


2027

Annual Notice of Change

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Effective January 1, 2027 - December 31, 2027

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## CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) offered by CareFirst Advantage, Inc. (d/b/a CareFirst BlueCross BlueShield Medicare Advantage Dual Special Needs Plan)

# Annual Notice of Change for 2027

You're enrolled as a member of CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP).

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, 2026, you'll stay in CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP).
- To change to a **different plan,** visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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.carefirstmddsnp.com or call Member Services at 410-779-9932 or toll free at 844-386-6762 (TTY users call 711) to get a copy by mail.

**More Resources**

- This material is available for free in Spanish.
- Call Member Services at 410-779-9932 or toll free at 844-386-6762 (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 DualPrime (HMO-SNP)

- CareFirst BlueCross BlueShield Medicare Advantage is an HMO-SNP Plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on contract renewal. Our plan also has a written agreement with the Maryland Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means CareFirst Advantage, Inc. When it says “plan” or “our plan,” it means CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)**. Starting January 1, 2027, you’ll get your medical and drug coverage through CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP). 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 2027

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium can be higher or lower than this amount. Go to Section 1.1 for details. | $0.00 | **$5.70** <br> **As long as you maintain your FBDE, QMB, QMB+, or SLBM+ Medicaid entitlement, your premium will be $0.** |
| **Deductible** | $283, except for insulin furnished through an item of durable medical equipment. <br> If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0. | **$283, except for insulin furnished through an item of durable medical equipment.** <br> **These are 2026 cost-sharing amounts and can change for 2027. CareFirst BlueCross BlueShield Advantage DualPrime will provide updated rates as soon as they're released.** <br> **If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.** |
| **Maximum out-of-pocket amount** <br> This is the most you'll pay out of pocket for covered Part A and Part B services. (See Section 1.2 for details.) | $8,850 <br> If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | **$9,850** <br> **If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Primary care office visits** | Primary care visits: 20% coinsurance per visit.<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0 per visit. | **Primary care visits: 20% coinsurance per visit.**<br>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0 per visit.** |
| **Specialist office visits** | Specialist visits: 20% coinsurance per visit.<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0 per visit. | **Specialist visits: 20% coinsurance per visit.**<br>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0 per visit.** |
| **Inpatient hospital stays**<br>Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | Days 1 to 60: $1,736 deductible.<br>Days 61 to 90: $434 per day.<br>Days 91 to 150: $868 per Lifetime Reserve Day.<br>If you're eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0. | **Days 1 to 60: $1,736 deductible.**<br>**Days 61 to 90: $434 per day.**<br>**Days 91 to 150: $868 per Lifetime Reserve Day.**<br>**These are 2026 cost-sharing amounts and can change for 2027. CareFirst BlueCross BlueShield Advantage DualPrime will provide updated rates as soon as they're released.**<br>**If you're eligible for Medicare cost-sharing assistance under Medicaid, you most likely pay $0.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Part D drug coverage**<br>(Go to Section 1.6 for details.) | Part D drug coverage deductible<br>$615 for Tiers 3-5 except for covered insulin products and most adult Part D vaccines<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>Tier 1 - Preferred Generic: You pay $0 per prescription.<br>Tier 2 - Generic: You pay $0 per prescription.<br>Tier 3 - Preferred Brand: You pay 25% of the total cost.<br>You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of “Extra Help” you receive.<br>Tier 4 - Non-Preferred Drug: You pay 25% of the total cost.<br>You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of “Extra Help” you receive. | **Part D drug coverage deductible**<br>**$700 for Tiers 3-5 except for covered insulin products and most adult Part D vaccines.**<br>**Copayment/Coinsurance during the Initial Coverage Stage:**<br>**Tier 1 - Preferred Generic: You pay $0 per prescription.**<br>**Tier 2 - Generic: You pay $0 per prescription.**<br>**Tier 3 - Preferred Brand: You pay 25% of the total cost.**<br>**You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of “Extra Help” you receive.**<br>**Tier 4 - Non-Preferred Drug: You pay 25% of the total cost.**<br>**You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of “Extra Help” you receive.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Tier 5 - Specialty Tier: You pay 25% of the total cost.<br><br>You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of "Extra Help" you receive.<br><br>Catastrophic Coverage Stage:<br>• During this payment stage, you pay nothing for your covered Part D drugs. | **Tier 5 - Specialty Tier: You pay 25% of the total cost.**<br><br>**You pay $35 per month supply of each covered insulin product. However, you may pay less depending on the level of "Extra Help" you receive.**<br><br>**Catastrophic Coverage Stage:**<br>• **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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium**<br><br>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | $0.00 | **$5.70**<br><br>**As long as you maintain your FBDE, QMB, QMB+, or SLBM+ Medicaid entitlement, your premium will be $0.** |

