% of the cost, whichever is lower
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*Tiers 1-2 have the same copay for one-, two- and three-month supply.

Tiers 2-5 will be covered at 25% of the total cost in the coverage gap. For more plan details, see the Summary of Benefits on page 25.

SAVE WITH MAIL ORDER

Sign up for a three-month supply by mail and you’ll only pay the cost of a two-month supply! It’s easy and convenient—you can refill prescriptions online, by phone or email. You can even consult with a pharmacist.

90% of people in the CareFirst service area live **within two miles** of a participating pharmacy.

As with any Part D plan, what you'll pay depends on a few things.

ARE YOUR PRESCRIPTION DRUGS IN CAREFIRST'S FORMULARY?

A formulary is a list of drugs covered by our plans. Your prescription must be included in our formulary to be covered, except in certain limited circumstances. Search our formulary at carefirst.com/medicareadvantage. Or, call us at 833-473-0394 and ask for a paper copy.

WHAT TIER IS YOUR DRUG ON?

Drugs are categorized into one of five "tiers" or levels. Search our formulary to find out what tier your drugs are on. Typically, the lower the tier, the lower the cost. For convenience, we have included a list of the top 100 prescribed drugs for Original Medicare Enrollees in the State of Maryland on page 21.

WHICH PHARMACIES ARE IN THE CAREFIRST NETWORK?

You'll have access to over 66,000 independent pharmacies and major chains nationwide, including CVS, Walmart, Walgreens, Rite Aid, Safeway, Costco, Kroger, Harris Teeter, Giant and more.

WHAT STAGE OF THE PRESCRIPTION DRUG CYCLE ARE YOU IN?

The federal government created four stages and each year sets a dollar limit for each stage. When you change stages, the amount you pay changes too. A new cycle begins on January 1st each year.

■ Stage 1—Deductible

Since our plans both have a \$0 deductible, you'll skip this stage.

■ Stage 2—Initial coverage limit

You'll pay copays and/or coinsurance for covered drugs until your total drug costs, plus the plan's payments, exceed \$4,660 in 2023.

■ Stage 3—Coverage gap, also known as the donut hole

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660 in 2023.

During the coverage gap, you'll pay 25% of the plan's cost for covered brand name and generic drugs with our Core plan. Enhanced plan members entering the coverage gap stage (donut hole) will pay the copay listed for Tier 1—Preferred Generic drugs, or 25% of the plan's cost of the drug, whichever is the lowest, while in the coverage gap stage.

■ Stage 4—Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400 in 2023, you'll pay the greater of: 5% coinsurance, or \$4.15 copay for generic (including brand name drugs treated as generic) and an \$10.35 copay for all other drugs.

Ready to Enroll?

STEP 1

Compare plans and coverage.

Use the worksheet on page 19 of this booklet, or call us at 833-473-0394 to get a free, personalized benefit review to help you determine which plan best fits your needs.

STEP 2

Select a plan that meets your specific health and budget needs.

Planning to keep your current doctor or specialists?

Check first to confirm they are in our Medicare Advantage network.

- Visit carefirst.com/findadocmapd
- Input your city and state, or zip
- Browse by category or search for provider names or specialties

STEP 3

Apply online, over the phone, or through the mail.

- **ONLINE:** Our secure online form takes you through the enrollment process step-by-step. It's easy! Go to carefirst.com/medicareadvantage.
- **PHONE:** Get personalized enrollment help from a licensed sales agent at 833-473-0394 (TTY: 711). We're available 8 a.m.–6 p.m. ET, Monday-Friday and 8 a.m.–12 p.m. ET, Saturday.
- **MAIL:** Complete the Enrollment Form included in this booklet and mail to:

CareFirst BlueCross BlueShield Medicare Advantage
CareFirst Advantage, Inc.
Enrollment Correspondence
P.O. Box 3236
Scranton, PA 18505



Here's What to Expect After You Enroll

First, we'll review your enrollment application to make sure it's complete. We'll also double-check that you meet all eligibility requirements.

Next, we'll send you a letter or email to confirm that we've received your enrollment

form. We'll also let Medicare know that you've applied to join one of our plans.

Within 10 calendar days of Medicare confirming your enrollment, we'll let you know the date your CareFirst BlueCross BlueShield Medicare Advantage plan coverage starts.

Shortly after that, we'll mail your new member welcome packet. We will also send you your new member ID card. Your welcome packet will provide helpful information about how to get the most from your new plan.

Resources and Forms

Plan Comparison Worksheet

Compare your current plan costs with **CareFirst BlueCross BlueShield Advantage Core** or **CareFirst BlueCross BlueShield Advantage Enhanced**. Simply input your plan information below and see if you can save by switching to one of our plans.

