CareFirst Medicare Advantage

2026

Annual Notice of Change

CareFirst BlueCross BlueShield Advantage Salute (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.

Y0154_H7379_MA03622IND_M

CareFirst BlueCross BlueShield Advantage Salute *(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 Salute.

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 Salute.
- 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 at *833-536-2001* (TTY users call 711) for more information. Hours are 8am-8pm EST 7 days a week October 1 - March 31, and 8am-8pm EST 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 Salute

- 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 Salute.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in CareFirst BlueCross BlueShield Advantage Salute.** Starting January 1, 2026, you'll get your medical through CareFirst BlueCross BlueShield Advantage Salute. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

Table of Contents

Summary of Important Costs for 2026 4

SECTION 1 Changes to Benefits & Costs for Next Year 4
Section 1.1 Changes to the Monthly Plan Premium 4
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 5
Section 1.3 Changes to the Provider Network 5
Section 1.4 Changes to Benefits & Costs for Medical Services 6

SECTION 2 Administrative Changes 10

SECTION 3 How to Change Plans 11
Section 3.1 Deadlines for Changing Plans 11
Section 3.2 Are there other times of the year to make a change? 12

SECTION 4 Get Help Paying for Prescription Drugs 12

SECTION 5 Questions? 13
Section 5.1 Get Help from CareFirst BlueCross BlueShield Advantage Salute 13
Section 5.2 Get Free Counseling about Medicare 13
Section 5.3 Get Help from Medicare 13

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 will pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $5,900 From network and out-of-network providers combined: $8,950	**From network providers: $5,900** **From network and out-of-network providers combined: $8,950**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$35 copay per visit	**$35 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.	$345 copay per day for days 1 to 5	**$335 copay per day for days 1 to 5**

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**

	2025 (this year)	2026 (next year)
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$100	**$100**

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 providers **count** toward your in-network maximum out-of-pocket amount.	$5,900	**$5,900** **Once you've paid $5,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services 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** toward your combined maximum out-of-pocket amount.	$8,950	**$8,950** **Once you've paid $8,950 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 in-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 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.**
Diabetic Supplies - Preferred Coverage	Members were able to obtain blood glucose meter or test strip products at network pharmacy. There were no preferred blood glucose meter or test strip products at network pharmacies.	**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	**We may apply quantity limits for certain Part B**

	2025 (this year)	2026 (next year)
	certain Part B diabetic supplies, such as, continuous glucose monitoring (CGM) device.	**diabetic supplies. If the request exceeds the quantity limits, a review may be required.**
Emergency Services	$100 copay	**$110 copay**
In-Home Assessment	In-Home Assessment was a supplemental benefit.	**In-Home Assessment will be a plan provided program.**
Inpatient Hospital Services	$345 copay per day for days 1 to 5	**$335 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.**
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	**These benefits no longer require prior authorization: Cardiac Rehabilitation Services, Intensive Cardiac Rehabilitation Services, Pulmonary Rehabilitation**

	2025 (this year)	2026 (next year)
	Exercise Therapy (SET) for PAD Services, Routine 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, Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) - Non-Medicare, Medicare Dental Services - Non-Medicare, Eyewear - Medicare	**Services, Supervised Exercise Therapy (SET) for PAD Services, Routine 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**
Qualifying Chronic Condition Changes	• Chronic alcohol and other drug dependence (SUD) • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes • End-stage liver disease • Severe hematologic disorders • End-stage renal disease (ESRD)	• **Chronic alcohol use disorder and other substance use disorders (SUDs)** • **Autoimmune disorders** • **Cancer** • **Cardiovascular disorders** • **Chronic heart failure** • **Dementia** • **Diabetes mellitus** • **Overweight, obesity, and metabolic syndrome**

	2025 (this year)	2026 (next year)
	• HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke • Underweight, Overweight, Obese • Chronic Physical Disability	• **Chronic gastrointestinal disease** • **Chronic kidney disease (CKD)** • **Severe hematologic disorders** • **HIV/AIDS** • **Chronic lung disorders** • **Chronic and disabling mental health conditions** • **Neurologic disorders** • **Stroke** • **Post-organ transplantation** • **Immunodeficiency and Immunosuppressive disorders** • **Conditions associated with cognitive impairment** • **Conditions with functional challenges** • **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**

	2025 (this year)	2026 (next year)
		• **Conditions that require continued therapy services in order for individuals to maintain or retain functioning** • **Chronically underweight**
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 2 Administrative Changes

	2025 (this year)	2026 (next year)
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**
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**

	2025 (this year)	2026 (next year)
Member Services Fax Number	855-215-6947	**844-961-0696**
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**

SECTION 3 How to Change Plans

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

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 Salute.
- **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 Salute.
- **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. 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 may 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 drug plan, yearly deductibles, and coinsurance. Also, those 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 can call, 1-800-325-0778; or
  - 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.

SECTION 5 Questions?

Section 5.1 Get Help from CareFirst BlueCross BlueShield Advantage Salute

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

  We are available for phone calls 8am-8pm EST 7 days a week October 1 - March 31, and 8am-8pm EST 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, look in the 2026 *Evidence of Coverage* for CareFirst BlueCross BlueShield Advantage Salute. The *Evidence of Coverage* is the legal, detailed description of your 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 at 833-536-2001 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.carefirst.com/medicareadvantage**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

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.

In Washington D.C., the SHIP is called Health Insurance Counseling Project.

Call the 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 410-767-1100 or toll free at 800-243-3425 (Maryland) or 202-727-8370 (Washington D.C.).

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.