

# Summary of Benefits

## CareFirst BlueCross BlueShield Group Advantage (PPO)

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*District of Columbia Government*

January 1, 2022–December 31, 2022

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

This document summarizes the benefits of our plans and what you can expect to pay for some benefits. Every plan is required to create a Summary of Benefits document (like the one you're reading now). A complete list of benefits will be found in your Evidence of Coverage document, which will be available to you upon your enrollment. You will be able to access through your account on [carefirst.com/myaccount](https://carefirst.com/myaccount) or by calling Member Services to request a printed copy.

### Pharmacy

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory in *My Account* online at [carefirst.com/myaccount](https://carefirst.com/myaccount). Or, call us and we will send you a copy of the provider and pharmacy directories.

### Want more information?

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

## Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<p>Information related to monthly premiums, deductibles and limits on how much you pay for services is listed below.</p> <p>The coverage and cost-sharing listed below applies to both in- and out-of-network.</p>	
Monthly Plan Premium	<p>Your employer group calculates your premium.</p> <p>You must continue to pay your Part B premium each month.</p>
Deductibles	No deductible.
<p><b>Maximum Out-of-Pocket Responsibility</b>  (includes all Medicare-covered benefits, including Part B drugs and supplies and does not include Part D prescription drugs)</p>	<p>Like all Medicare Advantage health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan is \$6,000 for services you receive from in-network and out-of-network providers for Medicare-covered services.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you still need to pay your monthly premiums.</p>
<p><b>Inpatient Hospital coverage</b>  Prior authorization may be required for in-network services only for in-network services only.</p>	<p>Our plan covers 90 days for each Medicare-covered inpatient hospital stay.</p> <p>You pay \$50 admission / stay</p> <p>Our plan also covers 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per contract year.</p>
<p><b>Outpatient Hospital coverage</b>  Prior authorization may be required for in-network services only.</p> <p><b>Outpatient hospital services</b></p> <p><b>Ambulatory surgery center</b></p>	<p>You pay a \$0 copay for each Medicare-covered outpatient hospital visit.</p> <p>You pay a \$0 copay for each Medicare-covered ambulatory surgical center visit.</p>
<p><b>Doctor Visits</b>  <b>Primary care providers</b></p>	<p>You pay a \$5 copay per Medicare-covered primary care provider (PCP) visit.</p>

## Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>Doctor Visits (continued)</b>  <b>Specialists</b> Prior authorizations may be required for in-network specialist visits.	You pay a \$15 copay per Medicare-covered Specialist visit.
<b>Preventive Care</b>	Our plan covers many preventive services at no cost when you see an in-network provider.  Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	You pay a \$50 copay for each Medicare-covered emergency care visit in the United States.  Copay waived if admitted to the hospital within 24 hours.  Worldwide (outside the U.S.) emergency coverage also covered. There is a \$50,000 combined maximum for Worldwide Emergency/Urgently Needed Services. You pay a \$0 copay.
<b>Urgently Needed Services</b>	You pay a \$15 copay for each Medicare-covered urgent care visit.  Copay is waived if you are admitted to the hospital within 48 hours.  Worldwide (outside the U.S.) urgently needed care coverage also covered. There is a \$50,000 combined maximum for Worldwide Emergency/Urgently Needed Services. You pay a \$0 copay.
<b>Diagnostic Services/Labs/Imaging</b>  Prior authorization may be required for in-network services only.  <b>Diagnostic tests and procedures</b>  <b>Lab services</b>  <b>Diagnostic radiology services (e.g. CT, MRI)</b>	          You pay a \$0 copay for each Medicare-covered diagnostic test and procedure.  You pay \$5 for Medicare-covered lab services.  You pay a \$15 copay for Medicare-covered diagnostic radiology. Mammograms are covered with a \$0 copay as part of Medicare-covered preventive care.

## Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>Diagnostic Services/Labs/Imaging (continued)</b>	
<b>Therapeutic radiology services</b>	You pay a \$15 copay for Medicare-covered therapeutic radiological services.
<b>Outpatient X-rays</b>	You pay a \$15 copay for Medicare-covered x-rays.
<b>Hearing Services</b>	
<b>Evaluations to diagnose medical conditions</b>	You pay a \$15 copay for each Medicare-covered hearing exam.
<b>Routine hearing exams</b>	You pay a \$0 copay for one routine hearing exam annually. You pay \$0 copay for one fitting and evaluation for hearing aids annually. These visits are covered through our vendor, NationsHearing.
<b>Hearing aids</b>	Our plan also covers hearing aids through our vendor, NationsHearing: You pay a \$500 to \$1,975 copay per hearing aid based on technology level.
<b>Dental Services</b>	
<b>Medicare-covered dental services for the reconstruction of the jaw, accidental injury, or extractions in preparation for radiation treatment.</b>	You pay a \$15 copay for each Medicare-covered dental service.
<b>Vision Services</b>	
<b>Visits to diagnose and treat eye diseases and conditions.</b>	You pay a \$0 copay for Medicare covered eye exam.
<b>Preventive glaucoma screening</b>	You pay a \$0 copay.
<b>Eyeglasses or contact lenses after cataract surgery</b>	You pay a \$0 copay.
<b>Routine eye exam</b>	You pay a \$0 copay for a routine eye exam every year (includes dilation and refraction) with in-network providers. You will be reimbursed up to \$40 for routine eye exam every year (includes dilation and refraction) with out-of-network providers.

## Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>Vision Services (continued)</b>	
<b>Routine diabetic eye exam</b>	You pay a \$0 copay for diabetic eye exams every year through our vendor, Davis Vision.
<b>Other eyewear allowance</b>	<p>The frames (retail) or contacts lenses (in lieu of eyeglasses) allowance is \$100 annually in-network and \$100 allowance annually out-of-network.</p> <p>Medically necessary contacts (with prior approval) are covered in-network at no cost and reimbursed up to \$285 out-of-network.</p> <p>The clear spectacle lenses in any RX (Single Vision / Bifocal / Trifocal / Lenticular) range from \$0 copay to \$10 copay with in-network providers.</p> <p>You will be reimbursed up to \$40, \$60, or \$80 depending on the type of clear spectacle lenses in any RX Single Vision, Bifocal, Trifocal, or Lenticular with out-of-network providers.</p>
<b>Mental Health Services</b>	
<b>Outpatient individual therapy per visit</b>	You pay a \$10 copay for each outpatient individual therapy visit.
<b>Outpatient group therapy per visit</b>	You pay a \$5 copay for each outpatient group therapy visit.
<b>Skilled Nursing Facility</b> Prior authorization may be required for in-network services only.	<p>Our plan covers up to 100 days in a Skilled Nursing Facility.</p> <p>You pay a \$0 copay per day for days 1 through 20.</p> <p>You pay a \$0 copay per day for days 21 through 100.</p>
<b>Physical Therapy</b> Prior authorization may be required for in-network services only.	You pay \$15 per visit for occupational therapy, physical therapy, or speech-language pathology services.
<b>Ambulance</b> Authorization may be required for non-emergency Medicare service	<p>You pay a \$15 copay for ground services.</p> <p>You pay a \$15 copay for air services.</p>
<b>Transportation</b>	No coverage.
<b>Medicare Part B Drugs</b> Prior authorization may be required	You pay a \$0 copay for Part B chemotherapy or other drugs.

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Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>Other Services</b>	
<b>24-Hour Nurse Advice Line</b>	You pay a \$0 copay for services provided by the 24-Hour Nurse Advice Line.
<b>Video Visit (Telehealth)</b>	<p>Video Visit through our vendor allows members to securely connect with a provider for urgent care services and behavioral health (therapy and psychiatry).</p> <p>You pay a \$15 copay for urgent care services and a \$10 copay for individual behavioral health (mental health specialty services or psychiatric services).</p>
<b>Acupuncture Services</b>	
<b>Acupuncture for chronic low back pain</b>	<p>You pay a \$15 copay for acupuncture services at a Specialist office.</p> <p>You pay a \$15 copay for each non-Medicare-covered routine acupuncture visit (up to 20 visits a calendar year).</p>
<b>Chiropractic Services</b> Prior authorization may be required for in-network services only.	<p>You pay a \$15 copay for each Medicare-covered chiropractic visit.</p> <p>You pay a \$15 copay for each non-Medicare covered chiropractic visit (up to 20 visits a calendar year).</p>
<b>Podiatry Services</b> Prior authorization may be required for in-network services only.	<p>You pay a \$15 copay for each Medicare-covered podiatry visit.</p> <p>You pay a \$15 copay for each non-Medicare-covered routine podiatry service (up to 20 visits a calendar year).</p>
<b>Psychiatric Services</b>	<p>You pay a \$10 copay for each individual session.</p> <p>You pay a \$5 copay for each group session.</p>
<b>Additional Telehealth Services</b> Prior authorization and referral may be required for Specialist services.	<p>You pay:</p> <ul style="list-style-type: none"> <li>\$5 copay for Primary Care Provider service</li> <li>\$15 copay for Specialist service</li> <li>\$10 copay for Mental Health Individual session</li> <li>\$5 copay for Mental Health Group session</li> <li>\$10 copay for Psychiatric Services Individual session</li> <li>\$5 copay for Psychiatric Services Group session</li> </ul> <p>Additional telehealth is covered through video services with any provider.</p>

## Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>SilverSneakers</b>	<p>You're automatically enrolled in the SilverSneakers® Fitness Program at no additional cost.</p> <p>SilverSneakers can help you live a healthier, more active life through fitness and social connection.</p> <p>Enjoy SilverSneakers On-Demand workout videos from home, SilverSneakers LIVE Classes and Workshops and more through SilverSneakers.com and the SilverSneakers GO app.</p> <p>You can also sign up for a home fitness kit.</p> <p>You'll have access to thousands of gym locations nationwide with use of basic amenities. SilverSneakers offers specially designed, signature exercise classes for all fitness levels plus group exercise classes for all levels at select locations.</p>

Medicare Part D Drugs	
<b>Initial Coverage Stage</b>	<p>You pay the copays in the tables below until your total yearly drug costs reach \$4,430 in 2022. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies, specialty pharmacies and mail order pharmacies. Cost-sharing is based upon the Tier the drug is on and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.</p> <p>Prescription drugs cost-sharing tier descriptions:</p> <ul style="list-style-type: none"> <li>■ Tier 1—Preferred Generics provide the lowest cost-share</li> <li>■ Tier 2—Generics include a higher cost-share than Tier 1</li> <li>■ Tier 3—Preferred Brands include a mid-level cost-share</li> <li>■ Tier 4—Non-Preferred Drugs include a cost-share higher than Tier 3</li> <li>■ Tier 5—Specialty drugs include the highest cost-share</li> </ul>
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430 in 2022.</p> <p>Your employer provides additional coverage during the Coverage Gap stage for covered drugs. During this stage, you continue to pay the same copay for drug as you paid in the Initial Coverage Stage. Once your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach \$7,050, you move to the Catastrophic Coverage Stage.</p>
<b>Catastrophic Coverage</b>	<p>Your employer provides additional coverage during the Catastrophic Coverage stage for covered drugs. After your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach \$7,050 in 2022, you pay the greater of: 5% coinsurance, or \$3.95 copay for generic (including brand drugs treated as generic) and an \$9.85 copay for all other drugs, with your maximum copay being the copayment you paid during the Initial Coverage Stage.</p>
<b>Long term care facility resident coverage</b>	<p>If you live in a long term care facility and get your drugs from their pharmacy, you pay the same as copays as a 30-day retail pharmacy prescriptions.</p>

## Summary of Benefits

Medicare Part D Drugs	
	CareFirst BlueCross BlueShield Group Advantage (PPO)
<b>Pharmacy (Part D) Deductible</b>	There is no pharmacy deductible for this plan.
<b>Retail Pharmacy—30-day Supply</b>	Copay for 30-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$5 copay
Tier 2—Generic	\$10 copay
Tier 3—Preferred Brand	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay
Tier 5—Specialty Tier	25% copay
<b>Retail Pharmacy—60-day Supply</b>	Copay for 60-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty Tier	A long-term supply is not available for drugs in Tier 5.
<b>Retail Pharmacy—90-day Supply</b>	Copay for 90-day Supply Retail Pharmacy
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty Tier	A long-term supply is not available for drugs in Tier 5.
<b>Mail Order—30-day Supply</b>	Copay for 30-day Supply Mail Order
Tier 1—Preferred Generic	\$5 copay
Tier 2—Generic	\$10 copay
Tier 3—Preferred Brand	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay
Tier 5—Specialty Tier	25% copay
<b>Mail Order—60-day Supply</b>	Copay for 60-day Supply Mail Order
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty Tier	A long-term supply is not available for drugs in Tier 5.

## Summary of Benefits

Medicare Part D Drugs	
	CareFirst BlueCross BlueShield Group Advantage (PPO)
Mail Order— 90-day Supply	Copay for 90-day Supply Mail Order
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty Tier	A long-term supply is not available for drugs in Tier 5.

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CareFirst BlueCross BlueShield Medicare Advantage is a PPO with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on 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.



# Your Healthcare Benefit Guide

**DISTRICT OF COLUMBIA  
GOVERNMENT**

*Medicare-Eligible Retirees*

2022



# The CareFirst BlueCross BlueShield PROMISE

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A not-for-profit organization  
driven by mission

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Serving 3.3 million members  
in the Mid-Atlantic region

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Recognized as one of the  
World's Most Ethical Companies®

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## WELCOME

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We're pleased to welcome you to the CareFirst BlueCross BlueShield (CareFirst) Medicare Advantage family. Inside this booklet, you'll find everything you need to get familiar with the benefits, perks and value of CareFirst's Group Medicare Advantage plan.

CareFirst is committed to provide accessible and affordable care to our members—through every phase of life. Our members have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years. As a member, you'll benefit from our large national network and partnerships with hospitals, community organizations and national retailers. You can trust us as your partner in health.

Use this healthcare guide to explore medical benefits and all the perks included with your CareFirst BlueCross Blue Shield Group Advantage (PPO) plan. We'll also tell you what to expect when it comes to copays and prescription drug costs. It's helpful to know where you can go for care before you need it. Becoming familiar with what's included can help you save time and money.

