



2025 Information & Enrollment Guide

Serving all counties in Maryland

**CAREFIRST BLUECROSS BLUESHIELD ADVANTAGE
DUALPRIME (HMO-SNP)**

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

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.

Welcome!

Thanks for your interest in CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP). This plan was created with your needs in mind, offering you all the coverage of Original Medicare with low or no out-of-pocket costs, plus extra benefits to help you better manage your health. Get all the benefits you deserve in one convenient plan that combines your coverage for hospital, medical, prescription drugs, dental, vision, annual wellness exam and so much more.

Deciding which healthcare plan is right for you is an important decision—one you shouldn't rush. Inside this booklet, you'll find all the information you need to see how this all-inclusive coverage meets your healthcare needs.

What we cover:

- CareFirst BlueCross BlueShield Advantage DualPrime basics
- Am I eligible?
- Complete Summary of Benefits
- Pre-enrollment checklist
- Application



We're here for you

If you have any questions, call 844-331-6334 (TTY: 711) to talk to a licensed sales agent from 8 a.m.–8 p.m., 7 days a week from October 1–March 31. From April 1–September 30, our hours are 8 a.m.–8 p.m., ET, Monday–Friday. You can:




- Get answers to your questions
- Set up a face-to-face meeting
- Learn more about the plan
- Complete an enrollment application






CareFirst BlueCross BlueShield Advantage DualPrime Overview

Dual Special Needs Plans are for those with both Medicare and Medicaid. CareFirst BlueCross BlueShield Advantage DualPrime is a Medicare Advantage plan that combines medical, hospital, prescription drug coverage and more into one plan.

A diagram illustrating the components of the CareFirst BlueCross BlueShield Advantage DualPrime plan. It features a central dark blue rounded rectangle with the text "Plus, all these extra benefits:". Above this rectangle, three items are listed: "PARTS A AND B" with a person icon, "PART D" with a pill bottle icon, and "DENTAL" with a tooth icon. Below the rectangle, three more items are listed: "TRANSPORTATION" with a van icon, "FLEX BENEFIT" with a card icon, and "AND MORE!" with a person icon. Plus signs (+) are placed between the items to indicate they are included together.

H  **PARTS A AND B** +  **PART D** +  **DENTAL**

Plus, all these extra benefits:

 **TRANSPORTATION** +  **FLEX BENEFIT** +  **AND MORE!**

With our plan, you get:

- Access to a national network of retail and independent pharmacies and no pharmacy deductible
- Access to over 7,000 providers in Maryland
- Flex Benefit—\$130 monthly allowance for OTC drugs, rent, groceries and/or utility bills*
- \$1,950 every three years for a hearing aid
- \$3,000 annually for Comprehensive Dental services including denture coverage
- 36 one-way rides for healthcare needs
- And more!

These benefits are available to you at no additional premium costs.

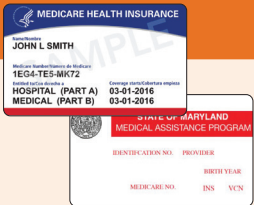


* Members must have a qualifying condition to use the \$130 a month on rent, groceries or utilities. See additional details on either Page 8 or the Summary of Benefits.

Healthcare that works for you

Do you have these cards?

To enroll in a CareFirst BlueCross BlueShield Advantage DualPrime plan, you must have both your Medicare and Medicaid cards.



You can now join:

A CareFirst BlueCross BlueShield Advantage DualPrime plan:

- Offered by private insurance companies approved by Medicare, like CareFirst BlueCross BlueShield
- Includes your Medicare Part A and Part B coverage
- Includes Medicare Part D—that's your prescription drug coverage
- Includes added benefits, like vision, hearing, dental, health and wellness programs and more

Am I eligible?

To enroll in a CareFirst BlueCross BlueShield Advantage DualPrime plan, you must:

- Be eligible for both Medicare and Medicaid (Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB))
- Be enrolled in Part B
- Live in our service area, which includes all counties in Maryland

Who might choose our plan? Meet Sofia



Sofia uses her health insurance regularly and sees a few specialists for her chronic conditions and takes three prescription drugs. She wants to improve her health and is looking for added wellness benefits.