	CURRENT PLAN	CORE	ENHANCED
Monthly Premium	\$	\$18	\$75
Medical Deductible	\$	\$0	\$0
Pharmacy Deductible	\$	\$0	\$0
Maximum Out-of-Pocket for Medical Expenses	\$	\$8,300	\$7,300
Primary Care Provider Visit Copay	\$	\$5	\$0
Specialist Visit Copay	\$	\$50	\$40
Urgent Care Visit Copay	\$	\$30	\$20
Routine Vision Exam Copay	\$	\$20	\$10
Preventive Dental Copay	\$	\$10	\$5
Comprehensive Dental Copay	\$	not available	\$15 to \$60
Routine Hearing Exam Copay	\$	\$0	\$0
Gym/Fitness Membership	\$	\$0	\$0
Prescription Drugs Copay Tier 1: Preferred Generics	\$	\$7	\$5

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Top 100 Prescription Drugs

Below is a list of the top 100 prescription drugs used by Medicare members in Maryland. If you don't see one of your prescriptions here, don't worry—this isn't a list of every drug covered by our plans.

This information applies to the CareFirst BlueCross BlueShield Advantage Core (HMO) and CareFirst BlueCross BlueShield Advantage Enhanced (HMO). For a complete listing, prescription limitations and prior authorization requirements, go to carefirst.com/medicareadvantage or call 833-473-0394.

If the drugs are shown in lowercase *italics*, they are generic drugs. If the drugs are capitalized, they are BRAND-NAME DRUGS.

Drug Name	Core Tiering/Enhanced Tiering
ADVAIR DISKUS	3
<i>alendronate sodium</i>	1
<i>allopurinol</i>	2
<i>alprazolam</i>	2
<i>amlodipine besylate</i>	1
<i>amoxicillin</i>	1
<i>amoxicillin-clavulanate potassium</i>	Tablet—2 or 3 Suspension—3 or 4
<i>atenolol</i>	1
<i>atorvastatin calcium</i>	1
<i>azithromycin</i>	Tablets—1 Suspension—3
<i>baclofen</i>	3
<i>benztropine mesylate</i>	3
<i>bupropion xl</i>	3
<i>buspirone hcl</i>	1 or 3
<i>carvedilol</i>	1
<i>cephalexin</i>	Capsule—1 Suspension—3

Source: Data has been summarized from the Part D Prescriber Public Use File, which does not include prescriptions written for 10 or fewer Medicare Part D beneficiaries by a provider.

Top 100 Prescription Drugs

Drug Name	Core Tiering/Enhanced Tiering
<i>ciprofloxacin hcl</i>	1 or 4
<i>citalopram hbr</i>	Tablet—1 Oral Solution—3
<i>clonazepam</i>	2
<i>clonidine hcl</i>	1
<i>clopidogrel</i>	1
<i>cyclobenzaprine hcl</i>	3
<i>diazepam</i>	Tablet—2 Oral/Concentrate Solution—3
<i>diclofenac sodium</i>	Delayed Released Tablet—2 Gel—3
<i>divalproex sodium</i>	3
<i>donepezil hcl</i>	2
<i>doxycycline hyclate</i>	3
<i>duloxetine hcl</i>	3
ELIQUIS	3
<i>escitalopram oxalate</i>	Tablet—1 Oral Solution—4
<i>esomeprazole magnesium</i>	4
<i>famotidine</i>	Tablet—1 Suspension—4
<i>finasteride</i>	1
<i>fluoxetine hcl</i>	Capsule—1 or 2 Oral Solution—3
<i>fluticasone propionate</i>	Nasal Suspension—2 Cream/Ointment—3
<i>furosemide</i>	Tablet—1 Oral Solution—2
<i>gabapentin</i>	Capsule—2 Tablet/Oral Solution—3
<i>glimepiride</i>	1
<i>glipizide</i>	1
<i>hydralazine hcl</i>	2
<i>hydrochlorothiazide</i>	1
<i>hydrocodone-acetaminophen</i>	Tablet—3 Oral Solution—4
<i>ibuprofen</i>	Tablet—1 Suspension—3
<i>isosorbide mononitrate er</i>	1
JANUVIA	3
<i>lamotrigine</i>	1

Top 100 Prescription Drugs

Drug Name	Core Tiering/Enhanced Tiering
LANTUS SOLOSTAR	Not on Formulary (BASAGLAR covered)
<i>latanoprost</i>	2
<i>levetiracetam</i>	3
<i>levothyroxine sodium</i>	2
<i>lisinopril</i>	1
<i>lisinopril-hydrochlorothiazide</i>	1
<i>lorazepam</i>	Tablet—2 Oral Solution—3
<i>losartan potassium</i>	1
<i>losartan-hydrochlorothiazide</i>	1
<i>lovastatin</i>	1
LYRICA	Not on Formulary (pregabalin covered)
<i>meloxicam</i>	1
<i>metformin hcl</i>	1
<i>metformin hcl er</i>	1
<i>methylprednisolone</i>	Therapy pack—2 Tablet—3
<i>metoprolol succinate</i>	2
<i>metoprolol tartrate</i>	1
<i>mirtazapine</i>	2 or 3
<i>montelukast sodium</i>	1
<i>morphine sulfate er</i>	3
<i>nifedipine er</i>	3
<i>olanzapine</i>	2
<i>omeprazole</i>	1
<i>oxycodone hcl</i>	Tablet—3 Capsule/Oral Solution—4
<i>oxycodone-acetaminophen</i>	3
<i>pantoprazole sodium</i>	1
<i>paroxetine hcl</i>	2
<i>polyethylene glycol 3350</i>	Not on Formulary
<i>potassium chloride</i>	Tablet—2 Capsule—3
<i>pravastatin sodium</i>	1
<i>prednisone</i>	Tablet—2 Oral Solution—4 Therapy pack—3