# WHAT'S INSIDE?

- 5 WHAT'S A MEDICARE ADVANTAGE PLAN?
- 6 PERKS INCLUDED WITH YOUR PLAN
- 7 MEDICAL PLAN HIGHLIGHTS
- 8 PRESCRIPTION DRUG PLAN HIGHLIGHTS
- 9 NATIONAL PROVIDER NETWORK
- 9 MY ACCOUNT BENEFITS
- 10 VIRTUAL CARE OPTIONS
- 10 HEARING AIDS AND EXAMS
- 11 SILVERSNEAKERS® FITNESS
- 12 VISION BENEFITS
- 12 DIABETES MANAGEMENT PROGRAM
- 13 IN-HOME HEALTH ASSESSMENT
- 13 PALLIATIVE CARE
- 14 HERE'S WHAT TO EXPECT NEXT
- 15 NOTES

## It helps to understand some key terms

**Copay:** The fixed amount you owe for certain covered healthcare services, such as a doctor office visit or filling a prescription.

**Medicare-approved amount:** The maximum amount participating providers can charge Medicare members for a specific service.

**Out-of-pocket maximum:** The most you'll pay for Medicare-covered services in a plan year. After you spend this amount on healthcare costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

## WHAT'S A MEDICARE ADVANTAGE PLAN?

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Medicare Advantage, also known as Medicare Part C, is a health plan approved by Medicare and offered by private insurance companies like CareFirst. Medicare Advantage plans bundle your Medicare Part A and Medicare Part B with added benefits and services. Medicare Part A and Part B are what's collectively known as Original Medicare. Your plan also includes Medicare Part D prescription drug coverage.

**Medicare Part A** is hospital coverage. It helps cover medically necessary:

- Inpatient hospital facility charges
- Home health care provided by a participating home health agency
- Care in a skilled nursing facility after a hospital stay
- Hospice care for the terminally ill

For most, Part A is free.

**Medicare Part B** is insurance for medically necessary inpatient and outpatient services. It partially pays for:

- Doctor's visits
- Home health visits
- Preventive care (like flu shots and screenings)
- Lab services (like tests, screenings and bloodwork)
- Medical equipment
- Physical therapy and speech pathology
- Mental health care
- Annual wellness visits
- And more

Your monthly Part B premium is based on your annual income. You must continue to pay your Part B premium in addition to your CareFirst BlueCross BlueShield Group Advantage (PPO) premium.

All the above services and benefits are covered through your CareFirst Group Advantage plan. As a CareFirst Group Advantage member, you'll benefit from affordable coverage with a large national network. Your plan gives you access to our robust national network of doctors, specialists and hospitals. Plus, added perks like our 24-Hour Nurse Advice Line, fitness program, in-home assessment and large pharmacy network.

# PERKS INCLUDED WITH YOUR PLAN



24-Hour Nurse  
Advice Line



Eye exams and  
eyewear allowance



Virtual visits for urgently  
needed services and  
mental health



SilverSneakers®  
fitness



Hearing exam and  
hearing aids through  
NationsHearing®



More than  
66,000 pharmacies  
nationwide



Palliative care with  
Aspire Health



Comprehensive  
in-home assessment



A national network  
of quality providers



Onduo Diabetes  
Management Program



# MEDICAL PLAN HIGHLIGHTS

Let’s look at some of your costs for common services with participating providers.

	CareFirst BlueCross BlueShield Group Advantage (PPO)
Costs to consider	
Annual Medical Deductible	\$0
Annual Out-of-pocket Maximum (applies to Medicare-covered medical benefits only)	\$6,000
Staying healthy	
Annual Physical Exam	\$0 copay
All Medicare-Covered Preventive Services (Mammogram, Colorectal Screening, etc.)	\$0 copay
Welcome to Medicare Exam	\$0 copay
Feeling under the weather?	
Primary Care Provider (in-person or virtual)	\$5 copay
Specialist (in-person or virtual)	\$15 copay
Urgent Care (in-person or virtual)	\$15 copay
Emergency Room	\$50 copay
Other medical services	
Lab Services	\$5 copay
Diagnostic Tests and Procedures	\$0 copay
Occupational Therapy, Physical Therapy, and Speech Pathology	\$15 copay
Cardiac Rehabilitation	\$15 copay
Durable Medical Equipment	15% coinsurance
Routine Chiropractic (up to 20 visits)	\$15 copay
Routine Acupuncture Services (up to 20 visits)	\$15 copay
Outpatient Hospital Surgery	\$0 copay
Ambulatory Surgical Center	\$0 copay
Inpatient Hospital Stay	\$50 per stay
Skilled Nursing Facility	\$0 copay Days 1–100

# PRESCRIPTION DRUG HIGHLIGHTS

Here are your costs for prescription drugs received from a participating pharmacy.

