CareFirst Medicare Advantage

2026

Annual Notice of Change

CareFirst BlueCross BlueShield Advantage Essential (PPO)

Effective January 1, 2026 - December 31, 2026

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

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CareFirst BlueCross BlueShield Advantage Essential (PPO) offered by CareFirst Advantage PPO, Inc. (d/b/a CareFirst BlueCross BlueShield Medicare Advantage)

Annual Notice of Change for 2026

You're enrolled as a member of CareFirst BlueCross BlueShield Advantage Essential.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year**. If you don't join another plan by December 7, 2025, you'll stay in CareFirst BlueCross BlueShield Advantage Essential.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.carefirst.com/medicareadvantage or call Member Services at 833-536-2001 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish
- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services number at 833-536-2001 (TTY users call 711.) Hours are 8am-8pm EST 7 days a week October 1 - March 31, 8am-8pm EST and Monday - Friday, April 1 - September 30. This call is free.
- To get information from us in a way that works for you, please call Member Services. We can give you information in braille, large print, or other alternate formats if you need it.

About CareFirst BlueCross BlueShield Advantage Essential

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

OMB Approval 0938-1051 (Expires: August 31, 2026)

- When this material says “we,” “us,” or “our,” it means CareFirst Advantage PPO, Inc.. When it says “plan” or “our plan,” it means CareFirst BlueCross BlueShield Advantage Essential.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in** CareFirst BlueCross BlueShield Advantage Essential. Starting January 1, 2026, you’ll get your medical and drug coverage through CareFirst BlueCross BlueShield Advantage Essential. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0.00	**$0.00**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $8,300 From network and out-of-network providers combined: $13,300	**From network providers: $8,300** **From network and out-of-network providers combined: $13,300**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$45 copay per visit	**$45 copay per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	$350 copay per day for days 1 to 5	**$385 copay per day for days 1 to 5**
Part D drug coverage deductible (Go to Section 1 for details.)	$0	**$0**

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.6 for details.)	Copayment/Coinsurance during the Initial Coverage Stage: For a retail 30-day supply: Tier 1 - Preferred Generic: You pay $0 per prescription. Tier 2 - Generic: You pay $10 per prescription. Tier 3 - Preferred Brand: You pay $47 per prescription. You pay $35 per month supply of each covered insulin product. Tier 4 - Non-Preferred Drug: You pay 40% of the total cost. You pay $35 per month supply of each covered insulin product. Tier 5 - Specialty Tier: You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Copayment/Coinsurance during the Initial Coverage Stage:** **Tier 1 - Preferred Generic:** **You pay $0 per prescription.** **Tier 2 - Generic:** **You pay $5 per prescription.** **Tier 3 - Preferred Brand:** **You pay 20% of the total cost.** **You pay $35 per month supply of each covered insulin product.** **Tier 4 - Non-Preferred Drug:** **You pay 40% of the total cost.** **You pay $35 per month supply of each covered insulin product.** **Tier 5 - Specialty Tier:** **You pay 33% of the total cost.** **You pay $35 per month supply of each covered insulin product.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0.00	**$0.00**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments from network providers **count** toward your in-network maximum out-of-pocket amount.	$8,300	**$8,300** **Once you've paid $8,300 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count**	$13,300	**$13,300** **Once you have paid $13,300 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered**

