



2025 Information & Enrollment Guide

CareFirst BlueCross BlueShield Advantage Essential (PPO)
CareFirst BlueCross BlueShield Advantage Complete (PPO)

**CAREFIRST BLUECROSS BLUESHIELD
MEDICARE ADVANTAGE PLANS**

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CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies**® for 12 consecutive years!

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Welcome!

Thanks for your interest in our Medicare Advantage plan, CareFirst BlueCross BlueShield Advantage **Essential (PPO)** and CareFirst BlueCross BlueShield Advantage **Complete (PPO)**. Deciding which Medicare plan is right for you is an important decision—one you shouldn't rush.

We designed an “all-in-one” Medicare Advantage plan—so you can stay healthy while also managing your healthcare costs. Inside this booklet, you'll find all the information you need to enroll in a Medicare Advantage plan that works for you.

What we cover:

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



We're here for you

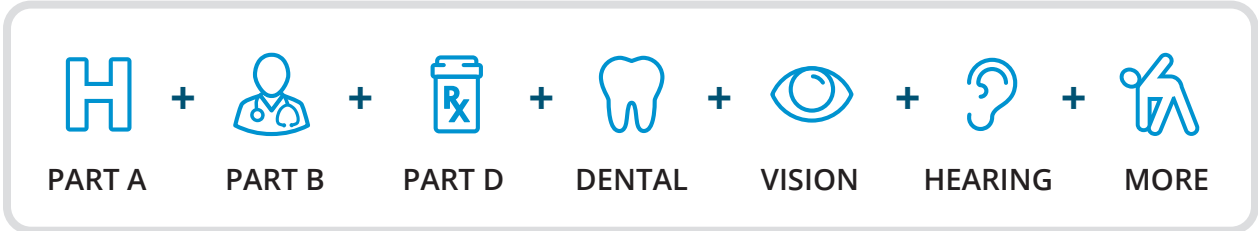
If you have any questions, call 833-473-0394 (TTY: 711), 8 a.m.–8 p.m. ET, 7 days a week October 1–March 31 and Monday–Friday, April 1–September 30.

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



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.



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.

Prescription drug coverage

Original Medicare doesn’t include prescription drug coverage—also called Medicare Part D. Our CareFirst BlueCross BlueShield Medicare Advantage plans include prescription drug coverage with no annual deductible.



Healthcare that works for you

Start with:

Original Medicare (Parts A and 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.

You can add:

A Medicare Supplement plan

- You pay an additional premium every month.
- Medicare Supplement plans help you pay for medical expenses not covered by Original Medicare.
- Offered by private insurance companies.
- You can also add a Prescription Drug plan
- You may need to pay another monthly premium.
- Offered by private insurance companies.

Or you can get:

A Medicare Advantage plan (Part C)

- Includes your Medicare Part A and Part B coverage.
- May include Medicare Part D, which is prescription drug coverage.
- Usually includes extra benefits, like vision, hearing, dental, fitness classes, gym memberships & more.
- In addition to your Part B premium, you only have to pay one other 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

Our all-in-one plans give you access to doctors, specialists, hospitals, plus preventive dental, vision and hearing coverage with premiums **starting at \$0 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 the plan's service area:
 - Essential plan: any county in Maryland except Baltimore and Baltimore City.
 - Complete plan: Maryland or Washington, D.C.



If you are eligible for Medicare and Medicaid and live in Maryland, you can enroll in CareFirst BlueCross BlueShield Advantage DualPrime (HMO-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. Talk to a licensed agent at **833-473-0394**.

Get more when you choose CareFirst

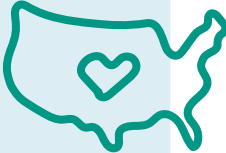
We are committed to helping you reach your desired health and wellness goals.

All CareFirst Medicare Advantage plans include:

-  24-Hour Nurse Advice Line
-  Preventive Dental
-  Over-The Counter Items
-  Access to a large selection of pharmacies nationwide
-  Worldwide emergency and urgently needed services
-  SilverSneakers® fitness
-  Care Management Programs
-  Telehealth visits with in-network providers
-  Comprehensive Dental
-  Routine eye exams and eyewear through Davis Vision providers
-  Hearing exam and hearing aids through NationsHearing®
-  Healthy Rewards (a health and wellness program)
-  In-Home Assessment
-  Transportation

Nationwide coverage you can rely on

Being a CareFirst member gives you the peace of mind that you'll always have access to the care you need, near and far. You have access to a robust provider network within our service area—Maryland and Washington D.C. Plus, you have **access to all BlueCross BlueShield Plans nationwide for in-network services** if you ever need care outside our service area.



Telehealth

Need to meet with providers from home? With our plan, you have options for both audio and video appointments.

Check with your PCP, Specialist, Mental Health, or Urgent Care providers if they have telehealth options and if you are covered through the plan. Pay the same copay as an in office visit.

Preventive and comprehensive dental

A healthy mouth is a sign of a healthy body. Our preventive dental benefit covers oral exams, cleanings, fluoride treatment and dental X-rays three times a year.

Our plans have comprehensive dental services (such as denture coverage) with a plan allowance and transparent copays.