## 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.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum.<br>If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br>Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $8,850 | **$9,850**<br>**Once you've paid $9,850 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.** |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* https://www.carefirst.com/medicare-options/dsnp/dual-special-needs-plan-documents-and-forms.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.carefirstmddsnp.com.
- Call Member Services at 410-779-9932 or toll free at 844-386-6762 (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 410-779-9932 or toll free at 844-386-6762 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## 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 2027 Pharmacy Directory https://www.carefirst.com/medicare-options/dsnp/dual-special-needs-plan-documents-and-forms.html to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.carefirstmddsnp.com.
- Call Member Services at 1-844-786-6762 (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 1-844-786-6762 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Comprehensive Dental - Adjunctive General Services** | You pay nothing for this benefit. | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Application of desensitizing medicament- twice per year**<br>• **Palliative (emergency) treatment of dental pain, minor procedure- no limit, available as needed**<br>• **Interim caries arresting medicament application-per tooth- one application per surface per lifetime**<br>• **House/Extended care: As needed** |
| **Comprehensive Dental - Endodontics Services** | You pay nothing for this benefit.<br>Detailed Services and Frequencies:<br>• Endodontics: 1 per lifetime, per patient, per tooth<br>• Crowns: once per tooth per 60 months | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Endodontic therapy, Retreatment of previous root canal therapy: once per tooth per lifetime**<br>• **Apicoectomy (anterior, premolar, molar): once per tooth per lifetime**<br>• **Apicoectomy (each additional root): once per tooth per lifetime** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | • **Retrograde filling and root amputation (per root) as needed**<br>• **Therapeutic pulpotomy: once per lifetime per tooth**<br>• **Pulpal debridement, Primary permanent teeth: once per lifetime per tooth** |
| **Comprehensive Dental - Implant Services** | You pay nothing for this benefit. | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Radiographic/surgical implant index by report: Once every 5 years**<br>• **Debridement of peri-implant defect, debridement and osseous contouring of peri-implant defect: Once every 12 months**<br>• **Implant removal- as needed**<br>• **Surgical placement of mini-implant- Once every 5 years**<br>• **Prefabricated, custom fabricated Abutments- Once every 5 years**<br>• **Abutment supported porcelain or cast or titanium crown-: Once every 5 years** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | • **Implant supported crowns or retainer- Once every 5 years** |
| **Comprehensive Dental - Oral and Maxillofacial Surgery** | You pay nothing for this benefit. | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Removal of impacted tooth, extraction erupted tooth- Once per tooth per lifetime**<br>• **Removal of residual tooth roots - Once per tooth per lifetime**<br>• **Extraction coronal remnants- Once per tooth per lifetime**<br>• **Extraction erupted tooth- Once per tooth per lifetime**<br>• **Exposure of an unerupted tooth- Once per tooth per lifetime**<br>• **Deep sedation/General anesthesia- as needed**<br>• **Extraction erupted tooth requiring removal of bone or sectioning of tooth - Once per tooth per lifetime**<br>• **Coronectomy- intentional partial tooth removal- Once per tooth per lifetime** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Comprehensive Dental - Periodontics Services** | You pay nothing for this benefit.