Top 100 Prescription Drugs

Drug Name	Core Tiering/Enhanced Tiering
PROAIR HFA	Not on Formulary (<i>albuterol HFA</i> covered)
<i>quetiapine fumarate</i>	3
<i>ranitidine hcl</i>	Not on Formulary (<i>famotidine</i> covered)
<i>risperidone</i>	Tablets—2 Oral Solution—3
<i>rosuvastatin calcium</i>	1
<i>sertraline hcl</i>	Tablet—1 Oral Solution—3
<i>simvastatin</i>	1
<i>spironolactone</i>	1
<i>sulfamethoxazole-trimethoprim</i>	Tablet—1 Suspension—3
SYMBICORT	3
SYNTHROID	4
<i>tamsulosin hcl</i>	2
<i>tizanidine hcl</i>	2
<i>tramadol hcl</i>	2
<i>trazodone hcl</i>	1
<i>triamcinolone acetonide</i>	Cream/Ointment—2 Lotion—3
<i>triamterene-hydrochlorothiazide</i>	1
<i>valsartan</i>	1
<i>venlafaxine hcl er</i>	2
VENTOLIN HFA	3
<i>warfarin sodium</i>	1
XARELTO	3
<i>zolpidem tartrate</i>	2

CareFirst BlueCross BlueShield Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, 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.

Summary of Benefits

CareFirst BlueCross BlueShield Medicare Advantage

January 1, 2023—December 31, 2023

Service Area: Anne Arundel, Frederick, Carroll, Harford and Howard counties.

CareFirst BlueCross BlueShield Advantage Core (HMO)

H6067-001-001

CareFirst BlueCross BlueShield Advantage Enhanced (HMO)

H6067-002-001

Summary of Benefits 2023

CareFirst BlueCross BlueShield Medicare Advantage

This document summarizes the benefits of our plans and what you can expect to pay when you seek care. Every plan is required to create a Summary of Benefits document (like the one you're reading now). For additional information, including a complete list of benefits, call us and request an "Evidence of Coverage" document or find a copy online at carefirst.com/medicareadvantage.

Who is eligible for our plans?

Anyone qualified for Medicare Part A, enrolled in Medicare Part B and living in our service area. The CareFirst BlueCross BlueShield Medicare Advantage service area includes the following counties in Maryland: Anne Arundel, Carroll, Frederick, Harford, and Howard.

Understanding your options

Medicare benefits are available through Original Medicare, which is run by the Federal government. Another option is to enroll in Medicare benefits through a Medicare Advantage health plan with CareFirst BlueCross BlueShield Medicare Advantage.

A Medicare Plan Finder tool is available at medicare.gov. Additionally, you can view the free "Medicare & You" handbook at that same website. Printed handbooks are available by request—for your copy, call 1-800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

Pharmacy

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

Provider Networks

CareFirst BlueCross BlueShield Medicare Advantage members are generally not covered for out-of-network services except for emergent or urgent situations, dialysis, and other special circumstances approved in advance by the plan. Please call our member services number or see your Evidence of Coverage for more information.

Referrals may be required for specialty care only.

Want more information?

Call 855-290-5744 (TTY:711) 8:00 a.m.-8:00 p.m. ET, 7 days a week from October 1 through March 31. From April 1 through September 30, our hours are 8:00 a.m.-8:00 p.m. ET, Monday through Friday.

Website: carefirst.com/medicareadvantage

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
<p>Information related to monthly premiums, deductibles and limits on how much you pay for services is listed below.</p> <p>If you use providers that are not in our network, the plan may not pay for these services. Referrals may be required for specialty care.</p>		
Monthly Plan Premium	<p>\$18.00</p> <p>You must continue to pay your Part B premium each month.</p>	<p>\$75.00</p> <p>You must continue to pay your Part B premium each month.</p>
Deductibles	No deductible.	No deductible.
<p>Maximum Out-of-Pocket Responsibility</p> <p>(does not include prescription drugs)</p>	<p>Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan is \$8,300.00 for services you receive from in-network providers for Medicare-covered services.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you still need to pay your monthly premiums.</p>	<p>Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan is \$7,300.00 for services you receive from in-network providers for Medicare-covered services.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you still need to pay your monthly premiums.</p>
<p>Inpatient Hospital coverage</p> <p>Prior authorization may be required.</p>	<p>Our plan covers 90 days for each Medicare-covered inpatient hospital stay.</p> <p>You pay a \$350.00 copay per day for days 1 through 5.</p> <p>You pay a \$0.00 copay per day for days 6 through 90.</p> <p>Our plan also covers 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per contract year.</p>	<p>Our plan covers 90 days for each Medicare-covered inpatient hospital stay.</p> <p>You pay a \$350.00 copay per day for days 1 through 5.</p> <p>You pay a \$0.00 copay per day for days 6 through 90.</p> <p>Our plan also covers 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per contract year.</p>