CareFirst BlueCross BlueShield Group Advantage (PPO)	
Costs to consider	
Annual Deductible	\$0
Up to 30-day supply (Retail pharmacy and mail order)	
Tier 1—Preferred Generic	\$5 copay
Tier 2—Generic	\$10 copay
Tier 3—Preferred Brand	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay
Tier 5—Specialty Tier	25% coinsurance
60-day or 90-day supply (Retail pharmacy and mail order)	
Tier 1—Preferred Generic	\$10 copay
Tier 2—Generic	\$20 copay
Tier 3—Preferred Brand	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay
Tier 5—Specialty Tier	Not available on this tier

### Prescription Drug Formulary

Search our list of covered drugs at [carefirst.com/dcgov](https://carefirst.com/dcgov) to find out if your current medications are covered and at what cost tier. If you cannot find your medications using this tool, call 833-320-2664 (TTY: 711), Monday–Friday, 8 a.m. to 6 p.m. ET and we can help.

### Save with Mail Order

It’s easy and convenient—you can refill prescriptions online, by phone or email. You can even consult with a pharmacist.

# NATIONAL PROVIDER NETWORK

With the CareFirst BlueCross BlueShield Group Advantage (PPO) plan, you can see doctors that are in and out of our network at the same cost share. If you see a doctor who is out of the network, they must participate in Medicare and agree to bill CareFirst.

Want to know if your doctor is in-network? Or want to find a new provider you can trust? Explore our network with our Find a Doctor tool! It's quick and easy.



Explore our Medicare Advantage network of doctors and hospitals with our Find a Doctor tool. Visit [carefirst.com/findadocmappo](https://carefirst.com/findadocmappo), add your city and state or ZIP code and browse.

# MY ACCOUNT BENEFITS

*My Account* makes it easier than ever to understand your health plan benefits and manage personalized information. Download the CareFirst app to your smartphone to access your account wherever you are. You can also access *My Account* on any Internet-enabled device.

- Manage your personal profile including if you prefer to receive materials electronically
- View full details on plan benefits and cost-sharing in the Evidence of Coverage
- Use the drug pricing tool to determine prescription costs
- View your member ID card
- Find in-network providers and facilities nationwide, including specialists, urgent care centers pharmacies and labs
- Check your claims activity, status and history

Signing up is easy. Once you receive your CareFirst member ID card, visit [carefirst.com/myaccount](https://carefirst.com/myaccount). Select *Register Now*, then *Individual*. (If you have already registered with *My Account* from a previous CareFirst plan, simply log in.)

# VIRTUAL CARE OPTIONS

Get the care you need wherever and whenever you need it through your smartphone, tablet or computer. All from the comfort of your home—not a crowded waiting room. We offer two convenient ways for you to access providers virtually.

## Telehealth Services

Telehealth lets you connect securely with any provider who has telehealth capabilities (video chat), including your PCP or Specialist. Your plan also covers individual and group behavioral health services with a mental health professional or psychologist.

## Video Visit

Video Visit allows members to securely connect with a board-certified doctor 24/7/365 without an appointment for urgent care services and behavioral health services. Once you're enrolled in the plan, you can register at **[carefirstvideovisit.com](https://carefirstvideovisit.com)** to get started!



Our 24-Hour Nurse Advice Line provides support and guidance for any non-emergency situation. The service is personal, confidential and available at no cost.

# HEARING AIDS AND EXAMS

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

Program features include:

- Annual routine hearing exam with no out-of-pocket cost
- Low pricing and a 60-day, 100% money-back guarantee
- Access to a nationwide network of 8,000+ providers
- Concierge services by dedicated Member Experience Advisors
- Hearing aids available from all major manufacturers
- Fitting, evaluation, and 3 follow up visits at no cost

## SILVERSNEAKERS® FITNESS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. And, it's included with your plan at no additional cost.

At home or on the go:

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers Live virtual classes and workshops
- SilverSneakers GO™ mobile app with workout plans and more
- SilverSneakers FLEX® classes, walking groups and more at parks, community centers

In participating fitness locations:

- Thousands of participating locations<sup>1</sup> and gyms with various amenities
- Ability to enroll at multiple locations at any time
- Classes<sup>2</sup> for all levels, taught by instructors trained in senior fitness

In your community:

- Group activities and classes<sup>2</sup> offered outside the gym
- SilverSneakers.com online resources like a fitness location directory, articles and more



Visit **SilverSneakers.com/StartHere** after you are enrolled in the plan and find fitness locations that are right for you.

<sup>1</sup> Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>2</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

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# VISION BENEFITS

Good vision is not just crucial to your overall health—good vision also affects your quality of life. Your eye exam coverage includes dilation and refraction from a Davis Vision provider.

