



2025 Information & Enrollment Guide

Serving Washington, D.C. and Maryland
Veterans and Military Retirees

**CAREFIRST BLUECROSS BLUESHIELD
ADVANTAGE SALUTE (PPO)**

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Welcome!

Thanks for your interest in our Medicare Advantage plan, CareFirst BlueCross BlueShield Advantage **Salute (PPO)**.

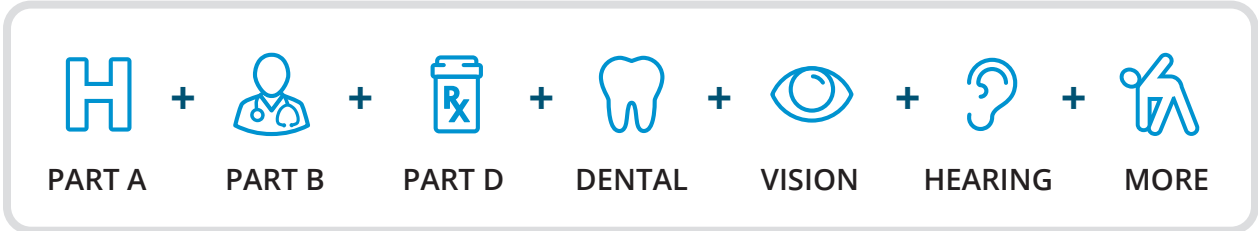
CareFirst BlueCross BlueShield (CareFirst) has a deep appreciation of the values that motivates those who put on a uniform and heed their country's call. We're driven by the same values in our work serving the members of our communities. We're also aware of how powerful the values learned in the service can be put to use in civilian life.

We see the commitment, the selflessness and the leadership of Veterans at work every day in our offices. And we understand that being a veteran comes with challenges unique to their population. That's why we designed the Salute plan specifically for the needs of Veterans and military retirees over the age of 65.



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—Our plan has 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.

Am I eligible?

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

- You qualify for Medicare Part A and are enrolled in and continue to pay for Medicare Part B; and
- You live in the plan’s service area: Maryland and Washington, D.C.



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.



CareFirst BlueCross BlueShield Advantage Salute (PPO)

Our plan is designed with veterans and military retirees in mind. Salute doesn't replace your Veterans Affairs (VA) or Tricare for Life (TFL) coverage—it complements it by allowing you to continue to see your Veteran Affairs (VA) doctors or providers in the Tricare for Life (TFL) network.

You can choose to access the doctors in our broad Medicare Advantage PPO network along with your current VA network, providing you with even more access to benefits. The CareFirst Salute PPO plan is a Medicare Part C only plan, with all Medicare Part A and Part B benefits included.

Plus, Salute offers extra benefits such as:



Hearing Aids



Robust Dental



Fitness



Allowance for groceries, utilities and/or rent



Care Management Programs



And so much more!



Why join the Salute Plan?



\$0 monthly premium

Coordination of benefits and cost-sharing with your current coverage means low out of pocket costs.



Benefits of BlueCard

You also have access to national in-network cost sharing with other BlueCross BlueShield plans.



Save more with \$100 Part B Premium Giveback

This plan offers \$100 towards the Part B premium—automatically deducted when a member enrolls in the plan.



Enjoy the extras

Hearing, Dental, Vision, Fitness, Transportation, Allowances for over the counter items, groceries, rent, utilities and more.



Keep your current providers

Veterans and military retirees will maintain their current coverage and have additional coverage through this plan that will wrap around their benefits.



Focus on your health

Salute includes additional coverage needed to help you live a healthy lifestyle from care management programs to in-home assessments to no cost virtual services.

Salute members can also continue to see all the doctors they currently see or use our robust local network of 7,000+ providers.

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 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.

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



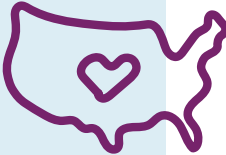
Get more when you choose CareFirst

Our Salute plan includes:

-  \$0 monthly premium
-  24-Hour Nurse Advice Line
-  Preventive and comprehensive dental
-  Over-the-counter items
-  Podiatry, acupuncture and chiropractic visits
-  Worldwide emergency and urgently needed services
-  SilverSneakers® fitness
-  Palliative Care
-  \$100 towards your Medicare Part B premium
-  Telehealth visits with in-network providers
-  Routine eye exams and eyewear
-  Hearing exam and hearing aids
-  Healthy Rewards (a health and wellness program)
-  In-Home Assessment
-  Transportation
-  Allowance for groceries, utilities and/or rent*

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



* Members must have a qualifying condition to receive an allowance for groceries, utilities or rent.