Our CareFirst BlueCross BlueShield DualPrime plan may be right for Sofia. In addition to \$0 copays for medical care, she's eligible for the \$130 Flex Benefit, chronic condition meals, free transportation and much more. This plan will not only help Sofia reach her health goals, it will also reward her for staying healthy through our Healthy Rewards program where she can earn \$290 annually by completing specified plan goals.

CareFirst BlueCross BlueShield Advantage DualPrime Overview

Monthly Premium*

\$0

Drug Coverage (depending on your level of Extra Help)

- Generics: \$0, \$1.60, \$4.90 copay
- All other drugs: \$0, \$4.80, \$12.15 copay

You pay \$0 as long as you are in our plan and do not lose your Medicaid status

- | | |
|---|--------------------------------|
| ✓ \$0 Annual Medical Deductible | ✓ \$0 Annual Drug Deductible |
| ✓ Primary Care Provider | ✓ Specialist |
| ✓ In-Patient Hospital-Acute | ✓ Outpatient Hospital Services |
| ✓ Emergency/Post Hospital Stabilization | ✓ Outpatient Hospital Services |
| ✓ And more! | |

For more plan details, see the Summary of Benefits on page 11.

* As long as you are in our plan Medicaid will pay your premium, however if you lose your Medicaid status you will pay a premium

Important notice

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), your copays and coinsurances may increase to 20% of the total cost for your medical benefits, the applicable Medicare Part A cost-shares, and 25% of the total cost of your Part D prescription drugs.



Benefits tailored to all your needs

Our additional benefits, preventive care and behavioral health programs are an important part of helping you stay healthy.

As a valued member, your plan includes the option for you to have a comprehensive health assessment in the comfort of your own home. In addition, we provide care management activities tailored to you. Our programs work on your schedule and require minimal time commitment.

Plus, you can get support through multiple channels including online and mobile apps.

Our Care Management team can help you get back on your feet after a hospital stay or navigate a new diagnosis—and help caregivers coordinate your care.

Our Member Care team will collaborate with your healthcare practitioners to help improve your health and lower the need for additional services.

Our whole health programs:

24-Hour Hospital Readmissions

Care Managers assist members recently discharged from the hospital to reduce the chance of readmission.

Coordination of Care

Care Managers help members struggling to schedule appointments, find supplies or otherwise manage their health.

Chronic Condition Outreach

Care Managers reach out to members with chronic conditions to assist with disease management and to reduce likelihood of hospitalization.

Social Worker Assistance

A specialized care team member is available to address psycho-social barriers to a member's access to care.

We're dedicated to your whole health

We reach out to each member to make personalized improvements along their entire health journey.



Get more when you choose CareFirst



Flex Benefit: Groceries, OTC, Utilities or Rent

Monthly \$130 allowance for over-the-counter mail order items and/or for groceries, OTC, utilities or rent*.



Transportation

- Your plan includes trips to the pharmacy, medical visits & more.
- \$0 copay for 36 one-way trips per year



Dental Coverage

- \$0 copay for preventive, comprehensive and denture coverage
- \$3,000 annual allowance toward comprehensive services
- \$0 copay for dentures every 60 months



Hearing Benefits

- Routine hearing exam (1 per year) with \$0 copay
- \$1,950 every 3 years for hearing aids



Routine Eye Exams and Eyewear Allowances

- \$0 copay for routine exam (limit 1 per year)
- \$150 annual allowance for eyewear



24-Hour Nurse Advice Line

Speak to a nurse whenever you need to at no charge.



Bathroom Safety Devices

\$0 copay for 2 bathroom safety devices



Foot Care

- \$0 office visit copay
- 4 visits per year to a foot doctor



Healthy Rewards Program

Earn \$20-\$50 on your reloadable healthcare prepaid card for completing specific health activities (\$290 annually).



Meal Benefits for Chronic Conditions and Post Hospital Discharge

\$0 copay for meals and nutritional assistance for qualifying members.



Personal Emergency Response Systems (PERS)

Members with chronic conditions qualify for a personal emergency response device at \$0 copay.

**Monthly rollover for Flex Benefit is allowed but no annual rollover. Members must have a qualifying condition to use the \$130 a month on rent, groceries or utilities.*

Ready to enroll?