<br>Detailed Services and Frequencies:<br>• Periodontics: 1 per quadrant of scaling every 36 months<br>• Gingivectomy-Gingivoplasty: once every 36 months<br>• Osseous surgery: once every 36 months<br>• Gingival flap: once every 36 months<br>• Full mouth debridement: once every 36 months | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Periodontal root planning, scaling and scaling in presence of generalized moderate or severe gingival inflammation; once every 24 months**<br>• **Periodontal maintenance- four times per year**<br>• **Full mouth debridement- once every 36 months**<br>• **Gingivectomy or gingivoplasty- once every 5 years**<br>• **Osseous surgery- once every 5 years**<br>• **Gingival flap- once every 5 years**<br>• **Bone replacement graft- once every 5 years** |
| **Comprehensive Dental - Prosthodontics fixed** | You pay nothing for this benefit. | **You pay nothing for this benefit.**<br>**Detailed Services and Frequencies:**<br>• **Pontic- Once every 5 years**<br>• **Retainer crown- Once every 5 years** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | • **Re-cement or re-bond- Once every 12 months** |
| **Comprehensive Dental - Prosthodontics Services Removable** | You pay nothing for this benefit.<br><br>Detailed Services and Frequencies:<br>• Denture repairs: once every 12 months<br>• Relines/rebase: once every 36 months<br>• Denture adjustments: 2 every 12 months<br>• Dentures: once every 60 months (Cost is NOT applied to the $3,000 annual allowance) - Upper, lower, or partial dental plates | **You pay nothing for this benefit.**<br><br>**Detailed Services and Frequencies:**<br>• **Complete/immediate denture-Once every 5 years**<br>• **Maxillary and Mandibular partial denture (including Immediate)-Once every 5 years**<br>• **Removable unilateral partial denture- once every 5 years**<br>• **Adjust complete and partial dentures- Once every 12 months per arch**<br>• **Repair resin denture, repair cast, add tooth or clasp to existing denture: Once every 12 months per arch**<br>• **Repair or replace broken retentive/ clasping (per tooth)- Once every 12 months per arch**<br>• **Rebase complete or partial - Once every 36 months**<br>• **Reline denture- Once every 36 months** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | • **Tissue conditioning- Once every 12 months**<br>• **Overdenture- Once every 5 years**<br>• **Modification of removable prosthesis- Once every 12 months per arch** |
| **Comprehensive Dental - Restorative Services** | • Restorative services: 1 per tooth, once every 24 months<br>• Crowns: once per tooth per 60 months | **You pay nothing for this benefit.**<br><br>**Detailed Services and Frequencies:**<br>• **Amalgam services- one surface per 12 months**<br>• **Resin Based composite- one surface per 12 months**<br>• **Onlays - once per tooth every 5 years**<br>• **Crowns - once per tooth every 5 years**<br>• **Re-Cement or Re-bond Inlay: once every 12 months**<br>• **Protective Restoration - once per tooth per year**<br>• **Core Buildup - once per tooth every 5 years**<br>• **Pin Retention per tooth : as needed**<br>• **Post and Core in Addition to Crown (indirectly fabricated) :** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | **once per tooth every 5 years**<br>• **Prefabricated Post and Core in Addition to Crown - once per tooth every 5 years** |
| **Flex Benefit OTC, Groceries, Rent and Utilities** | $130 per month for OTC, Groceries, Utilities and Rent with monthly rollover | **$75 per month for OTC, Groceries, Utilities and Rent with no monthly rollover** |
| **Part B Diabetic Supplies Coverage - Utilization Management** | Some Part B diabetic supplies, such as continuous glucose monitors (CGMs), did not require prior authorization. | **Some Part B diabetic supplies, such as continuous glucose monitors (CGMs), may require prior authorization before they are covered.** |
| **Part B Drug 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.** |
| **Transportation (Non-Emergency)** | $0 copay for 54 one-way rides | **$0 copay for 24 one-way rides.**<br>**There is a maximum allowed travel distance of 60 miles per trip.** |