Groceries, utilities or rent

Monthly allowance for members with qualifying conditions to purchase groceries locally, pay for utility bills, including internet and phone, or towards rent or mortgage payments (reimbursement options available).

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.

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 plan has 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 and we offer allowances for frames and contact lenses.

The 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 to no copays for hearing aids (many options to choose from).

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

This plan includes 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 PCP to help support and guide your care.

Healthy Rewards program

Preventive care plays an important role in staying healthy. Members can earn \$290 in healthy rewards when they complete these screenings:

- Health Risk Assessment
- Annual Wellness Visit
- Annual Flu Shot
- Post-Hospitalization Physician Visit
- At-Home Colorectal Cancer Screening
- Breast Cancer Screening
- Diabetes HbA1c screening test
- Diabetic Retinal Eye Exam
- In-Home Assessment



Do your doctors participate in our Medicare Advantage plan?



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 Salute (PPO)

Our **Salute** plan expands access to doctors to include our Medicare Advantage PPO network along with veteran's current network, providing even more access to benefits you deserve.

Plus, Salute offers extra benefits, like hearing aids, robust dental, fitness, rides to medical appointments, allowance for groceries, utilities, rent and so much more.

Plan highlights

- \$0 monthly premium
- \$100 towards Part B premium
- \$0 medical deductible
- Preventive dental services; comprehensive dental \$1,000
- \$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 Salute plan? Meet Terence



Terence uses his health coverage regularly through the VA facility near him. He's interested in extra benefits like dental and vision coverage, rides to appointments, and added wellness benefits and rewards in his plan.

Our CareFirst BlueCross BlueShield Advantage **Salute** plan may be right for Terence. He'll have access to benefits like comprehensive dental, acupuncture and chiropractic care, fitness programs and more.

CareFirst BlueCross BlueShield Advantage Salute (PPO)

Monthly Premium

\$0

Part B Premium Giveback

\$100

Medical Deductible: \$0

Out-of-pocket Maximum:

\$5,900 In-Network / \$8,950 Combined
In-and Out-of-Network

Featured Benefit Copays:

- Primary Care Provider (PCP) Visit—\$0
- Specialist Visit—\$35
- Urgent Care Visit—\$30
- Emergency Care Visit—\$100
- Inpatient Hospital Stay
Days 1-5—\$350 per day
Days 6-90—\$0 per day
- Outpatient Hospital Services—\$250
- 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)
with an annual plan allowance of
\$1,000
- Transportation—\$0 copay for
24 one way rides per year
- In Home Assessment—\$0

Service Area

Maryland and Washington, D.C.

For more plan details, see the Summary of Benefits on page 19.

Ready to enroll?

STEP 1

Compare this plan with your current coverage

Use the worksheet on page 15 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 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 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.
- **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 our plan.

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.

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Resources and Forms

Plan Comparison Worksheet

Compare your current plan costs with CareFirst BlueCross BlueShield Advantage **Salute**. Simply input your plan information below and see if you can save by switching to to our plan.

| | Current Plan | Salute |
|--|--------------|--------------------------|
| Monthly Premium | \$ | \$0 |
| Medical Deductible | \$ | \$0 |
| Maximum Out-of-Pocket for Medical Expenses | \$ | \$5,900 / \$8,950 |
| Primary Care Provider Visit Copay | \$ | \$0 |
| Specialist Visit Copay | \$ | \$35 |
| Urgent Care Visit Copay | \$ | \$30 |
| Routine Vision Exam Copay | \$ | \$0 |
| Preventive Dental Copay | \$ | \$0 |
| Comprehensive Dental Copay | \$ | \$15 to \$700 |
| Comprehensive Dental Allowance | \$ | \$1,000 |
| Routine Hearing Exam Copay | \$ | \$0 |
| Gym/Fitness Membership | \$ | \$0 |
| Transportation-24 one-way rides | \$ | \$0 |
| OTC Items | \$ | \$40 quarterly allowance |

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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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2025

Summary of Benefits

CareFirst BlueCross BlueShield Advantage Salute
(PPO)

H7379-003

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 Salute (PPO)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage Salute 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.

