

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](http://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](http://www.carefirst.com/medicareadvantage).

This plan has a Provider Directory for all in-network providers that can be accessed through [www.carefirst.com/medicareadvantage](http://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](http://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](http://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](http://www.carefirst.com/medicareadvantage).

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

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

## 2025 Summary of Benefits

Premiums and Benefits	In-Network	Out-of-Network
<b>Medicare-covered Preventive Glaucoma Screening</b>	\$0 copay	50% coinsurance
<b>Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery*</b>	\$0 copay	50% coinsurance
<b>Medicare-covered Diabetic Eye Exam</b>	\$0 copay	50% coinsurance
<b>Routine Eye Exam</b>	\$0 copay once a year	50% coinsurance
<b>Eyewear Allowance</b>	<p><b>Additional Eyewear Coverage:</b></p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> <li>■ Select frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor.</li> <li>■ \$200 allowance for any other frames annually.</li> <li>■ Single Vision, Bifocal, Trifocal, and Lenticular lenses have a \$10 copay for each type of lenses annually.</li> </ul> <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> <li>■ If contact lenses are medically necessary they will be covered in full through Davis Vision.</li> <li>■ \$250 allowance for elective contact lenses annually.</li> <li>■ Contact lens evaluation and fitting is covered in full for standard contacts and up to a \$60 reimbursement for specialty contacts.</li> </ul>	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).	
<b>Mental Health Services</b>		
<b>Medicare-covered Outpatient*</b>	\$10 copay	50% coinsurance
<b>Medicare-covered Individual and Group Office Visits</b>	\$10 copay for Individual or Group mental health sessions	50% coinsurance
<b>Medicare-covered Skilled Nursing Facility (SNF)*</b>	\$0 days 1-20, \$200 days 21-100	50% coinsurance
<b>Medicare-covered Physical Therapy*</b>	\$15 copay	50% coinsurance
<b>Medicare-covered Ambulance - Ground*</b>	\$300 copay	50% coinsurance
<b>Medicare-covered Ambulance - Air*</b>	\$300 copay	50% Coinsurance
<b>Routine Transportation</b>	\$0 copay for 10 one-way rides	
<b>Medicare-covered Part B Prescription Drugs*</b> <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	
<b>Annual Prescription Deductible</b>	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
<b>Initial Coverage Stage</b>	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage

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Prescription Drug Benefits	
	until your year-to-date total drug cost reaches \$2,000. Then you move to the Catastrophic Stage.
<b>Catastrophic Coverage</b>	During this payment stage, you pay nothing for your covered Part D drugs.
<b>Long Term Care Facility Resident Coverage</b>	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)
<b>Tier 1—Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2—Generic</b>	\$10 copay	\$10 copay
<b>Tier 3—Preferred Brand</b>	\$47 copay	\$47 copay
<b>Tier 4—Non-Preferred Drug</b>	40% coinsurance	40% coinsurance
<b>Tier 5—Specialty</b>	33% coinsurance	33% coinsurance
Tier	Standard retail cost sharing (60-day supply)	Mail-order cost sharing (60-day supply)
<b>Tier 1—Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2—Generic</b>	\$10 copay	\$10 copay
<b>Tier 3—Preferred Brand</b>	\$94 copay	\$47 copay
<b>Tier 4—Non-Preferred Drug</b>	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)
<b>Tier 1—Preferred Generic*</b>	\$0 copay	\$0 copay
<b>Tier 2—Generic*</b>	\$10 copay	\$10 copay
<b>Tier 3—Preferred Brand*</b>	\$141 copay	\$47 copay
<b>Tier 4—Non-Preferred Drug</b>	40% coinsurance	40% coinsurance

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Additional Benefits	In-Network	Out-of-Network
<b>24-Hour Nurse Advice Hotline</b>	\$0 copay	
<b>Routine Acupuncture</b>	\$20 copay ; 12 visits per year	50% coinsurance
<b>Annual Physical</b>	\$0 copay	50% coinsurance
<b>Routine Chiropractic Care</b>	\$15 copay; 12 visits per year	50% coinsurance
<b>Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)*</b>	20% coinsurance	50% coinsurance
<b>Medicare-covered Prosthetics (e.g., braces, artificial limbs)*</b>	20% coinsurance	50% coinsurance
<b>Fitness (SilverSneakers)</b>	\$0 copay	
<b>Over the Counter (OTC) items</b>	\$50 per quarter	
<b>Routine Foot Care</b>	\$10 copay, 12 visits per year	50% coinsurance
<b>In Home Assessment</b>	\$0 copay	
<b>Rewards Program and Value Added Items and Services</b>		
<b>Healthy Rewards Program</b>	Members can earn \$20-\$50 in healthy rewards for completing select preventive screenings and tests. Total maximum \$290	
<b>Blue365</b>	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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