STEP 1

Review our plan and see if it's right for you

Have questions or need help? Get answers to your questions or set up a face-to-face meeting by calling us at 844-331-6334 (TTY: 711)

STEP 2

Check to see if your doctor or specialists are in our network

- Visit carefirst.com/mddsnp and click on the *Find a Doctor* tab
- Browse by category or search for provider names or specialties

STEP 3

Apply online, over the phone or through the mail

Download a copy of our 2025 Enrollment Form at carefirst.com/mddsnp. An application is also included at the end of this booklet.

- **Mail:** Complete the form, sign and date it, and mail it to:
Attention: Sales Department
PO Box 915
Owings Mills, MD 21117
- **Online:** Enroll through the [Medicare.gov](https://www.Medicare.gov) website
- **Phone:** Call or schedule a meeting with a licensed sales agent at 844-331-6334.

Is your provider in our network?

To take advantage of these benefits, ensure that your provider is in our network. The provider list can be found at the *Find a Doctor* tab on carefirst.com/mddsnp.



Resources and forms

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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 844-331-6334 (TTY: 711).

Understanding the benefits

- 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/mddsnp or call 844-331-6334 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.

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.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This Plan accepts only Full Benefit Dual Eligibles (FBDE) and Qualified Medicare Beneficiaries (QMB).
- 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 must terminate your Medigap policy because you cannot have both plans at the same time.

CareFirst BlueCross BlueShield Medicare Advantage is an HMO-SNP Plan 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 DSNP Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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2025

Summary of Benefits

CareFirst BlueCross BlueShield Advantage
DualPrime (HMO-SNP)

H8854-002

January 1, 2025 - December 31, 2025

- Call Member Services at 1-844-386-6762 (TTY:711)
- 8am-8pm EST 7 days a week October 1 - March 31
and Monday - Friday, April 1 - September 30

www.carefirst.com/mddsnp

2025 Summary of Benefits

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) plan from January 1, 2025 – December 31, 2025.

CareFirst BlueCross BlueShield Medicare Advantage is an HMO-SNP Plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on 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.carefirstmddsnp.com.

This plan has a Provider Directory for all in-network providers that can be accessed through www.carefirst.com/mddsnp.

Who is eligible for our DualPrime plan?

To join CareFirst BlueCross BlueShield Advantage DualPrime, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medical Assistance from the State of Maryland, and live in our service area. Our service area includes the entire state of Maryland.

To be eligible for CareFirst BlueCross BlueShield Advantage DualPrime, beneficiaries must have a Medicaid level of Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB). Understanding your options Medicare benefits 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 Advantage DualPrime. 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.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Pharmacy

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

Want more information?

For more information, please call us at 1-844-386-6762 (TTY users should call 711) or visit us at www.carefirst.com/mddsnp.

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
Monthly Plan Premium	\$40.30
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850
Inpatient Hospital Coverage	
Medicare-covered Inpatient Hospital Coverage*	You pay \$0 for days 1-90
Medicare-covered Inpatient Hospital Psychiatric*	\$0 copay
Outpatient Hospital Coverage	
Medicare-covered Outpatient Hospital, Including Surgery*	\$0 copay
Medicare-covered Outpatient Hospital Observation Services*	\$0 copay
Medicare-covered Ambulatory Surgical Center (ASC)*	\$0 copay
Doctor Visits (Primary Care Providers and Specialists)	
Medicare-covered Primary Care Providers (PCP)	\$0 copay
Medicare-covered Specialist*	\$0 copay
Medicare-covered Preventive Care	\$0 copay
Medicare-covered Emergency Care	\$0 copay
Medicare-covered Urgently Needed Services	\$0 copay

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
Diagnostic Services/Labs/Imaging	
Medicare-covered Tests and Procedures*	\$0 copay
Medicare-covered Lab Services*	\$0 copay
Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)*	\$0 copay
Medicare-covered Therapeutic Radiology Services*	\$0 copay
Medicare-covered X-Rays*	\$0 copay
Hearing Services	
Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues	\$0 copay
Routine Hearing Exams	\$0 copay
Hearing Aids	Our plan pays up to \$1,950 every 3 years for hearing aids
Dental Services	
Medicare-covered Comprehensive Dental*	\$0 copay
Preventive Dental	\$0 copay
Additional Comprehensive Dental Coverage	<p>\$0 copay and \$3,000 annual allowance towards the following services (member is responsible for all cost over allowance):</p> <ul style="list-style-type: none"> ■ Restorative services: 1 per tooth once every 24 months ■ Endodontics: 1 per lifetime, per patient, per tooth ■ Crowns: once per tooth per 60 months ■ Simple extractions ■ Periodontics: 1 per quadrant of scaling every 36 months ■ Periodontal maintenance: once every 3 months