## 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 844-786-6762 (TTY users call 711) or visiting our website at www.carefirstmddsnp.com.

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'll 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, please 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 844-786-6762 (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 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 30, 2026, call Member Services at 410-779-9932 or toll free at 844-386-6762 (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.

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

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Preferred Brand, Non-Preferred Drug and Specialty drugs until you reach the yearly deductible.

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

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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 $2,400.

- ***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.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Yearly Deductible** | The deductible is $615 for Tiers 3-5.<br>During this stage, you pay $0 cost sharing for drugs on Tier 1 & Tier 2 and the full cost of drugs on Tiers 3-5 until you've reached the yearly deductible.<br>If you are eligible for Medicare "Extra Help" your Part D Deductible will be $0 | **The deductible is $700 for Tiers 3-5.**<br>**During this stage, you pay $0 cost sharing for drugs on Tier 1 & Tier 2 and the full cost of drugs on Tiers 3-5 until you've reached the yearly deductible.**<br>**If you are eligible for Medicare “Extra Help” your Part D Deductible will be $0** |

### Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 1- Preferred Generic**<br><br>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**<br><br>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 3 - Preferred Brand**<br>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. | 25% of the total cost of the prescription.<br>You pay $35 per month supply of each covered insulin product on this tier. | **25% of the total cost of the prescription.**<br>**You pay $35 per month supply of each covered insulin product on this tier.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 4 - Non-Preferred Drug**<br><br>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. | 25% of the total cost of the prescription.<br>You pay $35 per month supply of each covered insulin product on this tier. | **25% of the total cost of the prescription.**<br>**You pay $35 per month supply of each covered insulin product on this tier.** |
| **Tier 5 - Specialty Tier**<br><br>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. | 25% of the total cost of the prescription.<br>You pay $35 per month supply of each covered insulin product on this tier. | **25% of the total cost of the prescription.**<br>**You pay $35 per month supply of each covered insulin product on this tier.** |

## SECTION 2 Administrative Changes

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Appeals & Grievances Fax Number** | Medical Payment Appeals: 443-753-2298<br>Clinical Expedited Appeals: 410-605-2566 | **Medical Payment Appeals & Clinical Expedited Appeals: 844-405-2158** |
| **Complaints about Medical Care Fax Number** | 443-753-2298 | **844-405-2158** |
| **Coverage Decisions for Medical Care Fax Number** | 443-552-7408 | **443-753-2346** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Dental Member Service Phone Number** | 410-779-9932 or toll-free 844-386-6762 | **833-493-0534** |
| **Dental Provider** | Dental benefits were administered through DentaQuest | **Dental benefits are administered through CareFirst BlueCross BlueShield Advantage DualPrime** |
| **Healthy Rewards Program - Annual Wellness Visit** | You earned a $30 reward for your annual wellness visit | **You will earn a $40 reward for your annual wellness visit** |
| **Healthy Rewards Program - Diabetic Tests** | You earned a $20 reward for completing all of the following three activities: A1C test, diabetic retinal eye exam and kidney evaluation | **You will earn a $60 reward for completing all of the following three activities: A1C test, diabetic retinal eye exam and kidney evaluation** |
| **Medicaid Entitlement Eligibility** | CareFirst BlueCross BlueShield Advantage DualPrime accepted members with FBDE and QMB Medicaid entitlement | **CareFirst BlueCross BlueShield Advantage DualPrime accepts members with FBDE, QMB, QMB+ and SLMB+ Medicaid entitlement** |
| **Member Services Fax Number** | 844-961-0696 | **410-840-7493** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Payment Requests for Medical Care Address** | CareFirst BlueCross BlueShield Medicare Advantage<br>Attention: Member Claims Reimbursement<br>P.O. Box 915<br>Owings Mills, MD 21117 | **CareFirst BlueCross BlueShield Medicare Advantage**<br>**Attention: Member Claims Reimbursement**<br>**P.O. Box 14361**<br>**Lexington, KY 40512** |

## SECTION 3 How to Change Plans

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

If you want to change plans for 2027, 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 DualPrime (HMO-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 410-779-9932 or toll free at 844-386-6762 (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.

- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027 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, 2027, 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, 2027.

## 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
  - If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 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 can call, 1-800-325-0778.
    - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called the 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 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 844-786-6762 (TTY users call 711) or visit Medicare.gov.

## SECTION 5 Questions?

### Get Help from CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

- **Call Member Services at** 410-779-9932 or toll-free at 844-386-6762. (TTY users call 711.)

  We're 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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP). 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.carefirstmddsnp.com or call Member Services at 410-779-9932 or toll free at 844-386-6762 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.carefirstmddsnp.com**

  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).

### 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 the State Health Insurance Assistance Program.

Call the State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call the 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.

### 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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit 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 2027***

  *The Medicare & You* 2027 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### Get Help from Medicaid

Call Maryland Medical Assistance (Medicaid) at 410-767-5800 or toll free at 855-642-8572 (TTY users call 711) for help with Medicaid enrollment or benefit questions.