CareFirst Medicare Advantage



2026 Information & Enrollment Guide

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

CAREFIRST BLUECROSS BLUESHIELD ADVANTAGE SALUTE (PPO)

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What's inside

2 Welcome!

3 What is Medicare Advantage?

4 Healthcare that works for you

5 CareFirst BlueCross BlueShield Advantage Salute (PPO)

7 Get more when you choose CareFirst

10 Is Salute right for you?

11 Plan overview

12 Ready to enroll?

13 What to expect after you enroll

14 Resources and Forms

16 Plan Comparison Worksheet

18 Pre-Enrollment Checklist

20 Individual Enrollment Request Form

26 Scope of Sales Appointment Confirmation Form

28 Notes



CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies®** for 13 consecutive years!

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Welcome!

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

At CareFirst BlueCross BlueShield (CareFirst), we recognize the strength, dedication and leadership that Veterans bring to every aspect of life. These values—service, integrity and commitment—are ones we share and strive to reflect in the way we care for our members.

We understand that the transition from military to civilian life can come with unique challenges, especially as veterans age. That's why we created the Salute plan—to support the health and well-being of veterans and military retirees over 65 with thoughtful, tailored coverage that honors their service and meets their needs.



What is Medicare Advantage?

Medicare Advantage, also known as Medicare Part C, is a health plan approved by Medicare and offered by private insurance companies like us. Medicare Advantage plans bundle your Medicare Part A (hospital/facility costs) and Medicare Part B (doctor/labs/other costs) with added benefits and services.

PART A + PART B + PART D* + DENTAL + VISION + HEARING + MORE

With a Medicare Advantage plan you get:

Convenience—All your Medicare benefits on a single plan. If you ever need help, there's only one number to call.

Cost protection—Our plan has annual limits on your out-of-pocket expenses.

Added benefits you want—Benefits beyond doctor's visits. Hearing, vision, fitness dental and more are part of the plan.

Am I eligible?

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

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



*** Part D may be included in some Medicare Advantage plans offered by private insurance companies. Prescription drug coverage is not included in the CareFirst BlueCross BlueShield Advantage Salute plan.**

Healthcare that works for you

Start with:

Original Medicare (Parts A and B)

- Provided by Medicare, a federal government agency
- For most, Part A is free. Your monthly Part B premium is based on your annual income
- Original Medicare only covers about 80% of your medical costs after you meet your deductibles

You can add a:

Medicare Supplement plan

- You pay an additional premium every month
- Medicare Supplement plans help you pay for medical expenses not covered by Original Medicare
- Offered by private insurance companies

You can also add a Prescription Drug plan

- You may need to pay another monthly premium
- Offered by private insurance companies

Or you can get a:

Medicare Advantage plan (Part C)

- Includes your Medicare Part A and Part B coverage
- May include Medicare Part D, which is prescription drug coverage
- Usually includes extra benefits, like vision, hearing, dental, fitness classes, gym memberships and more
- In addition to your Part B premium, you only have to pay one other monthly premium

The advantage is clear

A Medicare Advantage plan can be more convenient and may save you money while streamlining your monthly premiums. Plus, you get added benefits that can help you be the healthiest you.



CareFirst BlueCross BlueShield Advantage Salute (PPO)

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

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

Plus, Salute offers extra benefits such as:

- Hearing aids
- Robust dental
- Fitness
- Allowance for groceries, utilities and/or rent
- Care management programs
- And so much more



Why join the Salute Plan?

$0 monthly premium
Coordination of benefits and cost-sharing with your current coverage means low out-of-pocket costs.

Benefits of BlueCard
You also have access to national in-network cost sharing with other Blue Cross Blue Shield plans.

Save more with $100 Part B Premium Giveback
This plan offers **$100** towards the Part B premium—automatically deducted when you enroll in the plan.

Enjoy the extras
Hearing, dental, vision, fitness, transportation, allowances for over-the-counter items, groceries, rent, utilities and more.

Keep your current providers
Veterans and military retirees will maintain their current coverage and have additional coverage through additional coverage added in.

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

Focus on your health
The Salute plan includes additional coverage needed to help you live a healthy lifestyle from care management programs to to no-cost virtual services.

We're here for you



If you have any questions, call 833-473-0394 (TTY: 711), 8 a.m.–8 p.m. ET, 7 days a week from October 1–March 31. From April 1–September 30, our hours are 8 a.m.–8 p.m., ET, Monday–Friday.

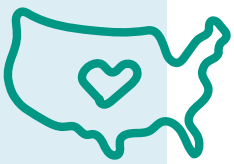
To learn more, visit **carefirst.com/medicareadvantage** or call to schedule a one-on-one appointment with a licensed sales agent.