- Routine eye exam, including dilation and refraction, each year
- Medicare-covered diabetic eye exam each year
- Medicare-covered preventive glaucoma screening
- Medicare-covered eyeglasses or contact lenses after cataract surgery
- \$100 allowance to purchase frames or elective contact lenses
- \$10 copay to choose from single vision, bifocal, trifocal and lenticular clear plastic lenses
- And more lenses, frames, and contact lens coverage and discounts

# DIABETES MANAGEMENT PROGRAM

Onduo helps members manage diabetes through a personalized care program. The program offers the day-to-day support you need between doctor visits. Members who enroll get access to the following no-cost benefits:

- Virtual clinics with primary care providers and specialists
- Continuous glucose monitors (CGMs) for eligible members
- Blood pressure cuffs for eligible members
- Additional diabetic supplies such as test strips and lancets
- Health and lifestyle coaching and support
- Services and access through an easy-to-use app

# IN-HOME HEALTH ASSESSMENT

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The In-Home Assessment is an annual in-home clinical assessment, kind of like a physical. By removing transportation barriers, we’ve created an easy and effective way for you to gain a more complete picture of your health. During the visit that can last up to an hour, a clinician will visit your home to perform a comprehensive health assessment and understand your care management needs.

# PALLIATIVE CARE

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Aspire Health provides an extra layer of care where you need it most: at home. Aspire’s compassionate provider team travels to you or works with you by phone. Services are 100% covered by your CareFirst plan. You’ll continue to see your regular doctors. But with Aspire, you get these additional care services:

- 24/7 access—the care team travels to you. They can treat you or prescribe medicine to manage symptoms, when necessary.
- Care planning—your team works with you and your family on healthcare goals. They’ll keep your doctors and caregivers informed along the way.
- Coordinated care—the Aspire team works closely with your existing doctors to coordinate your care.
- Education and resources—for you and your family about your care plan, medications and more.

# HERE'S WHAT TO EXPECT NEXT

**First**, we'll let Medicare know that you're joining one of our plans.

**Next**, Medicare will notify us when they've approved your enrollment.

**Within 10 calendar days** of Medicare confirming your enrollment, we'll let you know that you have been enrolled in the plan.

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



Your new coverage begins January 1, 2022. Starting on that date, you will not need to show your Medicare card at the doctor or pharmacy—only your CareFirst BlueCross BlueShield Group Advantage (PPO) member ID card.



We're here for you. If you have questions or need more information, please call 833-320-2664 (TTY: 711), Monday–Friday, 8 a.m. to 6 p.m. ET.



Page 10 of 10

Page 10 of 10





CONNECT WITH US:



#### **Notice of Nondiscrimination and Availability of Language Assistance Services**

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

**注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518.**

CareFirst BlueCross BlueShield Medicare Advantage is a PPO with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on 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.

## Helpful information when you go to the doctor and other health care providers

With the CareFirst BlueCross BlueShield Group Advantage (PPO) plan, you can see doctors and other health care providers that are in and out of our network at the same cost share as long as they participate in Medicare and agree to bill CareFirst. You'll find helpful tips to share with your doctor on the back of this page.

### Going to a network doctor or health care provider

#### What is a network doctor?

A network doctor or health care provider is one who contracts with CareFirst BlueCross BlueShield Group Advantage to provide services to Medicare-eligible members.

#### What do I pay?

You pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill CareFirst BlueCross BlueShield Group Advantage for the rest of the cost of your service(s).

#### Can a network doctor refuse to see me?

If you are an existing patient, the doctor or health care provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and if they are not accepting any new Medicare patients.

#### How is the doctor paid?

The doctor or health care provider is paid according to their contract with CareFirst BlueCross BlueShield Group Advantage.

### Going to an out-of-network doctor or health care provider

#### What is an out-of-network doctor?

An out-of-network doctor or health care provider does not have a contract with CareFirst BlueCross BlueShield Group Advantage.

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**Can I see any out-of-network doctor?**

You can see any out-of-network doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill CareFirst BlueCross BlueShield Group Advantage.

**What do I pay?**

You pay your plan's copay or coinsurance. CareFirst BlueCross BlueShield Group Advantage will pay for the rest of the cost of your covered service(s) including any excess charges up to the limit set by Medicare.

**Will the doctor bill CareFirst BlueCross BlueShield Group Advantage?**

Medicare providers should not bill members directly whether they are part of Original Medicare or a Medicare Advantage plan for Medicare covered services. Please share this document with the provider and ask them to call us to discuss our payments, which will be the same as original Medicare for Medicare covered services.

**What if my doctor says they will not accept the plan?**

We will be happy to contact your doctor on your behalf to explain how the plan works. Usually, that is all that is needed. If you have questions, call Member Services at the number on the back of your member ID card.

**We're here to help**

If you have questions or need help finding a doctor, call Member Services at the number on the back of your member ID card.

### **A message for your provider**

CareFirst BlueCross BlueShield Group Advantage will provide coverage for this retiree under a group (or an employer-sponsored) Medicare employer preferred provider organization (PPO) plan.