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
Denture Coverage	\$0 copay for the following services (Does not apply to comprehensive dental allowance): <ul style="list-style-type: none"> ■ Upper, lower, partial, or any combination of dentures ■ Dentures once every 60 months ■ Denture repairs: once every 12 months ■ Denture relines/rebase: once every 36 months ■ Denture adjustments: 2 every 12 months
Vision Services	
Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye	\$0 copay
Medicare-covered Preventive Glaucoma Screening	\$0 copay
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery*	\$0 copay
Medicare-covered Diabetic Eye Exam	\$0 copay
Routine Eye Exam	\$0 copay once a year
Eyewear Allowance	\$150 annual allowance towards the purchase of contact lenses or one pair of eyeglasses each year.
Mental Health Services	
Medicare-covered Outpatient*	\$0 copay
Medicare-covered Individual and Group Office Visits	\$0 copay
Medicare-covered Skilled Nursing Facility (SNF)*	\$0 Days 1-100
Medicare-covered Physical Therapy*	\$0 copay
Medicare-covered Ambulance - Ground*	\$0 copay

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
Medicare-covered Ambulance - Air*	\$0 copay
Routine Transportation	\$0 copay for 36 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 copay

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

**Prior authorization may be required*

Part D

Prescription Drug Benefits	
Annual Prescription Deductible	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
Initial Coverage Stage (Retail, Mail Order, Long-Term, and Out-of-Network)	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$2,000. Then you move to the Catastrophic Stage. <ul style="list-style-type: none"> ■ You pay for generic drugs (including brand drugs treated as generic): \$0 copay/\$1.60 copay/ \$4.90 copay (depending on your level of Extra Help) ■ For all other drugs: \$0 copay/\$4.80 copay/ \$12.15 copay (depending on your level of Extra Help)
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D drugs.
Vaccines	Our plan covers most Part D vaccines at no cost. Call Member Services for more information.
Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

If you no longer qualify for "Extra Help" while enrolled in the plan, the following will apply to you: you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible. You also will have cost sharing of 25% of the total cost of your Part D prescription drugs and drug deductible of \$590.

2025 Summary of Benefits

Additional Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
24-Hour Nurse Advice Hotline	\$0 copay
Annual Physical	\$0 copay
Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)*	\$0 copay
Medicare-covered Prosthetics (e.g., braces, artificial limbs)*	\$0 copay
Meals with Nutrition Therapy	Members with COPD, CHF, Diabetes or ESRD will receive a medical nutrition therapy assessment and 3 follow-up coaching and goal setting sessions per benefit period.
Readmission Prevention	Members post-discharge from an inpatient stay pay a \$0 copay for 14 meals per 1 week period. Limited to 8 benefit periods per year.
Meals For Those With Chronic Conditions	Members with COPD, CHF, Diabetes or ESRD will receive 12 consecutive weeks of meals. Members will also receive up to 4 medical nutrition therapy sessions. Limited to 4 benefit periods per year.
Personal Emergency Response System (PERS)	\$0 copay PERS device if you are living with a disability or chronic condition such as COPD, CHF, Diabetes, or ESRD.
Routine Foot Care	\$0 copay for each visit. 4 visits per year
Flex Benefit (Over-the-Counter, Groceries, Utilities and Rent)	<p>\$130 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. Monthly rollover allowed but no 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

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

2025 Summary of Benefits

Additional Benefits	CareFirst BlueCross BlueShield Advantage DualPrime
	<ul style="list-style-type: none"> ■ HIV/AIDS ■ Chronic lung disorders ■ Chronic and disabling mental health conditions ■ Neurologic disorders ■ Stroke ■ BMI health risks ■ Chronic physical disability
Home & Bathroom Safety Devices	\$0 copay for 2 home and bathroom safety devices ordered through the plan's catalog.
In Home Assessment	\$0 copay (up to 1 per calendar year)
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 - discounts and deals locally and nationwide on wellness, fitness, travel, apparel and other items and services.