Eye exams and eyewear

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, Pearle Vision and more!

Hearing aids and exams

No cost routine hearing exams, fitting and evaluation for hearing aids, and low copays for hearing aids.

SilverSneakers® fitness

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.

Over-The-Counter Items

A quarterly allowance towards over the counter items through an easy to access mail order process.

Examples include:

- Cold, flu, allergy medicine,
- First aid,
- Incontinence supplies,
- Sleep aids
- Vitamins and more!

Transportation

All plans include non-emergency transportation to healthcare related locations (doctor's office, pharmacy, and more).

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.

The information collected in your assessment will be shared with your doctor to help support and guide your care.

Healthy Rewards program

Preventive care plays an important role in staying healthy. Members who complete all these screenings can earn \$290 in Healthy Rewards.

- Health risk assessment
- Annual wellness visit
- Annual flu shot
- At-Home Colorectal cancer screening
- Breast Cancer Screening
- Diabetes HbA1c screening test
- Diabetic retinal eye exam
- In-Home Assessment
- Post-Hospitalization Physican Visit



Do your doctors participate in our Medicare Advantage plans?



We have over 7,000 providers in our network! Explore our Medicare Advantage network with our *Find A Doctor* tool. It's quick and easy:

- Visit carefirst.com/findadocmappo
- 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 Essential (PPO)

Think a budget-friendly plan might be right for you? Our **Essential** plan offers all the benefits of Medicare at lower costs plus additional coverage for vision, dental and fitness.

This plan covers all the basics of Medicare, plus prescription drugs. You also get many extra benefits like preventive and comprehensive dental, routine vision exams and eyewear allowances, routine hearing exams and hearing aid coverage, transportation assistance, routine acupuncture, chiropractic and podiatry coverage and much more—all with no monthly premium.

Plan highlights

- \$0 monthly premium
- No medical or prescription drug deductible
- Preventive dental services; comprehensive dental \$1,000
- Routine vision exam and \$200 eyewear allowances; \$250 contact lens allowance
- \$50 a quarter for OTC items
- Large provider network
- Exclusive member rewards for completing annual screenings
- 10 one-way rides to medical visits
- 50% coinsurance for most out-of-network Medicare covered services



Who might choose the Essential plan? Meet Sofia



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

Our CareFirst BlueCross BlueShield Advantage **Essential** plan may be right for Sofia. This plan offers no monthly premium while providing many added benefits.

CareFirst BlueCross BlueShield Advantage Essential (PPO)

Monthly Premium

\$0

Medical Deductible: \$0

Annual Drug Deductible: \$0

Out-of-pocket Maximum:

\$8,300 In-Network / \$13,300 Combined In-and Out-of-Network

Drug Tiers (one-month supply):

- Tier 1 (preferred generic)—\$0
- Tier 2 (generic)—\$10
- Tier 3 (preferred brand)—\$47
- Tier 4 (non-preferred drug)—40% coinsurance
- Tier 5 (specialty)—33% coinsurance

Featured Benefit Copays:

- Primary Care Provider (PCP) Visit—\$0
- Specialist Visit—\$45
- Urgent Care Visit—\$30
- Emergency Care Visit—\$110
- Inpatient Hospital Stay
 - Days 1–5—\$350 per day
 - Days 6–90—\$0 per day
- Outpatient Hospital Services—\$295
- Ambulatory Surgical Center—\$200
- Skilled Nursing Facility Stay
 - Days 1–20—\$0 per day
 - Days 21–100—\$200 per day
- Routine Hearing Exam—\$0
- Routine Vision Exam—\$0
- Preventive Dental Cleanings, Oral Exams, X-rays and Fluoride Treatment—\$0
- Comprehensive Dental (crowns, dentures, implants, and more)—annual allowance of \$1,000 (most services have cost-sharing)
- Out-of-network for most Medicare-covered services—50% coinsurance

Service Area

Allegany, Anne Arundel, Calvert, Carroll, Caroline, Cecil, Charles, Dorchester, Frederick Garrett, Harford, Howard, Kent, Montgomery, Prince Georges, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester.

For more plan details, see the Summary of Benefits on page 23..

CareFirst BlueCross BlueShield Advantage Complete (PPO)

Looking for a plan with lower copays plus additional benefits not covered by Medicare?

The **Complete** plan has all of the benefits of the Essential plan. But, Complete offers lower copays plus larger allowances for dental, vision, OTC items and more. The plan also includes member rewards for completing annual screenings and transportation (10 one-way rides) for health care related appointments.

Plan highlights

- \$42 monthly premium
- No medical or prescription drug deductible
- Preventive and comprehensive dental services; \$1,500 comprehensive dental allowance
- \$200 eyewear allowance; \$250 contact lens allowance
- Routine hearing exams
- Routine acupuncture, chiropractic and podiatry coverage
- SilverSneakers® fitness program
- Large provider network
- 40% coinsurance for most out-of-network Medicare covered services.



Who might choose the Complete plan? Meet Terence



Terence 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 in his plan.

Our CareFirst BlueCross BlueShield Advantage **Complete** plan may be right for Terence. Though the monthly premium is higher than our Essential plan, the copays are lower, which will save him money. He'll also have access to benefits like comprehensive dental, acupuncture and chiropractic care, fitness programs and more.