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Outpatient Hospital coverage Prior authorization may be required.		
Outpatient hospital services	You pay a \$250.00 copay for each Medicare-covered outpatient hospital visit.	You pay a \$150.00 copay for each Medicare-covered outpatient hospital visit.
Ambulatory surgery center	You pay a \$200.00 copay for each Medicare-covered ambulatory surgical center visit.	You pay a \$100.00 copay for each Medicare-covered ambulatory surgical center visit.
Doctor Visits		
Primary care providers	You pay a \$5.00 copay per Medicare-covered primary care provider (PCP) visit.	You pay a \$0.00 copay per Medicare-covered primary care provider (PCP) visit.
Specialists Prior authorization and referrals may be required for specialist visits.	You pay a \$50.00 copay per Medicare-covered Specialist visit.	You pay a \$40.00 copay per Medicare-covered Specialist visit.
Preventive Care	Our plan covers Medicare-covered preventive services at no cost when you see an in-network provider. Any additional preventive services approved by Medicare during the contract year will be covered.	Our plan covers Medicare-covered preventive services at no cost when you see an in-network provider. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay a \$95.00 copay for each Medicare-covered emergency care visit. Copay waived if admitted to the hospital within 24 hours. Worldwide (outside the U.S.) emergency care also covered. There is a \$25,000 combined maximum for Worldwide Emergency/Urgently Needed Services. You pay a \$95.00 copay. Copay is not waived if admitted to the hospital.	You pay a \$90.00 copay for each Medicare-covered emergency care visit. Copay waived if admitted to the hospital within 24 hours. Worldwide (outside the U.S.) emergency care also covered. There is a \$50,000 combined maximum for Worldwide Emergency/Urgently Needed Services. You pay a \$0.00 copay. Copay is not waived if admitted to the hospital.

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Urgently Needed Services	<p>You pay a \$30.00 copay for each Medicare-covered urgent care visit.</p> <p>Copay is waived if you are admitted to the hospital within 48 hours.</p> <p>Worldwide (outside the U.S.) urgently needed care coverage also covered. There is a \$25,000 combined maximum for Worldwide Emergency/ Urgently Needed Services. You pay a \$30.00 copay. Copay is not waived if admitted to the hospital.</p>	<p>You pay a \$20.00 copay for each Medicare-covered urgent care visit.</p> <p>Copay is waived if you are admitted to the hospital within 48 hours.</p> <p>Worldwide (outside the U.S.) urgently needed care coverage also covered. There is a \$50,000 combined maximum for Worldwide Emergency/ Urgently Needed Services. You pay a \$0.00 copay. Copay is not waived if admitted to the hospital.</p>
Diagnostic Services/Labs/ Imaging Prior authorization may be required. Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. CT, MRI) Therapeutic radiology services Outpatient X-rays	<p>You pay a \$50.00 copay for each Medicare-covered diagnostic test and procedure.</p> <p>You pay \$0.00 for Medicare-covered lab services.</p> <p>You pay a \$200.00 copay for Medicare-covered diagnostic radiology.</p> <p>Mammograms are covered with a \$0.00 copay as part of Medicare-covered preventive care.</p> <p>You pay 20% coinsurance for Medicare-covered therapeutic radiological services.</p> <p>You pay a \$20.00 copay for Medicare-covered x-rays.</p>	<p>You pay a \$40.00 copay for each Medicare-covered diagnostic test and procedure.</p> <p>You pay \$0.00 for Medicare-covered lab services.</p> <p>You pay a \$150.00 copay for Medicare-covered diagnostic radiology.</p> <p>Mammograms are covered with a \$0.00 copay as part of Medicare-covered preventive care.</p> <p>You pay 20% coinsurance for Medicare-covered therapeutic radiological services.</p> <p>You pay a \$10.00 copay Medicare-covered x-rays.</p>