Get more when you choose CareFirst

Our Salute plan includes:

- $0 monthly premium
- $100 towards your Medicare Part B premium
- Healthcare pre-paid card
- Allowance for over-the-counter items
- Preventive dental
- Comprehensive dental
- Routine eye exams and eyewear
- Hearing exam and hearing aids
- Allowance for groceries, utilities and/or rent*
- Telehealth visits with in-network providers
- Worldwide emergency and urgently needed services
- Transportation
- SilverSneakers® fitness
- Healthy Rewards (a health and wellness program)
- Podiatry, acupuncture and chiropractic visits
- Palliative care

Nationwide coverage you can rely on



Being a CareFirst member gives you the peace of mind that you'll always have access to the care you need, near and far. You have access to a robust provider network within our service area—Maryland and Washington, D.C. Plus, you have access to all Blue Cross BlueShield Plans nationwide for in-network services if you ever need care outside our service area.

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

Groceries, utilities or rent

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

Telehealth

Need to meet with providers from home? With our plan, you have options for both audio and video appointments.

Check with your primary care provider (PCP), specialist, mental health, or urgent care providers if they have telehealth options and if you are covered through the plan.

Preventive and comprehensive dental

A healthy mouth is a sign of a healthy body. Our preventive dental benefit covers oral exams, cleanings, fluoride treatment and dental X-rays three times a year.

Our plan has comprehensive dental services (such as denture coverage) with a plan allowance and transparent copays.

Eye exams and eyewear

Good vision is not just crucial to your overall health—it also affects your quality of life

Our routine eye exam coverage includes dilation and refraction and we offer allowances for frames and contact lenses.

The network includes Visionworks, Target, Walmart, Costco, MyEyeDr, Pearle Vision and more.

Hearing aids and exams

No cost routine hearing exams, fitting and evaluation for hearing aids and low to no copays for hearings aids (many options to choose from).

SilverSneakers® fitness

For no additional cost, you'll have access to thousands of gym locations across the U.S. as well as virtual classes.

- **Fitness classes—**SilverSneakers has fitness classes for all fitness levels, led by trained instructors.
- **Online resources—**Can't get to the gym or feel safer working out at home? Attend online classes, workshops and more through **SilverSneakers.com** and the SilverSneakers GO app.

Over-the-counter items

A quarterly allowance towards over-the-counter items through an easy to access mail order process.

Examples include:

- Cold, flu and allergy medicine
- First aid
- Incontinence supplies
- Sleep aids
- Vitamins and more

Transportation

This plan includes non-emergency transportation to healthcare related locations (doctor's office, pharmacy and more).

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Healthy Rewards program

Preventive care plays an important role in staying healthy. Members can earn $180 in healthy rewards when they complete these screenings:

- Health Risk Assessment
- Annual Wellness Visit
- Annual Flu Shot
- Post-Hospitalization Physician Visit
- At-Home Colorectal Cancer Screening
- Breast Cancer Screening
- Diabetes HbA1C screening test
- Diabetic Retinal Eye Exam
- Kidney Health Evaluation

Do your doctors participate in our Medicare Advantage plan?

We have over 7,000 providers in our network! Explore our Medicare Advantage network with our *Find A Doctor* tool. It's quick and easy:

- Visit **carefirst.com/findadocmappo**
- Input your city and state or ZIP
- Browse by category or search for provider names or specialties



Is Salute right for you?

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

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

Plan highlights



- $0 monthly premium
- $100 towards Part B premium
- $0 medical deductible
- Preventive dental services; comprehensive dental $1,000
- $200 eyewear allowance; $250 contact lens allowance
- Routine hearing exams
- Routine acupuncture, chiropractic and podiatry coverage
- SilverSneakers® fitness program
- Large provider network
- 50% coinsurance for most out-of-network Medicare covered services.

Who might choose the Salute plan? Meet Terence



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

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

Plan overview

MONTHLY PREMIUM **$0**

PART B PREMIUM GIVEBACK **$100**

Summary

- **Medical deductible:** $0
- **Out-of-pocket maximum:** $5,900 in-network/$8,950 combined in- and out-of-network

Featured benefit copays

- Primary care provider (PCP) visit—$0
- Specialist visit—$35
- Urgent care visit—$0–25
- Emergency care visit—$110
- Inpatient hospital stay
  Days 1–5—$335 per day
  Days 6–90—$0 per day
- Outpatient hospital services—$250
- Ambulatory surgical Center—$200
- Skilled nursing facility stay
  Days 1–20—$0 per day
  Days 21–100—$200 per day
- Routine hearing exam—$0
- Routine vision exam—$0
- Preventive dental—cleanings, oral exams, x-rays and fluoride treatment—$0
- Comprehensive dental (crowns, dentures, implants and more) with an annual plan allowance of $1,000
- Transportation—$0 copay for 24 one way rides per year

Service area



Includes all counties in Maryland and Washington, D.C.