	2025 (this year)	2026 (next year)
toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.		**Part A and Part B services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* https://www.carefirst.com/medicare-options/medicare-resources/medicare-advantage-plan-resources.html to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.carefirst.com/medicareadvantage.
- Call Member Services at 833-536-2001 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 833-536-2001 (TTY users call 711) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* https://www.carefirst.com/medicare-options/medicare-resources/medicare-advantage-plan-resources.html to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.carefirst.com/medicareadvantage.
- Call Member Services at 888-970-0917 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 888-970-0917 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
24/7 Nurse Hotline	$0 copay	**24/7 Nurse Hotline is not covered. Members should make appointments with their primary care doctor or seek an urgent care facility for assistance.**
Balance on Hand	When a refill is due, we reviewed your refill history over the previous 180 days to determine if you have extra medication on hand. If you do, we adjusted refill timing to eliminate any potential medication shortages.	**When a refill is due, we will review your refill history over the previous 365 days to determine if you have extra medication on hand. If you do, we may adjust refill timing to eliminate any potential medication shortages.**
Contact Lens Fitting for Corneal Lens	Contact lens fitting for corneal lenses are not covered.	**Contact lens fitting for corneal lenses are covered at no cost.**
Diabetic Supplies - Preferred Coverage	Accu-Chek and OneTouch diabetic products were preferred at a network pharmacy. For other blood glucose meter or test strip products, please contact your DME supplier.	**True Metrix and Accu-Chek products are preferred at network pharmacies. For other blood glucose meter or test strip products, please contact your DME supplier.**
Diabetic Supplies -Quantity Limits	Quantity limits reviews were not in place for certain Part B diabetic supplies, such as, continuous glucose monitoring (CGM) device.	**We may apply quantity limits for certain Part B diabetic supplies. If the request exceeds the quantity limits, a review may be required.**
Emergency Services	$110 copay	**$115 copay**

	2025 (this year)	2026 (next year)
In-Home Assessment	In-Home Assessment was a supplemental benefit.	**In-Home Assessment will be a plan provided program.**
Inpatient Hospital Services	$350 copay per day for days 1 to 5	**$385 copay per day for days 1 to 5**
Intensive Outpatient Programs	Intensive Outpatient Programs are not covered.	**Intensive Outpatient Programs is a new service category covered under Medicare. Intensive outpatient programs offer a level of care for mental health conditions (including substance use disorders) between traditional once-weekly therapy or counseling, and inpatient or partial hospitalization psychiatric care.**
Outpatient Hospital	$295 copay; $0 copay for diagnostic colonoscopy	**$350 copay; $0 copay for diagnostic colonoscopy**
Part B Drugs Prior Authorization, Step Therapy, and Drug List	The Part B prior authorization, step therapy, and drug list may change throughout the year, please reference the plan's website to stay up-to-date throughout the year.	**The Part B prior authorization, step therapy, and drug list may change throughout the year, please reference the plan's website to stay up-to-date throughout the year.**
Prior Authorization Changes	These benefits required prior authorization: Cardiac Rehabilitation Services, Intensive Cardiac Rehabilitation Services, Pulmonary Rehabilitation Services, Supervised Exercise Therapy (SET) for PAD Services, Routine Chiropractic Services -	**These benefits no longer require prior authorization: Cardiac Rehabilitation Services, Intensive Cardiac Rehabilitation Services, Pulmonary Rehabilitation Services, Supervised Exercise Therapy (SET) for PAD Services, Routine**

	2025 (this year)	2026 (next year)
	Non-Medicare, Podiatry Services - Medicare, Podiatry Services: Routine Footcare - Non-Medicare, Other Healthcare Professional - Medicare, Outpatient X-Ray Services - Medicare, Diabetic Therapeutic Shoes/Inserts - Medicare, Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) - Non-Medicare, Medicare Dental Services - Non-Medicare, Eyewear - Medicare	**Chiropractic Services - Non-Medicare, Podiatry Services - Medicare, Podiatry Services: Routine Footcare - Non-Medicare, Other Healthcare Professional - Medicare, Outpatient X-Ray Services - Medicare, Diabetic Therapeutic Shoes/Inserts - Medicare, - Non-Medicare, Medicare Dental Services - Non-Medicare, Eyewear - Medicare**
Transportation	10 one way rides.	**32 one way rides.**
Urgently Needed Services	$30 copay for in-person urgently needed services; $0 copay for virtual services.	**$25 copay for in-person urgently needed services; $0 copay for virtual services.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services at 888-970-0917 (TTY users call 711) or visiting our website at (www.carefirst.com/medicareadvantage).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we will send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 888-970-0917 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Services 833-536-2001 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage does not apply to you.	**Because we have no deductible, this payment stage does not apply to you.**