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Hearing Services		
Evaluations to diagnose medical conditions	You pay a \$40.00 copay for each Medicare-covered hearing exam.	You pay a \$20.00 copay for each Medicare-covered hearing exam.
Routine hearing exams	You pay a \$0.00 copay for one routine hearing exam annually. You pay \$0.00 copay for one fitting and evaluation for hearing aids annually. These visits are covered through our vendor, NationsHearing.	You pay a \$0.00 copay for one routine hearing exam annually. You pay \$0.00 copay for one fitting and evaluation for hearing aids annually. These visits are covered through our vendor, NationsHearing.
Hearing aids	Our plan also covers hearing aids through our vendor, NationsHearing. You pay a \$475.00 to \$1,950.00 copay per hearing aid based on technology level.	Our plan also covers hearing aids through our vendor, NationsHearing. You pay a \$400.00 to \$1,875.00 copay per hearing aid based on technology level.
Dental Services		
Prior authorization may be required.		
Medicare-covered dental services for the reconstruction of the jaw, accidental injury, or extractions in preparation for radiation treatment.	You pay a \$40.00 copay for each Medicare-covered dental service.	You pay a \$20.00 copay for each Medicare-covered dental service.
Preventive Services Frequencies vary based on service.	Our plan also covers preventive dental services: You pay a \$10.00 copay for oral exams. You pay a \$10.00 copay for prophylaxis (cleaning). You pay a \$10.00 copay for fluoride treatment. You pay a \$10.00 copay for dental x-rays.	Our plan also covers preventive dental services: You pay a \$5.00 copay for oral exams. You pay a \$5.00 copay for prophylaxis (cleaning). You pay a \$5.00 copay for fluoride treatment. You pay a \$5.00 copay for dental x-rays.

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Dental Services (continued) Additional comprehensive dental Prior authorization may be required. Frequencies vary based on service.	There are no additional comprehensive dental services covered in this plan.	Our plan also covers additional comprehensive dental services. Maximum allowance for comprehensive dental is \$800.00 each year. You pay a \$15.00 to \$30.00 copay for non-routine services, including caries-arresting medicament (treatment to help stop active decay) and emergency dental pain treatment. You pay a \$30.00 to \$500.00 copay for basic restorative services, including amalgam and composite fillings. You pay a \$50.00 to \$300.00 copay for non-surgical periodontics. You pay a \$40.00 to \$100.00 copay for non-surgical extractions.
Vision Services Visits to diagnose and treat eye diseases and conditions. Preventive glaucoma screening Eyeglasses or contact lenses after cataract surgery Routine eye exam	You pay a \$40.00 copay for Medicare covered eye exam. You pay a \$0.00 copay. You pay a \$0.00 copay. You pay a \$20.00 copay for a routine eye exam every year (includes dilation and refraction) through our vendor, Davis Vision.	You pay a \$20.00 copay for Medicare covered eye exam. You pay a \$0.00 copay. You pay a \$0.00 copay. You pay a \$10.00 copay for a routine eye exam every year (includes dilation and refraction) through our vendor, Davis Vision.

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Vision Services (continued)		
Diabetic eye exam	You pay a \$0.00 copay for diabetic eye exams every year.	You pay a \$0.00 copay for diabetic eye exams every year.
Other eyewear allowance	<p>Our plan also covers additional eye wear through our vendor, Davis Vision:</p> <p>Select frames purchased from our vendor's exclusive collection will be covered in full through our vision services partner. Any frames outside the collection will have a \$75.00 allowance annually.</p> <p>You pay a \$20.00 copay for eyeglass lenses.</p> <p>If contact lenses are medically necessary they will be covered in full through our vendor, Davis Vision.</p> <p>The elective contact lenses allowance is \$100.00 each year. Contact lens evaluation and fitting is not covered.</p>	<p>Our plan also covers additional eye wear through our vendor, Davis Vision:</p> <p>Select frames purchased from our vendor's exclusive collection will be covered in full through our vision services partner. Any frames outside the collection will have a \$150.00 allowance annually.</p> <p>You pay a \$10.00 copay for eyeglass lenses.</p> <p>If contact lenses are medically necessary they will be covered in full through our vendor, Davis Vision.</p> <p>The elective contact lenses allowance is \$200.00 each year. Contact lens evaluation allowance is \$60.00 each year.</p>
Mental Health Services		
Outpatient individual therapy per visit	You pay a \$40.00 copay for each outpatient individual therapy visit.	You pay a \$20.00 copay for each outpatient individual therapy visit.
Outpatient group therapy per visit	You pay a \$20.00 copay for each outpatient group therapy visit.	You pay a \$10.00 copay for each outpatient group therapy visit.
Skilled Nursing Facility Prior authorization may be required.	<p>Our plan covers up to 100 days in a Skilled Nursing Facility.</p> <p>You pay a \$0.00 copay per day for days 1 through 20.</p> <p>You pay a \$180.00 copay per day for days 21 through 100.</p>	<p>Our plan covers up to 100 days in a Skilled Nursing Facility.</p> <p>You pay a \$0.00 copay per day for days 1 through 20.</p> <p>You pay a \$160.00 copay per day for days 21 through 100.</p>

Summary of Benefits 2023

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Physical Therapy Prior authorization may be required.	You pay \$35.00 per visit for occupational therapy, physical therapy, or speech-language pathology services.	You pay \$20.00 per visit for occupational therapy, physical therapy, or speech-language pathology services.
Ambulance Authorization may be required for non-emergency Medicare service	You pay a \$240.00 copay for ground services. You pay 20% coinsurance for air services.	You pay a \$200.00 copay for ground services. You pay 20% coinsurance for air services.
Transportation	No coverage.	No coverage.
Medicare Part B Drugs Prior authorization may be required	You pay 20% coinsurance for Part B chemotherapy or other drugs.	You pay 20% coinsurance for Part B chemotherapy or other drugs.
Acupuncture Services Prior authorization may be required for Medicare-covered in-network services only. Medicare-covered Acupuncture services for chronic low back pain Routine Acupuncture services	You pay a \$50.00 dollar copay for Medicare covered acupuncture. Routine acupuncture visits are not covered in this plan.	You pay a \$30 dollar copay for Medicare covered acupuncture. You pay a \$20.00 copay for each non-Medicare-covered routine acupuncture visit (up to 12 visits a calendar year).