CareFirst BlueCross BlueShield Advantage Complete (PPO)

Monthly Premium

\$42

Medical Deductible: \$0

Annual Drug Deductible: \$0

Out-of-pocket Maximum:

\$7,300 In-Network / \$12,300 Combined In-and Out-of-Network

Drug Tiers (one-month supply):

- Tier 1 (preferred generic)—\$0
- Tier 2 (generic)—\$10
- Tier 3 (preferred brand)—\$47*
- Tier 4 (non-preferred drug)—40% coinsurance*
- Tier 5 (specialty)—33% coinsurance*

Featured Benefit Copays:

- Primary Care Provider (PCP) Visit—\$0
- Specialist Visit—\$35
- Urgent Care Visit—\$20
- Emergency Care Visit—\$100
- Inpatient Hospital Stay
 - Days 1–5—\$350 per day
 - Days 6–90—\$0 per day
- Outpatient Hospital Services—\$275
- Ambulatory Surgical Center—\$185
- Skilled Nursing Facility Stay
 - Days 1–20—\$0 per day
 - Days 21–100—\$180 per day
- Routine Hearing Exam—\$0
- Routine Vision Exam—\$0
- Preventive Dental—Cleanings, Oral Exams, X-rays and Fluoride Treatment—\$0
- Comprehensive Dental (crowns, dentures, implants, and more)—annual allowance of \$1,500 (most services have cost-sharing)

Service Area

Maryland and Washington, D.C.

For more plan details, see the Summary of Benefits on page 33.

* You will never pay more than \$35 a month for covered insulin.

Comprehensive Part D prescription drug coverage

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

	Essential and Complete
	Retail pharmacy copay for one-month supply*
Tier 1—Preferred Generic*	\$0
Tier 2—Generic*	\$10
Tier 3—Preferred Brand	\$47—You will never pay more than \$35 a month for covered insulin.
Tier 4—Non-Preferred Drug	40% coinsurance—You will never pay more than \$35 a month for covered insulin.
Tier 5—Specialty	33% coinsurance—You will never pay more than \$35 a month for covered insulin.

* Tiers 1-2 have the same copay for one-, two- and three-month supply.

Tier 1, 2, 3 has 100-day benefits available

Save with mail order

It's easy and convenient—you can refill prescriptions online or by phone. Just like your local retail pharmacy, registered pharmacists are available for consultation

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. 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 and Washington, D.C. on page 19.

Which pharmacies are in the CareFirst network?

You'll have access to a large network of independent pharmacies and major chains nationwide, including CVS, Walmart, Safeway, Sam's Club, Costco, Medicine Shoppe Pharmacy, Giant, Harris Teeter, Weis and Wegmans.

What stage of the prescription drug cycle are you in?

The federal government created three 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 \$2,000 in 2025.
- **Stage 3—Catastrophic coverage**
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000 in 2025, your plan will cover all costs of Part D drugs.

90%

of people in the CareFirst BlueCross BlueShield service area live within two miles of a participating pharmacy.



Ready to enroll?

STEP 1

Compare plans and coverage

Use the worksheet on page 17 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 health and budget needs

Planning to keep your current doctor or specialists? Confirm if they are in our Medicare Advantage network.

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

STEP 3

Apply online, over the phone, fax 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.–8 p.m. ET, 7 days a week October 1–March 31 and Monday–Friday, April 1–September 30.
- **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
- **FAX:** 855-215-6948



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 **Essential** or CareFirst BlueCross BlueShield Advantage **Complete**. Simply input your plan information below and see if you can save by switching to one of our plans.

	Current Plan	Essential	Complete
Monthly Premium	\$	\$0	\$42
Medical Deductible	\$	\$0	\$0
Pharmacy Deductible	\$	\$0	\$0
Maximum Out-of-Pocket for Medical Expenses	\$	\$8,300 / \$13,300	\$7,300 / \$12,300
Primary Care Provider Visit Copay	\$	\$0	\$0
Specialist Visit Copay	\$	\$45	\$35
Urgent Care Visit Copay	\$	\$30	\$20
Routine Vision Exam Copay	\$	\$0	\$0
Preventive Dental Copay	\$	\$0	\$0
Comprehensive Dental Copay	\$	\$15 to \$700	\$15 to \$700
Comprehensive Dental Allowance	\$	\$1,000	\$1,500
Routine Hearing Exam Copay	\$	\$0	\$0
Gym/Fitness Membership	\$	\$0	\$0
Prescription Drugs Copay Tier 1: Preferred Generics	\$	\$0	\$0

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Top 100 Prescription Drugs

Below is a list of the top 100 prescription drugs used by Medicare members in Maryland and Washington, D.C. 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 Essential (PPO) and CareFirst BlueCross BlueShield Advantage Complete (PPO). For a complete listing, prescription limitations and prior authorization requirements, go to carefirst.com/medicareadvantage or call 833-473-0394. Please note, the coverage of prescription drugs is subject to change.