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

**Prior authorization may be required*

Statement of Maryland Medicaid Assistance (Medicaid)

Benefits and Cost-Sharing

Eligibility

The CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) plan is available to beneficiaries with both Medicare Parts A and B and who receive Medical Assistance from the state Medicaid program to cover Medicare cost-sharing.

CareFirst BlueCross BlueShield Advantage DualPrime members who are Full Benefit Dual Eligible (FBDE) and Qualified Medicare Beneficiary (QMB) are covered by the state Medicaid program for their Medicare cost sharing.

Cost sharing and protection for members

In the CareFirst BlueCross BlueShield Advantage DualPrime plan, the state Medicaid program pays the cost sharing for Medicare covered medical services you receive. You pay no cost sharing for the Medicare covered benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. These small copayments only apply as long as you are receiving “extra help.” When you receive covered health care services, the network provider should bill CareFirst BlueCross BlueShield Advantage DualPrime first and then Maryland Medical Assistance second. Network providers are not permitted to balance bill you for services that are covered by both CareFirst

BlueCross BlueShield Advantage DualPrime and Medicaid.

If you receive covered services from a non-network provider, the non-network provider may not understand CareFirst BlueCross BlueShield Advantage DualPrime or these billing rules. If you receive a bill from a provider for Medicare covered services, please notify Member Services so we can help you. Please see chapter 7, “Asking us to pay our share of a bill you have received for covered medical services or drugs”, of your CareFirst BlueCross BlueShield Advantage DualPrime Evidence of Coverage for more information.

The benefits described on the next page are covered by Medicaid. You can see what Maryland Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, CareFirst BlueCross BlueShield Advantage DualPrime will cover the benefits described in the previous sections of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Maryland Department of Health, 1-855-642-8572. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Original Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Statement of Maryland Medicaid Assistance (Medicaid)

Maryland Medical Assistance (Medicaid) program benefits

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Ambulance Services	Emergency Only	Covered
Ambulatory Surgical Center	Covered	Covered
Dental Services	Covered with limits	Covered with limits
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Covered	Covered
Doctor Visits	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered by Original Medicare; Not covered by the plan.
Inpatient Hospital Coverage	Covered	Covered
Durable Medical Equipment	Covered	Covered
Urgently Needed Services	Covered	Covered
Mental Health Services	Covered	Covered
Outpatient Hospital Coverage	Covered	Covered
Podiatry Services (Foot Care)	Covered with limits	Covered with limits
Prescription Drugs	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered with limits on days per benefit period.
Routine Transportation	Covered with limits	Covered with limits
Vision Services	Covered	Covered
Health and Wellness Program	Not Covered	Covered
Meals with Medical Nutrition Therapy	Not Covered	Covered

Statement of Maryland Medicaid Assistance (Medicaid)

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Telehealth	Covered with limits	Covered
Personal Emergency Response System	Covered with limits	Covered



CONNECT WITH US:



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CareFirst BlueCross BlueShield Medicare Advantage is an HMO D-SNP Plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage DSNP Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Enrollment Instructions

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](https://www.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,
Attn: Sales Department
P.O. Box 915, Owings Mills, MD 21117

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 1-844-331-6334. 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 1-844-331-6334 (TTY: 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:			
<input type="radio"/> DualPrime • \$0–\$28.20 per month (Based on your level of “Extra Help”)			
FIRST Name:		LAST Name:	
Middle Initial (optional):			
Birth Date (MM/DD/YYYY):	Sex: <input type="radio"/> Male <input type="radio"/> Female	Home Phone Number:	Mobile Phone (optional):
Email Address: (optional)			
<p>I authorize the health plan to text and email me helpful reminders, articles and tips on healthy living, surveys, and general information about the plan. I understand that I may opt-out of receiving these messages by contacting Member Services at 1-844-386-6762 (TTY: 711), 8 a.m. – 8 p.m., ET, 7 days a week from Oct. 1 – Mar. 31 and 8 a.m. – 8 p.m., ET, Monday - Friday from Apr. 1 – Sept. 30.</p> <p><input type="radio"/> Yes, I would like to receive messages <input type="radio"/> No, I do not want to receive messages</p>			
Permanent Residence Street Address (Don't enter a PO Box):			Apt. Number:
City:	County (optional):	State:	ZIP Code:
Mailing Address, if different from your Permanent Address Street Address (PO Box allowed):			Apt. Number:
City:	State:	ZIP Code:	
YOUR MEDICARE INFORMATION			
Medicare Number:		Part A Effective Date:	Part B Effective Date:
ANSWER THESE IMPORTANT QUESTIONS			
1. 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:	
2. Are you enrolled in your State Medicaid program? <input type="radio"/> Yes <input type="radio"/> No		If yes, provide 11-digit Medicaid number:	
To be eligible for Dual Prime, you must have a Medicaid level of Qualified Medicare Beneficiary (QMB) or Full Benefit Dual Eligible (FBDE).			
3. Are you a resident of a long-term facility, such as a nursing home? <input type="radio"/> Yes <input type="radio"/> No			
If “yes,” name of Facility:		Phone number of Facility:	
Address of Facility:			