Summary of Benefits 2023

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Chiropractic Services Prior authorization may be required for Medicare-covered in-network services only. Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) Routine Chiropractic services	You pay a \$20.00 copay for each Medicare-covered chiropractic visit. Routine chiropractic care is not covered in this plan.	You pay a \$10.00 copay for each Medicare-covered chiropractic visit. You pay a \$10.00 copay for each non-Medicare-covered routine chiropractic service (up to 12 visits a calendar year).
Podiatry Services Prior authorization may be required for Medicare-covered in-network services only. Medicare-covered Podiatry services for medical and surgical issues. Routine Podiatry services	You pay a \$40.00 copay for each Medicare-covered podiatry visit. Routine podiatry care is not covered in this plan.	You pay a \$30.00 copay for each Medicare-covered podiatry visit. You pay a \$10.00 copay for each non-Medicare-covered routine podiatry service (up to 12 visits a calendar year).
Additional Services		
24-Hour Nurse Advice Line	You pay a \$0.00 copay for services provided by the 24-Hour Nurse Advice Line.	You pay a \$0.00 copay for services provided by the 24-Hour Nurse Advice Line.
Video Visit (Telehealth)	Video Visit through our vendor allows members to securely connect with a provider for urgent care services and behavioral health (therapy and psychiatry). You pay a \$30.00 copay for urgent care services and a \$40.00 copay for individual behavioral health (mental health specialty services or psychiatric services).	Video Visit through our vendor allows members to securely connect with a provider for urgent care services and behavioral health (therapy and psychiatry). You pay a \$20.00 copay for urgent care services and a \$20.00 copay for individual behavioral health (mental health specialist services and psychiatric services).

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Additional Telehealth Services Prior authorization and referral may be required for Specialist services.	You pay: \$5.00 copay for Primary Care Provider service \$50.00 copay for Specialist service \$40.00 copay for Mental Health Individual session \$20.00 copay for Mental Health Group session \$40.00 copay for Psychiatric Services Individual session \$20.00 copay for Psychiatric Services Group session Additional telehealth is covered through video services with in-network providers only.	You pay: \$0.00 copay for Primary Care Provider service \$40.00 copay for Specialist service \$20.00 for Mental Health Individual session \$10.00 for Mental Health Group session \$20.00 for Psychiatric Services Individual session \$10.00 for Psychiatric Services Group session Additional telehealth is covered through video services with in-network providers only.
SilverSneakers	You're automatically enrolled in the SilverSneakers® Fitness Program at no additional cost. SilverSneakers can help you live a healthier, more active life through fitness and social connection. Enjoy SilverSneakers On-Demand workout videos from home, LIVE Classes and Workshops and more through SilverSneakers.com and the SilverSneakers GO app. You can also sign up for a home fitness kit. You'll have access to thousands of gym locations nationwide with use of basic amenities. SilverSneakers offers specially designed, signature exercise classes for all fitness levels plus group exercise classes for all levels at select locations.	
Onduo	Members with diabetes who are enrolled in our Onduo care management program will have access to the following no-cost benefits: virtual clinics with primary care providers and specialists, continuous glucose monitors (CGMs) for eligible members, blood pressure cuffs for eligible members, additional diabetic supplies such as test strips and lancets, as well as health and lifestyle coaching, support, and services and access to an app.	

Medicare Part D Drugs

Initial Coverage Stage	<p>You pay the copays in the tables below until your total yearly drug costs reach \$4,660 in 2023. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies, specialty pharmacies and mail order pharmacies. Cost-sharing is based upon the Tier the drug is on and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.</p> <p>Prescription drugs cost-sharing tier descriptions:</p> <ul style="list-style-type: none"> ■ Tier 1—Preferred Generics provide the lowest cost-share ■ Tier 2—Generics include a higher cost-share than Tier 1 ■ Tier 3—Preferred Brands include a mid-level cost-share ■ Tier 4—Non-Preferred Drugs include a cost-share higher than Tier 3 ■ Tier 5—Specialty drugs include the highest cost-share
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660 in 2023. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,400 which is the end of the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach \$7,400 in 2023 you pay the greater of: 5% coinsurance, or \$4.15 copay for generic and a \$10.35 copay for all other drugs.</p>
Long term care facility resident coverage	<p>If you live in a long term care facility and get your drugs from their pharmacy, you pay the same as copays as a 30-day retail pharmacy prescriptions for both Core and Enhanced plans.</p>
Senior Savings Model (Low Cost Insulin for All Members)	<p>The Part D Senior Savings Model allows participating Part D prescription drug plans to offer a broad set of formulary insulins at a maximum \$35.00 copayment per month’s supply, throughout the deductible, initial coverage, and coverage gap phases of their Part D drug coverage. This means that participating Part D plans offer enrollees predictable, stable copayments for insulin to help enrollees save money on their drug costs.</p> <p>The Long Term Care (LTC) and Out-of-Network (OON) member copay in the Senior Savings Model is \$35.00 per prescription for a one month supply.</p>