Drug Name	2025 Individual PPO Tiering
Albuterol Sulfate Hfa	3
Alendronate Sodium	1
Allopurinol	1
Alprazolam	2
Amlodipine Besylate	1
Amoxicillin	1
Amoxicillin-Clavulanate Potass	Tablet—2 or 3 Suspension—3 or 4
Aripiprazole	4
Atenolol	1
Atorvastatin Calcium	1
Azithromycin	Tablet—1 Suspension—3
Baclofen	2
Benzotropine Mesylate	2
Bupropion Xl	2
Buspirone Hcl	1 or 3
Carvedilol	1
Celecoxib	3
Cephalexin	Capsule—1 Suspension—3
Ciprofloxacin Hcl	1
Citalopram Hbr	Tablet - 1 Oral Solution - 3
Clonazepam	2
Clonidine Hcl	1
Clopidogrel	1
Cyclobenzaprine Hcl	3

Drug Name	2025 Individual PPO Tiering
Diclofenac Sodium	Delayed Released Tablet—2 Extended Release Tablet—3 Gel—3
Divalproex Sodium	Delayed Release Tablet - 2 Extended Release Tablet - 3 Capsule - 4
Donepezil Hcl	2
Doxycycline Hyclate	3
Duloxetine Hcl	3
Eliquis	3
Escitalopram Oxalate	Tablet—1 Oral Solution—4
Ezetimibe	3
Famotidine	Tablet - 1 Suspension - 4
Finasteride	1
Fluoxetine Hcl	Capsule—1 Oral Solution—3
Fluticasone Propionate	Nasal Suspension—2 Cream/Ointment—3
Furosemide	Tablet—1 Oral Solution—2
Gabapentin	Capsule/Tablet- 2 Oral Solution -3
Glimepiride	1
Glipizide	1
Hydralazine Hcl	1
Hydrochlorothiazide	1
Hydrocodone-Acetaminophen	Tablet—3 Suspension—4
Hydroxyzine Hcl	3
Ibuprofen	Tablet—1 Suspension—3
Januvia	3
Jardiance	3
Ketoconazole	Shampoo—2 Tablet/Cream—3
Lamotrigine	Tablet - 1 Extended Release Tablet - 4
Lantus Solostar	Not on formulary

Drug Name	2025 Individual PPO Tiering
Latanoprost	1
Levetiracetam	Tablet -2 Extended Release Tablet - 3 Oral Solution - 3
Levothyroxine Sodium	2
Lisinopril	1
Lisinopril-Hydrochlorothiazide	1
Lorazepam	Tablet—2 Oral Solution—3
Losartan Potassium	1
Losartan-Hydrochlorothiazide	1
Meloxicam	1
Memantine Hcl	Tablet - 3 Extended Release Capsule/Oral Solution - 4
Metformin Hcl	1
Metformin Hcl Er	1
Methylprednisolone	Therapy Pack - 2 Tablet - 3
Metoprolol Succinate	1
Metoprolol Tartrate	1
Mirtazapine	2 or 3
Montelukast Sodium	1
Myrbetriq	4
Nifedipine Er	3
Nitrofurantoin Mono-Macro	3
Olanzapine	2
Omeprazole	1
Oxycodone Hcl	Tablet—3 Oral Solution—4
Oxycodone-Acetaminophen	3
Pantoprazole Sodium	1
Potassium Chloride	Capsule or Tablet - 2 Oral Solution - 4
Pravastatin Sodium	1
Prednisone	Tablet—1 Therapy Pack—3 Oral Solution—4
Pregabalin	Capsule -3 Oral Solution- 4

Drug Name	2025 Individual PPO Tiering
Quetiapine Fumarate	Tablet - 2 Extended Release Tablet - 4
Risperidone	Tablet - 2 Oral Solution - 3
Rosuvastatin Calcium	1
Sertraline Hcl	Tablet—1 Oral Solution—3
Shingrix	1
Simvastatin	1
Spiroinolactone	1
Sulfamethoxazole-Trimethoprim	Tablet—1 Suspension—3
Synthroid	4
Tamsulosin Hcl	1
Tizanidine Hcl	2
Tramadol Hcl	2
Trazodone Hcl	1
Trelegy Ellipta	3
Triamcinolone Acetonide	Cream/Ointment—2 Lotion/Dental Paste—3
Trulicity	3
Valsartan	1
Venlafaxine Hcl Er	Extended Release Capsule - 2 Tablet - 3
Warfarin Sodium	1
Xarelto	3
Zolpidem Tartrate	2

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.

2025

Summary of Benefits

CareFirst BlueCross BlueShield Advantage
Essential (PPO)

H7379-001

January 1, 2025 - December 31, 2025

- Call 833-536-2001 (TTY:711)
- 8am-8pm EST 7 days a week October 1 - March 31
and Monday - Friday, April 1 - September 30

www.carefirst.com/medicareadvantage

2025 Summary of Benefits

CareFirst BlueCross BlueShield Advantage Essential (PPO)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage Essential PPO plan from January 1, 2025 – December 31, 2025.

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

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the “Evidence of Coverage” document or find a copy online at www.carefirst.com/medicareadvantage.

This plan has a Provider Directory for all in-network providers that can be accessed through www.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: Allegany, Anne Arundel, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester.