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

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).

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

If none of these statements applies to you or you're not sure, please contact CareFirst BlueCross BlueShield Medicare Advantage at **844-331-6334 (TTY: 711)** to see if you are eligible to enroll. We are open October 1 through March 31, seven days a week from 8 a.m. – 8 p.m., and April 1 through September 30, Monday through Friday from 8 a.m. – 8 p.m.

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

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

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

- No, not of Hispanic, Latino/a, or Spanish origin Yes, another Hispanic, Latino/a, or Spanish origin
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican **I choose not to answer.**
 Yes, Cuban

What's your race? Select all that apply.

- American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Pacific Islander
 Asian Indian Guamanian or Chamorro
 Chinese Native Hawaiian
 Filipino Samoan
 Japanese Other Pacific Islander
 Korean White
 Vietnamese **I choose not to answer**
 Other Asian

1. Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format

- Spanish Braille Large print

Please contact CareFirst BlueCross BlueShield Medicare Advantage at 1-844-386-6762 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, October 1 – March 31; 8 a.m. – 8 p.m. ET, Monday – Friday, April 1 - September 30. TTY users should call 711.

2. Do you work? Yes No Does your spouse work? Yes No

3. Please choose the name of a Primary Care Physician (PCP). Refer to the plan website or Provider & Pharmacy Directory to choose.

PCP Name:

PCP Address:

Are you now seeing or have you recently seen this doctor? Yes No

PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. Don't pay CareFirst BlueCross BlueShield Medicare Advantage the Part D-IRMAA.

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

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

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

Please select a premium payment option:

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

Account holder name:	Bank routing number:
Bank account number:	Account type: <input type="radio"/> Checking <input type="radio"/> Saving

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

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

PAYING YOUR PLAN PREMIUM

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CareFirst BlueCross BlueShield Medicare Advantage has received written notification from me of its termination in such time and such manner as to afford CareFirst BlueCross BlueShield Medicare Advantage and the Financial Institution a reasonable opportunity to act on it. If my Financial Institution information changes, I agree to submit to CareFirst BlueCross BlueShield Medicare Advantage an updated EFT Authorization Agreement. EFT transactions will occur on the 10th of the month in the amount of the balance due in monthly plan premiums and late enrollment penalties, if applicable, for the current month.

How to cancel automatic withdrawal:

Termination requests must be received prior to the end of the month before the termination date (ex: Termination is October 1st so the request must be received by March 31). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal. Termination requests can be faxed to 1-844-333-0610, Attention: Premium Billing, or they can be mailed to CareFirst BlueCross BlueShield Medicare Advantage, Attention: Premium Billing, P.O. Box 915, Owings Mills, Maryland 21117. Termination requests will be processed in the order received. You will be responsible for any fees incurred by their bank, such as non-sufficient funds (NSF).

IMPORTANT: READ AND SIGN BELOW

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that CareFirst BlueCross BlueShield Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CareFirst BlueCross BlueShield Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from CareFirst BlueCross BlueShield Medicare Advantage. Benefits and services provided by CareFirst BlueCross BlueShield Medicare Advantage and contained in my CareFirst BlueCross BlueShield Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareFirst BlueCross BlueShield Medicare Advantage will pay for benefits or services that are not covered.
- 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 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.

IMPORTANT: READ AND SIGN BELOW

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.

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

Name:	Address:
Phone Number:	Relationship to Enrollee:

Agent Use Only

Agent Name:	Agent ID:	
Initial Receipt Date:	Proposed Effective Date of Coverage:	LIS Level:

CareFirst BlueCross BlueShield Medicare Advantage is an HMO-SNP Plan 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 DSNP 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.