**This retiree's in-network and out-of-network benefits and cost shares are the same.** This means you can provide services to this retiree or **any member of this plan if you are a Medicare provider** without a concern about having a large out-of-network deductible or cost share.

**Contracted healthcare providers** – If you're a CareFirst BlueCross BlueShield Group Advantage PPO-contracted healthcare provider, **you'll receive your contracted rate.**

**Out-of-network healthcare providers – CareFirst BlueCross BlueShield Group Advantage is dedicated to an easy transition.** If you're a Medicare provider, you can treat and receive payment for your CareFirst BlueCross BlueShield Group Advantage -covered patients who have this plan. CareFirst BlueCross BlueShield Group Advantage pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Healthcare providers in Maryland, Washington, D.C. and Northern Virginia who want information about our claims processes or about becoming a CareFirst BlueCross BlueShield Group Advantage PPO-contracted provider can call provider services at **1-855-290-5744.**

Healthcare providers outside the CareFirst BlueCross BlueShield service area who want information about claims processes can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard *Eligibility* at 1.800.676.BLUE (2583) and provide the member's prefix located on the ID card.

**NOTE:** This number is not for patient use. Patients, please call the Member Services number on the back of your CareFirst BlueCross BlueShield Group Advantage member ID card.

**The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.**

## **District of Columbia Government**

### **Group Medicare Advantage Frequently Asked Questions**

*For retirees hired after October 1, 1987*

#### **General Questions**

##### **1. What is a Medicare Advantage with Prescription Drug (MAPD) plan?**

Medicare Advantage is also known as Medicare Part C and it combines your hospital (Part A), doctor (Part B) and drug coverage (Part D) all in one plan. These plans follow all of the rules and cover all the benefits covered by Original Medicare and are offered by private insurance companies like CareFirst. Under a Medicare Advantage plan, CareFirst can offer additional supplemental benefits like a nurse line, fitness program, telehealth benefits and in home assessments that are not covered by Medicare Part A or Part B.

##### **2. How much do I have to pay for the plan?**

You will receive the 2022 rates prior to the start of your Open Enrollment.

#### **Your Benefits**

##### **3. How is the CareFirst BlueCross BlueShield Advantage (PPO) plan different than a Medicare Supplement plan?**

- With the Medicare Advantage plan, your medical and drug coverage is bundled together so you only need to show one ID card when you get care. You will have more predictable copays instead of coinsurance. For example, you will pay a \$5 copay for primary care visits and a \$15 copay for specialist visits. There are no deductibles. And your drug copays will

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be \$5 for preferred generics, \$10 for generics, \$20 for preferred brand, \$40 for non-preferred drugs and a 25% coinsurance for specialty tier drugs for a 30-day supply.

- As a participant in the Medicare Advantage plan, you have access to the following additional supplemental benefits:
  - With the SilverSneakers program, you will have access to at-home classes and workshops live or on-demand and the opportunity to enroll in gyms and fitness locations.
  - A routine eye exam, a diabetic eye exam, a preventive glaucoma screening each year and allowances to purchase frames or elective contact lenses.
  - An annual routing hearing exam with no out-of-pocket cost. Hearing aids are available from all major manufacturers with low pricing and a 60-day, 100% money-back guarantee. Your hearing aid fitting, evaluation and 3 follow up visits are available at no cost.
  - A 24-hour nurse advice line when you have questions about your health, help you decide when to visit your doctor or go to an Urgent Care or ER, help you understand your medications, assist with finding network doctors and prepare for an appointment, and learn about preventive care.
  - Through CareFirst's Video Visit program, you can securely connect with a doctor anytime day or night through your phone, tablet or computer and get treatment for urgent care or make an appointment with a licensed physician for behavioral health services.
  - You can also get an in home or virtual annual comprehensive health assessment with an advanced practice clinician.

#### **4. Which ID card should I use?**

Prior to January 1, 2022, you will receive a welcome kit and ID card from CareFirst for your Medicare Advantage plan – for medical, prescription drug and vision coverage. You will need to show this card to your doctors and pharmacists. Your new Medicare Advantage ID card will be needed to ensure that claims will be filed correctly by your providers and they can access your benefits accurately. Make sure you keep your Original Medicare card somewhere safe, but you will not need to show it to your doctors.

**5. Is there a Part A and/or Part B Deductible?**

No, there is no Part A or Part B Deductible.

**6. Are there Co-insurance or Copays?**

Yes, there are either copays and coinsurances based on the service you receive. Some benefits may have coinsurance, please refer to your Evidence of Coverage, Chapter 4 Medical Benefits Chart for more details.

## **Your Network of Providers**

**7. Is the new Medicare Advantage plan an HMO or PPO?**

Your Medicare Advantage plan that will be effective January 1, 2022 is a PPO plan. Your plan has a nationwide network of doctors, other health care providers, and hospitals. Your plan adds more value as it is considered a Passive PPO, where your copays are the same whether you visit in-network or out-of-network providers.