Understanding your options

Medicare benefit options 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 like 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 711.

This document is available in other formats such as Spanish, braille or large print.

Pharmacy

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

Want more information?

For more information, please call us at 833-536-2001 (TTY users should call 711) or visit us at www.carefirst.com/medicareadvantage.

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium		\$0
Deductible		\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300	\$13,300 (combined with in-network)
Inpatient Hospital Coverage		
Medicare-covered Inpatient Hospital Coverage*	\$350 copay for days 1-5; \$0 copay days 6-90 Our plan covers 90 days for each Medicare-covered inpatient hospital stay. Lifetime reserve applies.	50% coinsurance
Medicare-covered Inpatient Hospital Psychiatric*	\$250 copay for days 1-5; \$0 copay days 6-90	50% coinsurance
Outpatient Hospital Coverage		
Medicare-covered Outpatient Hospital, Including Surgery*	\$295 copay	50% coinsurance
Medicare-covered Outpatient Hospital Observation Services*	\$295 copay	50% coinsurance
Medicare-covered Ambulatory Surgical Center (ASC)*	\$200 copay	50% coinsurance
Doctor Visits (Primary Care Providers and Specialists)		
Medicare-covered Primary Care Providers (PCP)	\$0 copay	50% coinsurance
Medicare-covered Specialist*	\$45 copay	50% coinsurance
Medicare-covered Preventive Care	\$0 copay	50% coinsurance
Medicare-covered Emergency Care	\$110 copay	\$110 copay

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Medicare-covered Urgently Needed Services	\$0 copay for virtual visit; \$30 copay for in-office visit	\$30 copay
Diagnostic Services/Labs/Imaging		
Medicare-covered Tests and Procedures*	\$15 copay	50% coinsurance
Medicare-covered Lab Services*	\$0 copay	50% coinsurance
Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)*	\$200 copay	50% coinsurance
Medicare-covered Therapeutic Radiology Services*	\$80 copay	50% coinsurance
Medicare-covered X-Rays*	\$25 copay	50% coinsurance
Hearing Services		
Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues	\$20 copay	50% coinsurance
Routine Hearing Exams	\$0 once a year	50% coinsurance
Hearing Aids	\$475 to \$1,950 copay per aid	
Dental Services		
Medicare-covered Comprehensive Dental*	\$40 copay	50% coinsurance
Preventive Dental	\$0 copay	50% coinsurance
Additional Comprehensive Dental Coverage	\$1,000 annual allowance for comprehensive dental services	50% coinsurance
Vision Services		
Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye	\$20 copay	50% coinsurance

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Medicare-covered Preventive Glaucoma Screening	\$0 copay	50% coinsurance
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery*	\$0 copay	50% coinsurance
Medicare-covered Diabetic Eye Exam	\$0 copay	50% coinsurance
Routine Eye Exam	\$0 copay once a year	50% coinsurance
Eyewear Allowance	<p>Additional Eyewear Coverage:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> ■ Select frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor. ■ \$200 allowance for any other frames annually. ■ Single Vision, Bifocal, Trifocal, and Lenticular lenses have a \$10 copay for each type of lenses annually. <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> ■ If contact lenses are medically necessary they will be covered in full through Davis Vision. ■ \$250 allowance for elective contact lenses annually. ■ Contact lens evaluation and fitting is covered in full for standard contacts and up to a \$60 reimbursement for specialty contacts. 	50% coinsurance; \$200 maximum

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
	Non-Medicare covered / routine services do not count toward your maximum-out-of-pocket (MOOP).	
Mental Health Services		
Medicare-covered Outpatient*	\$10 copay	50% coinsurance
Medicare-covered Individual and Group Office Visits	\$10 copay for Individual or Group mental health sessions	50% coinsurance
Medicare-covered Skilled Nursing Facility (SNF)*	\$0 days 1-20, \$200 days 21-100	50% coinsurance
Medicare-covered Physical Therapy*	\$15 copay	50% coinsurance
Medicare-covered Ambulance - Ground*	\$300 copay	50% coinsurance
Medicare-covered Ambulance - Air*	\$300 copay	50% Coinsurance
Routine Transportation	\$0 copay for 10 one-way rides	
Medicare-covered Part B Prescription Drugs* <i>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</i>	0 to 20% coinsurance	50% coinsurance

*Prior authorization may be required

Part D

Prescription Drug Benefits	
Annual Prescription Deductible	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
Initial Coverage Stage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage

2025 Summary of Benefits

Prescription Drug Benefits	
	until your year-to-date total drug cost reaches \$2,000. Then you move to the Catastrophic Stage.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D drugs.
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.

