CareFirst Medicare Advantage

2024 Summary of Benefits

CareFirst BlueCross BlueShield Group Advantage (PPO)

District of Columbia Government

January 1, 2024–December 31, 2024

Y1054_H7379_MA01726_M

SUM MA01726 (8/23)

Summary of Benefits

CareFirst BlueCross BlueShield Group Advantage (PPO) H7379-801-000

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

Pharmacy

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

Want more information?

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

Visit **carefirst.com/learngroupma.**

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

Premium and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
Urgently Needed Services	You pay a $15 copay for each Medicare-covered urgent care visit. Copay is waived if you are admitted to the hospital within 48 hours. Worldwide (outside the U.S.) urgently needed services also covered. There is a $50,000 combined maximum for Worldwide Emergency/Urgently Needed Services. You pay a $15 copay.
Diagnostic Services/Labs/Imaging*	
Tests and Procedures	You pay a $0 copay for each Medicare-covered diagnostic test and procedure.
Lab Services	You pay $0 for Medicare-covered lab services.
Diagnostic Radiology Services (e.g. CT, MRI)	You pay a $15 copay for Medicare-covered diagnostic radiology. Mammograms are covered with a $0 copay as part of Medicare-covered preventive care.
Therapeutic Radiology Services	You pay a $15 copay for Medicare-covered therapeutic radiological services.
X-Rays	You pay a $15 copay for Medicare-covered x-rays.
Hearing Services:	
Medicare-covered diagnostic hearing and balance exams	You pay a $15 copay for each Medicare-covered hearing exam.
Routine hearing exams	You pay a $0 copay for one routine hearing exam annually. You pay a $0 copay for one fitting and evaluation for hearing aids annually (including up to 3 follow-up visits annually). These visits are covered through our network vendor.
Hearing aids	You pay a $500 to $1,75 copay per hearing aid based on technology level. Hearing aids are covered through our network vendor.
Dental Services*	
Medicare-covered dental services are limited to specific treatment of a primary medical condition	You pay a $15 copay for each Medicare-covered dental service.

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

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

**Prior authorization may be required*

Additional Benefits	CareFirst BlueCross BlueShield Advantage Group (PPO)
Chiropractic Care*	
Medicare-covered manual manipulation of the spine to correct subluxation	You pay a $15 copay for each Medicare-covered chiropractic visit.
Routine services	You pay a $15 copay for each non-Medicare covered routine chiropractic visit (20 visits a calendar year).
Diabetes Management Program: Onduo	Members with diabetes who are enrolled in our Onduo care management program will have access to the following no-cost benefits: ▪ Virtual clinics with primary care providers and specialists ▪ Continuous glucose monitors (CGMs) for eligible members, ▪ Blood pressure cuffs for eligible members ▪ Additional diabetic supplies such as test strips and lancets ▪ Health and lifestyle coaching, support, and services and access to an app.
In Home Assessment	The In-Home Assessment is an annual in-home clinical assessment, like a physical. We've created an easy and effective way for you to gain a more complete picture of your health. You pay a $0 copay.
Durable Medical Equipment (DME) and Related Supplies*	
Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay a 15% coinsurance for each Medicare-covered item.
Prosthetics (e.g., braces, artificial limbs)	You pay a 15% coinsurance for each Medicare-covered item.
Foot Care (Podiatry Services)*	
Medicare covered foot care to diagnose and treat injuries and diseases of the feet	You pay a $15 copay for each Medicare-covered podiatry visit.
Routine services	You pay a $15 copay for each non-Medicare covered routine podiatry visit (20 visits a calendar year).

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

**Prior authorization may be required*

Medicare Part D Coverage

<table>
<tr><th>Premiums and Benefits</th><th>CareFirst BlueCross BlueShield Group Advantage (PPO)</th></tr>
<tr><td>Initial Coverage Stage</td><td>You pay the copays in the tables below until your total yearly drug costs reach $5,030 in 2024. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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.

▪ 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.</td></tr>
<tr><td>Coverage Gap</td><td>Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $5,030 in 2024.

Your employer provides additional coverage during the Coverage Gap stage for covered drugs. During this stage, you continue to pay the same copay for drug as you paid in the Initial Coverage Stage.

Once your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach $8,000, you move to the Catastrophic Coverage Stage.</td></tr>
</table>

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

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

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

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

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

CONNECT WITH US:

©2023 NationsBenefits, LLC. All rights reserved. NationsHearing is a registered trademark of NationsBenefits, LLC. Other marks are the property of their respective owners.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers GO and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

CareFirst BlueCross BlueShield Medicare Advantage is a PPO 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 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.