Ready to enroll?

STEP 1

Compare this plan with your current coverage

Use the worksheet on page 16 of this booklet, or call us at 833-473-0394 to get a free, personalized benefit review to help you determine which plan best fits your needs.

STEP 2

Select a plan that meets your needs

Planning to keep your current doctor or specialists? Confirm if they are in our Medicare Advantage network.

- Visit **carefirst.com/findadocmappo**
- Enter your city and state, or ZIP
- Browse by category or search for provider names or specialties

STEP 3

Apply online, over the phone, fax or by mail

- **Online:** Our secure online form takes you through the enrollment process step-by-step. It's easy! Go to **carefirst.com/medicareadvantage.**
- **Phone:** Get personalized enrollment help from a licensed sales agent at 833-473-0394 (TTY: 711). We're available 8 a.m.–8 p.m. ET, 7 days a week from October 1–March 31. From April 1–September 30, our hours are 8 a.m.–8 p.m., ET, Monday–Friday.
- **Mail:** Complete the Enrollment Form included in this booklet and mail to:

  CareFirst BlueCross BlueShield Medicare Advantage Enrollment

  PO Box 915
  Owings Mills, MD 21117



What to expect after you enroll

First, we'll review your enrollment application to make sure it's complete. We'll also double-check that you meet all eligibility requirements.

Next, we'll send you a letter or email to confirm that we've received your enrollment form. We'll also let Medicare know that you've applied to join our plan.

Within 10 calendar days of Medicare confirming your enrollment, we'll let you know the date your CareFirst BlueCross BlueShield Medicare Advantage plan coverage starts.

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

Resources and Forms

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CareFirst Medicare Advantage

Plan Comparison Worksheet

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

	Current Plan	Salute
Monthly premium	$	$0
Medical deductible	$	$0
Maximum out-of-pocket for medical expenses	$	$5,900/$8,950
PCP visit copay	$	$0
Specialist visit copay	$	$35
Urgent care visit copay	$	$25/$0 virtual
Routine vision exam copay	$	$0
Preventive dental copay	$	$0
Comprehensive dental copay	$	$15–700
Comprehensive Dental Allowance	$	$1,000
Routine Hearing Exam Copay	$	$0
Gym/fitness membership	$	$0
Transportation—24 one-way rides	$	$0
OTC items	$	$40 quarterly allowance

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CareFirst Medicare Advantage

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **833-536-2001** (TTY:711).

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **carefirst.com/medicareadvantage** or call 833-536-2001 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ☐ **Effect on current coverage** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

CareFirst BlueCross BlueShield Medicare Advantage is 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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Individual Enrollment Request Form

Instructions for Medicare Advantage Plan (Part C)

CareFirst Medicare Advantage

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CareFirst BlueCross BlueShield Medicare Advantage Enrollment
PO 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 833-536-2001. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CareFirst BlueCross BlueShield Medicare Advantage al 833-536-2001/711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

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

Select the plan you want to join:

CareFirst BlueCross BlueShield Advantage Salute (PPO)

◯ **Maryland**—$0 premium per month ◯ **Washington, D.C.**—$0 premium per month

CONTACT INFORMATION

First Name	Last Name	Middle Initial (optional)

Birth Date	Sex ◯ Male ◯ Female	Phone Number	Mobile Phone (optional)

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.)

County (optional)	City

State	Zip Code

Mailing Address, if different from your Permanent Address (PO Box allowed)

City	State	Zip Code

Email Address (optional)

YOUR MEDICARE INFORMATION

Medicare Number	Part A Effective Date	Part B Effective Date

ANSWER THESE IMPORTANT QUESTIONS

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareFirst BlueCross BlueShield Medicare Advantage? ◯ Yes ◯ No

Name of other coverage	Member number for this coverage	Group number for this coverage

Are you a Military Retiree or Veteran of the U.S. Uniformed Services? (optional)

◯ Yes, Military Retiree ◯ Yes, Veteran ◯ No

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

◯ Air Force ◯ Army ◯ Coast Guard ◯ Marine Corps ◯ Navy ◯ Space Force

◯ NOAA Commissioned Corps ◯ PHS Commissioned Corps

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

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

Select one if you want us to send you information in a language other than English. ◯ Spanish

Select one if you want us to send you information in an accessible format.

◯ Braille ◯ Large print ◯ Audio CD ◯ Data CD

Please contact CareFirst BlueCross BlueShield Medicare Advantage at 833-536-2001 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m.–8 p.m. ET, 7 days a week from October 1 through March 31. From April 1 through September 30, our hours are 8 a.m.–8 p.m. ET, Monday through Friday. TTY users should call 711.