Prescription Drug Benefits		
Tier	Standard retail cost sharing (30-day supply)	Mail-order cost sharing (30-day supply)
Tier 1—Preferred Generic	\$0 copay	\$0 copay
Tier 2—Generic	\$10 copay	\$10 copay
Tier 3—Preferred Brand	\$47 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance
Tier 5—Specialty	33% coinsurance	33% coinsurance
Tier	Standard retail cost sharing (60-day supply)	Mail-order cost sharing (60-day supply)
Tier 1—Preferred Generic	\$0 copay	\$0 copay
Tier 2—Generic	\$10 copay	\$10 copay
Tier 3—Preferred Brand	\$94 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance
Tier	Standard retail cost sharing (100-day supply)	Mail-order cost sharing (100-day supply for Tiers 1-3) (90-day supply for Tier 4)
Tier 1—Preferred Generic*	\$0 copay	\$0 copay
Tier 2—Generic*	\$10 copay	\$10 copay
Tier 3—Preferred Brand*	\$141 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance

2025 Summary of Benefits

Additional Benefits	In-Network	Out-of-Network
24-Hour Nurse Advice Hotline	\$0 copay	
Routine Acupuncture	\$20 copay ; 12 visits per year	50% coinsurance
Annual Physical	\$0 copay	
Routine Chiropractic Care	\$15 copay; 12 visits per year	50% coinsurance
Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)*	20% coinsurance	50% coinsurance
Medicare-covered Prosthetics (e.g., braces, artificial limbs)*	20% coinsurance	50% coinsurance
Fitness (SilverSneakers)	\$0 copay	
Over the Counter (OTC) items	\$50 per quarter	
Routine Foot Care	\$10 copay, 12 visits per year	50% coinsurance
In Home Assessment	\$0 copay	
Rewards Program and Value Added Items and Services		
Healthy Rewards Program	Members can earn \$20-\$50 in healthy rewards for completing select preventive screenings and tests. Total maximum \$290	
Blue365	If you join the plan, you will get access as a member to Blue365 - discount and deals locally and nationwide on wellness, fitness, travel, apparel and other items and services.	

**Prior authorization may be required*



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Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is solely responsible for the services it provides.

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2025

Summary of Benefits

CareFirst BlueCross BlueShield Advantage
Complete (PPO)

H7379-002

January 1, 2025 - December 31, 2025

- Call 833-536-2001 (TTY:711)
- 8am-8pm EST 7 days a week October 1 - March 31
and Monday - Friday, April 1 - September 30

www.carefirst.com/medicareadvantage

2025 Summary of Benefits

CareFirst BlueCross BlueShield Advantage Complete (PPO)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage Complete PPO plan from January 1, 2025 – December 31, 2025.

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

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the “Evidence of Coverage” document or find a copy online at www.carefirst.com/medicareadvantage.

This plan has a Provider Directory for all in-network providers that can be accessed through www.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: Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, Worcester and District of Columbia.

Understanding your options

Medicare benefit options 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 like 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 711.

This document is available in other formats such as Spanish, braille or large print.

Pharmacy

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

Want more information?

For more information, please call us at 833-536-2001 (TTY users should call 711) or visit us at www.carefirst.com/medicareadvantage.

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium		\$42
Deductible		\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,300	\$12,300 (combined with in-network)
Inpatient Hospital Coverage		
Medicare-covered Inpatient Hospital Coverage*	\$350 copay for days 1-5; \$0 copay days 6-90. Our plan covers 90 days for each Medicare-covered inpatient hospital stay. Lifetime reserve applies.	40% coinsurance
Medicare-covered Inpatient Hospital Psychiatric*	\$250 copay for days 1-5; \$0 copay days 6-90	40% coinsurance
Outpatient Hospital Coverage		
Medicare-covered Outpatient Hospital, Including Surgery*	\$275 copay	40% coinsurance
Medicare-covered Outpatient Hospital Observation Services*	\$275 copay	40% coinsurance
Medicare-covered Ambulatory Surgical Center (ASC)*	\$185 copay	40% coinsurance
Doctor Visits (Primary Care Providers and Specialists)		
Medicare-covered Primary Care Providers (PCP)	\$0 copay	40% coinsurance
Medicare-covered Specialist*	\$35 copay	40% coinsurance
Medicare-covered Preventive Care	\$0 copay	40% coinsurance
Medicare-covered Emergency Care	\$100 copay	\$100 copay

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Medicare-covered Urgently Needed Services	\$0 copay for virtual visit; \$20 copay for in-office visit	\$20 copay
Diagnostic Services/Labs/Imaging		
Medicare-covered Tests and Procedures*	\$0 copay	40% coinsurance
Medicare-covered Lab Services*	\$0 copay	40% coinsurance
Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)*	\$175 copay	40% coinsurance
Medicare-covered Therapeutic Radiology Services*	\$80 copay	40% coinsurance
Medicare-covered X-Rays*	\$20 copay	40% coinsurance
Hearing Services		
Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues	\$20 copay	40% coinsurance
Routine Hearing Exams	\$0 once a year	40% coinsurance
Hearing Aids	\$400 to \$1,875 copay per aid	
Dental Services		
Medicare-covered Comprehensive Dental*	\$40 copay	40% coinsurance
Preventive Dental	\$0 copay	40% coinsurance
Additional Comprehensive Dental Coverage	\$1,500 annual allowance for comprehensive dental services	40% coinsurance
Vision Services		
Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye	\$20 copay	40% coinsurance