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) | \$5,900 | \$8,950 (combined with in-network) |
| Inpatient Hospital Coverage | | |
| Medicare-covered Inpatient Hospital Coverage* | \$345 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* | \$245 copay for days 1-5; \$0 copay days 6-90 | 50% coinsurance |
| Outpatient Hospital Coverage | | |
| Medicare-covered Outpatient Hospital, Including Surgery* | \$250 copay | 50% coinsurance |
| Medicare-covered Outpatient Hospital Observation Services* | \$250 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* | \$35 copay | 50% coinsurance |
| Medicare-covered Preventive Care | \$0 copay | 50% 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; \$30 copay for in-office visit | \$30 copay |
| Diagnostic Services/Labs/Imaging | | |
| Medicare-covered Tests and Procedures* | \$50 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* | 20% coinsurance | 50% coinsurance |
| Medicare-covered X-Rays* | \$20 copay | 50% coinsurance |
| Hearing Services | | |
| Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues | \$30 copay | 50% coinsurance |
| Routine Hearing Exams | \$0 once a year | 50% coinsurance |
| Hearing Aids | \$0-\$1,475 for aids every year | |
| 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 | \$30 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 | \$0 virtual mental health 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* | \$35 copay | 50% coinsurance |
| Medicare-covered Ambulance - Ground* | \$240 copay | 50% coinsurance |
| Medicare-covered Ambulance - Air* | 20% Coinsurance | 50% Coinsurance |
| Routine Transportation | \$0 copay for 24 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

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 | \$10 copay; 12 visits per year | 50% coinsurance |
| Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)* | 15% coinsurance | 50% coinsurance |
| Medicare-covered Prosthetics (e.g., braces, artificial limbs)* | 15% coinsurance | 50% coinsurance |
| Fitness (SilverSneakers) | \$0 copay | |
| Over the Counter (OTC) items | \$40 per quarter | |
| Routine Foot Care | \$10 copay, 12 visits per year | 50% coinsurance |
| Healthcare Prepaid Card | <p>\$75 monthly allowance. Members with the below qualifying conditions can use all or a portion of the monthly allowance towards mail-order OTC, or using a healthcare prepaid card for groceries, rent and/or utilities. No monthly or annual rollover:</p> <ul style="list-style-type: none"> ■ Chronic alcohol and other drug dependencies ■ Autoimmune disorders ■ Cancer ■ Cardiovascular disorders ■ Chronic heart failure ■ Dementia ■ Diabetes ■ End-stage renal disease (ESRD) ■ Severe hematologic disorders ■ HIV/AIDS ■ Chronic lung disorders ■ Chronic and disabling mental health conditions ■ Neurologic disorders ■ Stroke ■ BMI health risks ■ Chronic physical disability | |
| In Home Assessment | \$0 copay | |

2025 Summary of Benefits

| Additional Benefits | In-Network | Out-of-Network |
|---|--|----------------|
| 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*



CONNECT WITH US:



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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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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: | | | |
| CareFirst BlueCross BlueShield Advantage Salute (PPO) | | | |
| Maryland | | <input type="radio"/> Premium: \$0 per month | |
| Washington, D.C. | | <input type="radio"/> Premium: \$0 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 (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: | |
| Are you a Military Retiree or Veteran of the U.S. Uniformed Services? (optional) <input type="radio"/> Yes, Military Retiree <input type="radio"/> Yes, Veteran <input type="radio"/> No | | | |

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

What branch of the Military did you serve with? (optional)

- Air Force Army Coast Guard Marine Corps Navy Space Force
 NOAA Commissioned Corps PHS Commissioned Corps

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 Data CD Audio 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

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD (CONTINUED)

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.

| | |
|--|--|
| | 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. |

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

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).

If none of these statements applies to you or you're not sure, please contact CareFirst BlueCross BlueShield Medicare Advantage at **833-536-2001** 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 3—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 plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or 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 my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

| | |
|------------|---------------|
| Signature: | Today's Date: |
|------------|---------------|

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

| | |
|---------------|---------------------------|
| Name: | Address: |
| Phone Number: | Relationship to Enrollee: |

SECTION 4—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 | |

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.

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.

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:



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.