Drug Costs in Stage 2: Initial Coverage

For drugs on tier 3 (Preferred Brand), your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1- Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0 copay per prescription	**$0 copay per prescription**
Tier 2- Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$10 copay per prescription	**$5 copay per prescription**
Tier 3- Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$47 copay per prescription	**You pay 20% of the total cost**
Tier 4- Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 40% of the total cost	**You pay 40% of the total cost**

	2025 (this year)	2026 (next year)
Tier 5 - Specialty We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 33% of the total cost	**You pay 33% of the total cost**

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2025 (this year)	2026 (next year)
Medical Claims Submission Address for CareFirst Service Area Providers	CareFirst BlueCross BlueShield Medicare Advantage Provider Medical Claims Submission P.O. Box 4485 Scranton, PA 18505	**CareFirst BlueCross BlueShield Medicare Advantage** **Provider Medical Claims Submission** **P.O. Box 14063** **Lexington, KY 40512**
Member Services Address	CareFirst BlueCross BlueShield Medicare Advantage P.O. Box 3236 Scranton, PA 18505	**CareFirst BlueCross BlueShield Medicare Advantage** **Attention: Member Services Department** **P.O. Box 915** **Owings Mills, MD 21117**
Member Services Fax Number	855-215-6947	**844-961-0696**
Complaints About Medical Care Address	CareFirst BlueCross BlueShield Medicare Advantage Appeals and Grievances P.O. Box 3626 Scranton, PA 18505	**CareFirst BlueCross BlueShield Medicare Advantage** **Attention: Appeals & Grievances Department** **P.O. Box 915** **Owings Mills, MD 21117**

Description	2025 (this year)	2026 (next year)
Payment Request Mailing Address	CareFirst BlueCross BlueShield Medicare Advantage Claims P.O. Box 4495 Scranton, PA 18505	**CareFirst BlueCross BlueShield Medicare Advantage** **Attention: Member Claims Reimbursement** **P.O. Box 915** **Owings Mills, MD 21117**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 888-970-0917 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in CareFirst BlueCross BlueShield Advantage Essential, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our CareFirst BlueCross BlueShield Advantage Essential.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from CareFirst BlueCross BlueShield Advantage Essential.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from CareFirst BlueCross BlueShield Advantage Essential.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 833-536-2001 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, CareFirst BlueCross BlueShield Medicare Advantage offers other Medicare health plans These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.

- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called Maryland Senior Prescription Drug Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Maryland AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Maryland AIDS Drug Assistance Program at 410-767-6535 or toll free at 800-205-6308. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 888-970-0917 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Section 5.1 Get Help from CareFirst BlueCross BlueShield Advantage Essential

- **Call Member Services at 833-536-2001. (TTY only, call 711.)**

We are available for phone calls 8am-8pm EST 7 days a week October 1 - March 31, 8am-8pm EST and Monday - Friday, April 1 - September 30. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for CareFirst BlueCross BlueShield Advantage Essential. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.carefirst.com/medicareadvantage or call Member Services 833-536-2001 (TTY users call 711) to ask us to mail you an copy.

Visit www.carefirst.com/medicareadvantage

Our website has the most up-to-date information about our provider network (*Provider Directory/ Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Section 5.2 Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Maryland, the SHIP is called State Health Insurance Assistance Program.

Call State Health Insurance Assistance Program. to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call State Health Insurance Assistance Program at 410-767-1100 or toll free at 800-243-3425. Learn more about The State Health Insurance Assistance Program by visiting https://aging.maryland.gov/Pages/state-health-insurance-program.aspx.

Section 5.3 Get Help from Medicare

- **Call 1-800-MEDICARE** (1-800-633-4227)

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** www.Medicare.gov

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit** www.Medicare.gov

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

  The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.