Medicare Part D Drugs

Vaccines	Important Message About What You Pay for Vaccines— Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
Insulin	Important Message About What You Pay for Insulin— You won't pay more than \$35.00 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare—If you chose this plan because you were looking for insulin coverage at \$35.00 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help—Please contact our Member Services number at 855-290-5744 for additional information. (TTY users should call 711) Hours are Monday-Friday, 8 a.m. – 8 p.m. ET, 7 days a week from October 1 through March 31. From April 1 through September 30, our hours are 8 a.m. – 8 p.m., ET, Monday through Friday.

Medicare Part D Drugs		
	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Pharmacy (Part D) Deductible	There is no pharmacy deductible for this plan.	There is no pharmacy deductible for this plan.
Retail Pharmacy— one-month supply	Copay	Copay
Tier 1—Preferred Generic	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$47.00 (\$35.00 select insulins)	\$47.00 (\$35.00 select insulins)
Tier 4—Non-Preferred Drug	\$100.00	\$100.00
Tier 5—Specialty	33% of the total cost	33% of the total cost
Retail Pharmacy— two-month supply	Copay	Copay
Tier 1—Preferred Generic	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$94.00 (\$70.00 select insulins)	\$94.00 (\$70.00 select insulins)
Tier 4—Non-Preferred Drug	\$200.00	\$200.00
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Retail Pharmacy— three-month supply	Copay	Copay
Tier 1—Preferred Generic*	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$141.00 (\$105.00 select insulins)	\$141.00 (\$105.00 select insulins)
Tier 4—Non-Preferred Drug	\$300.00	\$300.00
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.

*Members are eligible to receive 100-day supplies of their Tier 1 medications for the same copay as a 90-day supply.

Medicare Part D Drugs		
	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Mail Order— one-month supply	Copay	Copay
Tier 1—Preferred Generic	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$47.00 (\$35.00 for select insulins)	\$47.00 (\$35.00 for select insulins)
Tier 4—Non-Preferred Drug	\$100.00	\$100.00
Tier 5—Specialty	33% of the total cost	33% of the total cost
Mail Order— two-month supply	Copay	Copay
Tier 1—Preferred Generic	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$94.00 (\$70.00 for select insulins)	\$94.00 (\$70.00 for select insulins)
Tier 4—Non-Preferred Drug	\$200.00	\$200.00
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Mail Order— three-month supply	Copay	Copay
Tier 1—Preferred Generic*	\$7.00	\$5.00
Tier 2—Generic	\$20.00	\$15.00
Tier 3—Preferred Brand	\$94.00 (\$70.00 for select insulins)	\$94.00 (\$70.00 for select insulins)
Tier 4—Non-Preferred Drug	\$200.00	\$200.00
Tier 5—Specialty	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.

*Members are eligible to receive 100-day supplies of their Tier 1 medications for the same copay as a 90-day supply.

Medicare Part D Drug Gap Coverage		
	CareFirst BlueCross BlueShield Advantage Core (HMO)	CareFirst BlueCross BlueShield Advantage Enhanced (HMO)
Enhanced Gap Coverage	Gap coverage is not available for this plan.	<p>Enhanced plan members entering the coverage gap stage (donut hole) will pay the copay listed below for Tier 1—Preferred Generic drugs, or 25% of the plan's cost of the drug whichever is the lowest while in the coverage gap stage.</p> <p>One-month Retail Supply: \$5.00 Two-month Retail Supply: \$5.00 Three-month Retail Supply: \$5.00</p> <p>One-month Mail Order: \$5.00 Two-month Mail Order: \$5.00 Three-month Mail Order: \$5.00</p> <p>\$5.00 for a one-month supply OON (Out-of-network) and for LTC (Long-Term Care drugs)</p>

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CareFirst BlueCross BlueShield Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, 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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 855-290-5744 (TTY: 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit carefirst.com/medicareadvantage or call 855-290-5744 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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Individual Enrollment Request Form

Instructions for Medicare Advantage Plan (Part C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

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

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

Reminders:

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

What happens next?

Send your completed and signed form to:

CareFirst BlueCross BlueShield Medicare
 Advantage Enrollment
 P.O. Box 3236, Scranton PA 18505

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

How do I get help with this form?

Call CareFirst BlueCross BlueShield Medicare Advantage at 833-473-0394. TTY users can call 711.