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
Medicare-covered Preventive Glaucoma Screening	\$0 copay	40% coinsurance
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery*	\$0 copay	40% coinsurance
Medicare-covered Diabetic Eye Exam	\$0 copay	40% coinsurance
Routine Eye Exam	\$0 copay once a year	40% coinsurance
Eyewear Allowance	<p>Additional Eyewear Coverage:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> ■ Select frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor. ■ \$200 allowance for any other frames annually. ■ Single Vision, Bifocal, Trifocal, and Lenticular lenses have a \$10 copay for each type of lenses annually. <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> ■ If contact lenses are medically necessary they will be covered in full through Davis Vision. ■ \$250 allowance for elective contact lenses annually. ■ Contact lens evaluation and fitting is covered in full for standard contacts and up to a \$60 reimbursement for specialty contacts. 	40% coinsurance; \$200 maximum

2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
	Non-Medicare covered / routine services do not count toward your maximum-out-of-pocket (MOOP).	
Mental Health Services		
Medicare-covered Outpatient*	\$5 copay	40% coinsurance
Medicare-covered Individual and Group Office Visits	\$5 copay for Individual or Group mental health sessions	40% coinsurance
Medicare-covered Skilled Nursing Facility (SNF)*	\$0 days 1-20, \$180 days 21-100	40% coinsurance
Medicare-covered Physical Therapy*	\$5 copay	40% coinsurance
Medicare-covered Ambulance - Ground*	\$200 copay	40% coinsurance
Medicare-covered Ambulance - Air*	\$200 copay	40% Coinsurance
Routine Transportation	\$0 copay for 10 one-way rides	
Medicare-covered Part B Prescription Drugs* <i>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</i>	0 to 20% coinsurance	40% coinsurance

*Prior authorization may be required

Part D

Prescription Drug Benefits	
Annual Prescription Deductible	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
Initial Coverage Stage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage

2025 Summary of Benefits

Prescription Drug Benefits	
	until your year-to-date total drug cost reaches \$2,000. Then you move to the Catastrophic Stage.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D drugs.
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.

Prescription Drug Benefits		
Tier	Standard retail cost sharing (30-day supply)	Mail-order cost sharing (30-day supply)
Tier 1—Preferred Generic	\$0 copay	\$0 copay
Tier 2—Generic	\$10 copay	\$10 copay
Tier 3—Preferred Brand	\$47 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance
Tier 5—Specialty	33% coinsurance	33% coinsurance
Tier	Standard retail cost sharing (60-day supply)	Mail-order cost sharing (60-day supply)
Tier 1—Preferred Generic	\$0 copay	\$0 copay
Tier 2—Generic	\$10 copay	\$10 copay
Tier 3—Preferred Brand	\$94 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance
Tier	Standard retail cost sharing (100-day supply)	Mail-order cost sharing (100-day supply for Tiers 1-3) (90-day supply for Tier 4)
Tier 1—Preferred Generic*	\$0 copay	\$0 copay
Tier 2—Generic*	\$10 copay	\$10 copay
Tier 3—Preferred Brand*	\$141 copay	\$47 copay
Tier 4—Non-Preferred Drug	40% coinsurance	40% coinsurance

2025 Summary of Benefits

Additional Benefits	In-Network	Out-of-Network
24-Hour Nurse Advice Hotline	\$0 copay	
Routine Acupuncture	\$10 copay ; 24 visits per year	40% coinsurance
Annual Physical	\$0 copay	40% coinsurance
Routine Chiropractic Care	\$5 copay; 12 visits per year	40% coinsurance
Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)*	20% coinsurance	40% coinsurance
Medicare-covered Prosthetics (e.g., braces, artificial limbs)*	20% coinsurance	40% coinsurance
Fitness (SilverSneakers)	\$0 copay	
Over the Counter (OTC) items	\$55 per quarter	
Routine Foot Care	\$5 copay, 12 visits per year	40% coinsurance
In Home Assessment	\$0 copay	
Rewards Program and Value Added Items and Services		
Healthy Rewards Program	Members can earn \$20-\$50 in healthy rewards for completing select preventive screenings and tests. Total maximum \$290	
Blue365	If you join the plan, you will get access as a member to Blue365 - discount and deals locally and nationwide on wellness, fitness, travel, apparel and other items and services.	

**Prior authorization may be required*



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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **833-536-2001** (TTY:711).

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

Understanding important rules

- In addition to your monthly plan premium you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- Effect on current coverage** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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

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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 833-536-2001. 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 833-536-2001/711 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>		Plan and Premium	
MARYLAND: Allegany, Anne Arundel, Caroline, Carroll, Cecil, Charles, Dorchester, Garrett, Howard, Harford, Kent, Montgomery, Prince Georges, Queen Anne's, Talbot, Calvert, Frederick. St. Mary's, Somerset, Washington, Wicomico, and Worcester. Not available in Baltimore City and Baltimore County.		CareFirst BlueCross Blue Shield Advantage Essential (PPO) <input type="radio"/> Premium: \$0 per month	
MARYLAND: Allegany, Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Charles, Dorchester, Garrett, Howard, Harford, Kent, Montgomery, Prince Georges, Queen Anne's, Talbot, Calvert, Frederick. St. Mary's, Somerset, Washington, Wicomico, and Worcester.		CareFirst BlueCross Blue Shield Advantage Complete (PPO) <input type="radio"/> Premium: \$42 per month	
DISTRICT OF COLUMBIA		CareFirst BlueCross Blue Shield Advantage Complete (PPO) <input type="radio"/> Premium: \$42 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 (Note: For individuals experiencing homelessness, a PO Box may be considered your permanent address.):			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:
ANSWER THESE IMPORTANT QUESTIONS			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareFirst BlueCross BlueShield Medicare Advantage? <input type="radio"/> Yes <input type="radio"/> No			
Name of other coverage:	Member number for this coverage:		Group number for this coverage:

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD	
<p>Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully, and ✓ check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect, you may be disenrolled.</p>	
	I am new to Medicare.
	I am making a change during the Annual Enrollment Period (AEP) from October 15 to December 7.
	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) from January 1 to March 31.
	I 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.
	I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
	I recently left a PACE program on (insert date) _____.
	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
	I am leaving employer or union coverage on (insert date) _____.
	I belong to a pharmacy assistance program provided by my state.
	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
	I am enrolled in a plan that has been identified with the low performing icon (LPI).
	I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1–March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.
	I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD (CONTINUED)

If none of these statements applies to you or you're not sure, please contact CareFirst BlueCross BlueShield Medicare Advantage at **833-536-2001 (TTY: 711)** to see if you are eligible to enroll. We are open October 1 through March 31, seven days a week from 8 a.m. – 8 p.m., and April 1 through September 30, Monday through Friday from 8 a.m. – 8 p.m.

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

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

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

- No, not of Hispanic, Latino/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**

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**

What is your gender? Select one.

- Woman
- I use a different term: _____
- Man
- I choose not to answer**
- Non-binary

Which of the following best represents how you think of yourself? Select one.

- Lesbian or gay
- I use a different term: _____
- Straight, that is, not gay or lesbian
- I don't know.
- Bisexual
- 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
- Data CD

Please contact CareFirst BlueCross BlueShield Medicare Advantage at 833-536-2001 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

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 your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this **Extra Help**, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for **Extra Help** online at www.ssa.gov/medicare/part-d-extra-help.

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

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

Please select a premium payment option:

- Get a bill by mail
- Electronic funds transfer (EFT) from your bank account each month. I authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct my monthly plan premium from my bank account. I understand my account will be deducted on the 5th of the month or the next banking day. 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.)

I hereby authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct from my account listed above my monthly plan premium and any late enrollment penalty, as applicable.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CareFirst BlueCross BlueShield Medicare Advantage has received written notification from me of its termination in such time and such manner as to afford CareFirst BlueCross BlueShield Medicare Advantage and the Financial Institution a reasonable opportunity to act on it. If my Financial Institution information changes, I agree to submit to CareFirst BlueCross BlueShield Medicare Advantage an updated EFT Authorization Agreement. EFT transactions will occur on the 5th of the month in the amount of the balance due in monthly plan premiums and late enrollment penalties, if applicable, for the current month.

How to cancel automatic withdrawal:

Termination requests must be received prior to the end of the month before the termination date (ex: Termination is October 1 so the request must be received by September 30). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal. Termination requests can be faxed to 855-215-6947, or they can be mailed to CareFirst BlueCross BlueShield Medicare Advantage, Attention: Premium Billing, P.O. Box 3236, Scranton, PA 18505. Termination requests will be processed in the order received. You will be responsible for any fees incurred by their bank, such as non-sufficient funds (NSF).

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

Name:	Address:
Phone Number:	Relationship to Enrollee:

SECTION 5—FOR INDIVIDUALS HELPING ENROLLEE WITH COMPLETING THIS FORM ONLY

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

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

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	
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 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.

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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.

<input type="checkbox"/> MEDICARE ADVANTAGE PLANS (PART C)
Medicare Preferred Provider Organization (PPO) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

<input type="checkbox"/> 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.

<input type="checkbox"/> MEDICARE SPECIAL NEEDS PLAN (SNP)
Medicare Special Needs Plan (SNP) —A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE
By signing this, you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan. Signing this does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan(s) discussed. By providing my phone number, I consent to receive calls from a representative of CareFirst BlueCross BlueShield about Medicare Advantage products, Medicare Supplement (Medigap) Plans and/or Medicare Supplement products at the number I have provided (include mobile devices). These calls may be made using an automated technology and my consent to receive these calls is not required as a condition for me to make a purchase.

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

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

CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS[®], BLUE SHIELD[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Notes

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 1-833-536-2001.

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	civilrightscordinator@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 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 1-833-536-2001. 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 1-833-536-2001. 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 1-833-536-2001。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 1-833-536-2001。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 1-833-536-2001. 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 1-833-536-2001. 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 chýõng sức khỏe và chýõng trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-536-2001 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 1-833-536-2001. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-536-2001 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 1-833-536-2001. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **Arabic:** على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-536-2001. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के िए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें 1-833-536-2001 पर फोन करें. कोई व्यक्ति जो ढ्दनी बोिता 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 1-833-536-2001. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-833-536-2001. 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 1-833-536-2001. 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 1-833-536-2001. 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、1-833-536-2001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。



CONNECT WITH US:



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