**8. Does this plan have a network?**

Yes, and while we encourage you to visit network providers, you can go to any provider, hospital, or facility that accepts Medicare and is willing to bill CareFirst. In and out of network benefits are the same under this plan.

**9. Can I go to my current providers?**

If your provider is in the CareFirst Medicare Advantage PPO network (visit [www.carefirst.com/findadocmappo](http://www.carefirst.com/findadocmappo)), you can continue to see them. If they are not in the network, as long as they accept Medicare and are willing to bill CareFirst, you can continue to see them. If you do not see your provider in our directory, please contact them directly and ensure they are willing to bill CareFirst before your visit.

**10. Will I need to switch doctors?**

With a Medicare Advantage PPO plan, you will have access to a national provider network through the Blue Cross and Blue Shield Association. However, if your doctor is not in the network, as long as they accept Medicare and are willing to bill CareFirst for the services they provide to you, your medically necessary services will be covered. The good news is that your out-

of-pocket expense or copay will be the same for doctors who are in and out of network.

**11. What if my Provider says they do not accept this plan?**

If your provider is not willing to accept the plan, contact CareFirst Medicare Advantage Member Services at 833-320-2664 (TTY: 711) and we will be happy to contact your doctor on your behalf to explain how the plan works.

**12. Does this plan require referrals?**

No, this plan does not require referrals.

**13. Does this plan require Prior Authorizations?**

Some services may require pre-certification / prior authorizations. Your Evidence of Coverage, also called your member contract, will provide you with information on the services that require pre-certifications / prior authorizations.

**Your Prescription Drugs**

**14. Is there a Prescription Deductible?**

No, there is no prescription deductible.

**15. Is there a Donut Hole Coverage?**

Yes, this plan has full donut hole coverage, meaning you will continue to pay the same copays as the initial coverage phase.

**16. Is there additional Catastrophic Coverage?**

Yes, this plan has catastrophic coverage, meaning you will pay no more than the copays in the initial coverage phase.

**17. Can I go to the same Retail Pharmacy?**

Most likely, yes. The CareFirst Medicare Advantage Prescription Drug (MAPD) Plan has over 66,000 pharmacies in network. Generally, you do NOT need new prescriptions for retail pharmacy fills. Check to see if your pharmacy is in the network by visiting [www.carefirst.com/findadocmappo](http://www.carefirst.com/findadocmappo) and select *Medicare Pharmacy Directory* under *Helpful Links* at the bottom of the page.

**18. Will my mail order transfer over or will I need to re-enroll?**

Yes, your mail order prescriptions will transfer over, but you should alert the pharmacy of your new coverage.

**19. Will I need new prescriptions?**

Generally, if you have active prescriptions with refills at either the retail pharmacy or mail order, you will NOT need new prescriptions. However, you should alert the pharmacy of your new coverage and show them your new ID card.

**20. Will my prescriptions be covered?**

The CareFirst plan covers basic Medicare Part D medications as well as some Medicare Part D excluded medications. This includes weight loss, erectile dysfunction, and vitamins. You can visit [www.carefirst.com/dcgov](http://www.carefirst.com/dcgov) and choose 'Medicare-eligible Retirees' (*site will be live on 11/1/21*) to search for your prescription drugs on the formulary or call CareFirst Member Services at 833-320-2664 (TTY: 711) to get help looking up your medications, see if there are any restrictions and learn your copay price.

**21. Can I still go to the VA for my prescriptions?**

Yes. If you obtain some prescriptions from the VA, you may continue to do so. This is a separate benefit, and may have separate formularies, copays, and restrictions in place.

**22. Do I need Prior Authorizations (PA) for certain prescription medicines?**

Some medications may require a PA. Please contact CareFirst Member Services at 833-320-2664 (TTY: 711) if you have questions or need assistance with Prior Authorizations as well as any other requirements such as Step Therapy or Quantity Limits, or Non-Formulary Exceptions.

**Next Steps**

**23. When will I receive my card/ Welcome Kit?**

Cards and Welcome Kits will be received prior to your effective date. Retirees and Medicare eligible dependents will each receive their own card. Please note

that each enrollee may not receive their plan information on the same day.  
This is normal.

**24. Will I receive an Explanation of Benefits (EOB) from CareFirst?**

Yes, you will receive an EOB from CareFirst showing medical and prescription drug claims monthly.

**25. Who do I call if I need assistance with the plan?**

For eligibility and premium questions, contact DC Government's Benefits Office at 833-556-3163, Monday through Friday, 8:00 am-5 pm ET.

For plan and benefit questions, please call CareFirst Medicare Advantage Member Services at 833-320-2664 E.T. (TTY: 711), Monday through Friday, 8 am-6 pm ET.