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

En español: Llame a CareFirst BlueCross BlueShield Medicare Advantage al 833-473-0394/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

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

IMPORTANT

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

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

Select the plan you want to join:

Service Area <i>Based on the county in which you reside.</i>	CareFirst BlueCross BlueShield Core (HMO)	CareFirst BlueCross BlueShield Enhanced (HMO)
Anne Arundel, Carroll, Frederick, Harford, Howard counties	<input type="radio"/> Premium: \$18.00 per month	<input type="radio"/> Premium: \$75.00 per month
Baltimore City, Baltimore, Montgomery, Prince George's counties	<input type="radio"/> Premium: \$33.00 per month	<input type="radio"/> Premium: \$95.00 per month

CONTACT INFORMATION

FIRST Name:		LAST Name:		Middle Initial (optional):
Birth Date:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Phone Number:	Mobile Phone (optional):	
Permanent Residence Street Address (Don't enter a PO Box):				County (optional):
City:		State:	ZIP Code:	
Mailing Address, if different from your Permanent Address (PO Box allowed):				
City:		State:	ZIP Code:	
Email Address: (optional)				

YOUR MEDICARE INFORMATION

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

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

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
-------------------------	----------------------------------	---------------------------------

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Lantino/a or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ I choose not to answer

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL (CONTINUED)

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Black or African American
☐ Chinese ☐ Filipino ☐ Guamanian or Chamorro ☐ Japanese ☐ Korean
☐ Native Hawaiian ☐ Other Asian ☐ Other Pacific Islander ☐ Samoan
☐ Vietnamese ☐ White ☐ Other ☐ **I choose not to answer**

Select one if you want us to send you information in a language other than English.

- ☐ Spanish

Select one if you want us to send you information in an accessible format.

- ☐ Braille ☐ Large print ☐ Audio CD

Please contact CareFirst BlueCross BlueShield Medicare Advantage at 855-290-5744 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m.– 8 p.m. ET, 7 days a week from October 1 through March 31. From April 1 through September 30, our hours are 8 a.m.–8 p.m. ET, Monday through Friday. TTY users should call 711.

Do you work?

- ☐ Yes ☐ No

Does your spouse work?

- ☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)

Visit carefirst.com/findadocmapd to select a Primary Care Physician (PCP) in our HMO network.

PCP ID Number (PID):

PCP First Name:

PCP Last Name:

SECTION 3—PAYING YOUR PLAN PREMIUM

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

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

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

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

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

Please select a premium payment option:

- ☐ Get a bill by mail
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name:	Bank routing number:
Bank account number:	Account type: <input type="radio"/> Checking <input type="radio"/> Saving

- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

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

SECTION 4—IMPORTANT: READ AND SIGN BELOW

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

Signature:

Today's Date:

If you're the authorized representative, sign above and fill out these fields

Name:

Address:

Phone Number:

Relationship to Enrollee:

PRIVACY ACT STATEMENT

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

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

Send the completed application to:

CareFirst Advantage Inc.

P.O. Box 3236

Scranton, PA 18505

Or FAX to: 1-855-215-6948

CareFirst BlueCross BlueShield Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, 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.

Attestation of Eligibility for an Enrollment Period

Ready to enroll in a Medicare Advantage plan? If you're already enrolled in Original Medicare, you can sign up for a Medicare Advantage plan during the annual enrollment period—October 15 through December 7 every year for a January 1 effective date. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

-
- ☐ I am new to Medicare.
-
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
-
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
-
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
-
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
-
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
-
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
-
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
-
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
-

Attestation of Eligibility for an Enrollment Period

-
- ☐ I am moving into, live in, or recently moved out of a nursing home or long-term care facility. I moved/will move into/out of the facility on (insert date) _____.
-
- ☐ I recently left a PACE program on (insert date) _____.
-
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
-
- ☐ I am leaving employer or union coverage on (insert date) _____.
-
- ☐ I belong to a pharmacy assistance program provided by my state.
-
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
-
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
-
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
-
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
-

If none of these statements apply to you or you're not sure, please contact CareFirst BlueCross BlueShield Medicare Advantage at 855-290-5744 (TTY: 711) to see if you are eligible to enroll. We are available 8 a.m.-8 p.m. ET, 7 days a week from October 1 through March 31. From April 1 through September 30, our hours are 8 a.m.-8 p.m. ET, Monday through Friday.

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Scope of Sales Appointment Confirmation Form

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

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

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

Medicare Health Maintenance Organization (HMO)—A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

☐ **MEDICARE SUPPLEMENT (MEDIGAP) PLANS**

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

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

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

Beneficiary Phone (Optional):

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

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

Notice of Nondiscrimination and Multi-Language Insert

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - ☐ Qualified sign language interpreters
 - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ☐ Qualified interpreters
 - ☐ Information written in other languages

If you need these services, please call 1-855-290-5744.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-290-5744. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-290-5744. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-290-5744。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-290-5744。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-290-5744. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-290-5744. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-290-5744 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-290-5744. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-290-5744 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-290-5744. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-290-5744. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-290-5744 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-290-5744. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-290-5744. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-290-5744. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-290-5744. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-290-5744 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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CONNECT WITH US:



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