Do you work? ◯ Yes ◯ No	Does your spouse work? ◯ Yes ◯ No

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

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 am in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change between 4/1–12/31.
	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 already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
	I had Medicare prior to now, but I am now turning 65.
	I have Medicare drug coverage (Part D) through a Medicare Advantage Plan. I want to join a different Medicare health plan that doesn't offer drug coverage, so I can switch to a non-Medicare creditable drug coverage.
	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 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) _____.

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD (CONTINUED)	
	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
	I am enrolled in a plan that has been identified with the low performing icon (LPI).
	I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).
If none of these statements applies to you or you're not sure, please contact your broker or CareFirst BlueCross BlueShield Medicare Advantage at 833-987-0765 to see if you are eligible to enroll. We are open October 1 through March 31, seven days a week from 8 a.m.–8 p.m., and April 1 through September 30, Monday through Friday from 8 a.m.–8 p.m.	

SECTION 3—IMPORTANT: READ AND SIGN BELOW

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that CareFirst BlueCross BlueShield Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA or plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CareFirst BlueCross BlueShield Medicare Advantage coverage begins, I must get all of my medical 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

  1) This person is authorized under State law to complete this enrollment, and

  2) Documentation of this authority is available upon request by Medicare.

SECTION 3—IMPORTANT: READ AND SIGN BELOW	
Signature	Today's Date
If you're the authorized representative, sign above and fill out these fields	
Name	Address
Phone Number	Relationship to Enrollee

TO BE COMPLETED ONLY BY INDIVIDUALS ASSISTING THE ENROLLEE WITH THIS FORM	
Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.	
Name	Relationship to Enrollee
Signature	National Producer Number (Agents/Brokers only)

Office/Agent Use Only	
Agent Name (Print)	
Agent NPN	Agent Signature
Initial Receipt Date	
Name of Field Marketing Organization (FMO)	
Plan ID #	Effective Date of Coverage
Election Period Choice ICEP/IEP _____ AEP _____ SEP (type) _____ Not Eligible _____	
Plan Code / Plan Option	

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.

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

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Scope of Sales Appointment Confirmation Form

CareFirst Family of health care plans

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.

☐ MEDICARE ADVANTAGE PLANS (PART C)

Medicare Preferred Provider Organization (PPO)—A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

☐ MEDICARE SUPPLEMENT (MEDIGAP) PLANS

Medicare Supplement (Medigap) Plans—Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

☐ MEDICARE SPECIAL NEEDS PLAN (SNP)

Medicare Special Needs Plan (SNP)—A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE

By signing this, you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan. Signing this does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan(s) discussed.

By providing my phone number, I consent to receive calls from a representative of CareFirst BlueCross BlueShield about Medicare Advantage products, Medicare Supplement (Medigap) Plans and/or Medicare Supplement products at the number I have provided (include mobile devices). These calls may be made using an automated technology and my consent to receive these calls is not required as a condition for me to make a purchase.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE	
Beneficiary Phone (Optional)	
Signature	Signature Date
If you are the authorized representative, please sign above and print below	
Representative's Name	Your Relationship to the Beneficiary

TO BE COMPLETED BY AGENT	
Agent Name	Agent Phone
Beneficiary Name	
Initial Method of Contact (Indicate here if beneficiary was a walk-in.)	
Agent's Signature	Agent NPN
Plan(s) the agent represented during this meeting	Date Appointment Completed
Scope of Appointment (SOA) documentation is subject to CMS record retention requirements	
If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting:	

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Notes

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-536-2001 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-536-2001 (TTY: 711) o hable con su proveedor.

French

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-536-2001 (TTY : 711) ou parlez à votre fournisseur.

Simplified Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-536-2001（文本电话：711）或咨询您的服务提供商。

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Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-536-2001 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Yoruba

ÀKÍYÈSÍ: Tí ó bá jẹ́ pé o ń sọ èdè Yorùbá, àwọn iṣẹ́ ìtọ́jú ìrànlọ́wọ́ èdè wà ní àrọ́wọ́tó fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti iṣẹ́ ìtọ́jú tí ó yẹ láti pèsè àlàyé ní àwọn àwòṣe tí ó ṣe é lò wà ní àrọ́wọ́tó lọ́fẹ̀ẹ́ bákan náà. Pe 1-833-536-2001 (TTY: 711) tàbí kí o bá olùpèsè rẹ sọ̀rọ̀.

Amharic

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-833-536-2001 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-536-2001 (TTY: 711) o makipag-usap sa iyong provider.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-833-536-2001 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

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Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-536-2001 (711) أو تحدث إلى مقدم الخدمة.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-536-2001 (TTY: 711) или обратитесь к своему поставщику услуг.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-536-2001 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Farsi

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-833-536-2001 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-536-2001 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-536-2001 (TTY: 711) ou fale com seu provedor.

Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔-1 833-536-2001 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

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CareFirst Medicare Advantage

CONNECT WITH US:



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