Glossary of terms

Home health care

Skilled nursing and related services are provided in a home setting. Home care services include physical therapy, occupational therapy, speech therapy, social services, home health services, and medical supplies and equipment.

Hospice

A program or facility that provides care, comfort and support services for terminally ill patients and their families. Hospice care concentrates on reducing the severity of disease symptoms rather than halting or delaying progression of the disease itself.

Out-of-pocket maximum

The most you will have to pay for medical expenses in a calendar year.

Skilled nursing facility care (SNF)

A level of care that requires the daily involvement of a skilled nursing or rehabilitation staff; for example, physical therapy or intravenous injections.

You qualify only after a three-day minimum hospital stay for a related illness or injury. You are eligible for 100 days in a benefit period. This includes a semi-private room and meals. Medicare doesn't cover long-term care or custodial care in this setting.

Evidence of Coverage (EOC)

A document that gives you detailed information on your plan's coverage, costs, and your rights and responsibilities as a plan member.

Formulary

A list of prescription drugs your health plan covers, also called a drug list. It may include both brand name and generic drugs.

Drugs on this list may cost less than those not on the list. How much a plan covers may vary from drug to drug.

Maintenance medications

Prescription drugs that you take on a regular basis. These drugs help treat chronic conditions such as asthma, diabetes and high blood pressure.

You may be able to save money on your maintenance prescriptions by requesting a 90-day supply from your retail or mail-order store.

Mail-order pharmacy

A convenient service which delivers your medications directly to you. Your plan's preferred mail-order service is CVS Caremark Mail Service Pharmacy.

Medicare Part A

Part of Original Medicare. Medicare Part A helps cover inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

Medicare Part B

Also part of Original Medicare. Medicare Part B helps cover certain doctor visits and preventive services, outpatient care and medical supplies.

Medicare Part C

These plans, also called Medicare Advantage (MA), are offered by private insurers and approved by Medicare.

By law, MA plans must offer the same benefits as Original Medicare Part A and Part B. Most of these plans also include coverage for prescription drugs. Many offer some coverage for dental, vision and hearing as well.

Medicare Part D

Medicare Part D provides insurance for prescription drugs. It is sold through private insurance companies and can be offered two ways:

1. In combination with a Medicare Advantage (MA) plan
2. As a stand-alone prescription drug plan (PDP)

Special needs plan (SNP)

An SNP is a special type of Medicare Advantage plan. It includes all Medicare Part A, Part B and Part D benefits. It may include additional benefits, such as support for a chronic condition or services that may be helpful to someone who has both Medicare and Medicaid.

To qualify for an SNP, you must have Medicare Part A and Part B and meet one of the following conditions:

- You have a chronic illness verified by a doctor (C-SNP).
- You receive Medicaid assistance from the state (D-SNP).
- You live in a long-term care facility (I-SNP).

Urgent care centers

Facilities that treat urgent but non-life-threatening medical issues, sprains, fractures or minor burns. If you have a serious medical issue, always visit the nearest emergency room or call 911.



Is your medication covered?

Check to see if your prescription drugs are covered by searching the formulary list.



Visit carefirst.com/medicare-options/dsnp/dual-special-needs-plan-prescription-coverage.html and enter the name of your medication. You will be able to determine if a brand name drug is covered or if you will need a generic.

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 1-844-386-6762.

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>.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., and CareFirst Advantage DSNP, Inc., 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.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. 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.). The Blue Cross® and 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.

Multi-Language Insert

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 1-844-386-6762. 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 1-844-386-6762. 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 1-844-386-6762。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 1-844-386-6762。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 1-844-386-6762. 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 1-844-386-6762. 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 chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-386-6762 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 1-844-386-6762. 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 1-844-386-6762 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 1-844-386-6762. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-386-6762 سيقوم شخص ما يتحدث العربية 1. بمساعدتك. هذه خدمة مجانية

Hindi: हमारे सवास य या दवा की योजना के बारे में आपकी भी पर न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-386-6762 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता 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 1-844-386-6762. Un nostro incaricato che parla Italiano vi 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 1-844-386-6762. 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 1-844-386-6762. 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 1-844-386-6762. Ta usługa jest bezpłatna.

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