CareFirst Medicare Advantage

2027

Summary of Benefits

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

H8854-002

January 1, 2027 - December 31, 2027

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

www.carefirst.com/mddsnp

2027 Summary of Benefits

CareFirst BlueCross BlueShield Advantage DualPrime (HMO D-SNP)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage DualPrime (HMO D-SNP) plan from January 1, 2027 – December 31, 2027.

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

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the "Evidence of Coverage" document or find a copy online at **www.carefirst.com/mddsnp**.

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

Who is eligible for our DualPrime plan?

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

To be eligible for CareFirst BlueCross BlueShield Advantage DualPrime, beneficiaries must have a Medicaid level of Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary (QMB) Qualified Medicare Beneficiary Plus (QMB+) and Specified Low-Income Medicare Beneficiary Plus (SLMB+).

Understanding your options

Medicare benefits are available through Original Medicare, which is run by the Federal government. Another option is to enroll in Medicare benefits through a Medicare Advantage health plan like CareFirst BlueCross BlueShield Advantage DualPrime. A Medicare Plan Finder tool is available at **medicare.gov.** Additionally, you can view the free "Medicare & You" handbook at that same website. Printed handbooks are available by request—for your copy, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 711.

This document is available in other formats such as Spanish, braille or large print.

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

Pharmacy

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

Want more information?

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

Premiums and Benefits	
Monthly Plan Premium	$0
Deductible	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$9,850
Inpatient Hospital Coverage	
Medicare-covered Inpatient Hospital Coverage[1]	You pay $0 for days 1-90
Medicare-covered Inpatient Hospital Psychiatric[1]	$0 copay
Outpatient Hospital Coverage	
Medicare-covered Outpatient Hospital, Including Surgery[1]	$0 copay
Medicare-covered Outpatient Hospital Observation Services[1]	$0 copay
Medicare-covered Ambulatory Surgical Center (ASC)[1]	$0 copay

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

Premiums and Benefits	
Doctor Visits (Primary Care Providers and Specialists)	
Medicare-covered Primary Care Providers (PCP)	$0 copay
Medicare-covered Specialist	$0 copay
Medicare-covered Preventive Care	$0 copay
Medicare-covered Emergency Care	$0 copay
Medicare-covered Urgently Needed Services	$0 copay
Diagnostic Services/Labs/Imaging	
Medicare-covered Tests and Procedures[1,2]	$0 copay
Medicare-covered Lab Services[1,2]	$0 copay
Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)[1]	$0 copay
Medicare-covered Therapeutic Radiology Services[1]	$0 copay
Medicare-covered X-Rays	$0 copay

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

Premiums and Benefits	
Hearing Services	
Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues	$0 copay
Routine Hearing Exams	$0 copay
Hearing Aids	Our plan pays a maximum of $1,950 every 3 years for hearing aids
Dental Services	
Medicare-covered Comprehensive Dental	$0 copay
Preventive Dental	Routine Dental Coverage: Preventive dental (oral exams, prophylaxis, dental x-rays and fluoride treatment): $0 copay
Additional Comprehensive Dental Coverage Clinical review may be required for non-preventive dental services.	$0 copay and $3,000 annual allowance towards the following services (member is responsible for all cost over allowance): ▪ Restorative services: 1 per tooth once every 24 months ▪ Endodontics: 1 per lifetime, per patient, per tooth ▪ Crowns: once per tooth per 60 months ▪ Simple extractions ▪ Periodontics: 1 per quadrant of scaling every 36 months ▪ Periodontal maintenance: once every 3 months
Denture Coverage	$0 copay for the following services (Does not apply to comprehensive dental allowance): ▪ Upper, lower, partial, or any combination of dentures ▪ Dentures once every 60 months ▪ Denture repairs: once every 12 months ▪ Denture relines/rebase: once every 36 months ▪ Denture adjustments: 2 every 12 months

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

Premiums and Benefits	
Vision Services	
Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye	$0 copay
Medicare-covered Preventive Glaucoma Screening	$0 copay
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery	$0 copay
Medicare-covered Diabetic Eye Exam	$0 copay
Routine Eye Exam	$0 copay once a year
Eyewear Allowance	$150 annual allowance towards the purchase of contact lenses or one pair of eyeglasses each year. Corneal contact lens fitting is covered at no cost.
Mental Health Services	
Medicare-covered Individual Office Visits	$0 copay
Medicare-covered Group Office Visits	$0 copay

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

Premiums and Benefits	
Other Benefits and Services	
Medicare-covered Skilled Nursing Facility (SNF)[1]	$0 days 1-100
Medicare-covered Physical Therapy[1]	$0 copay
Medicare-covered Ambulance- Ground[3]	$0 copay
Medicare-covered Ambulance- Air[3]	$0 copay
Routine Transportation	$0 copay for 24 one-way rides
Medicare-covered Part B Prescription Drugs[1] *You won't pay more than $35 for a one-month supply of each covered insulin product.*	$0 copay

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

1 *Prior authorization may be required and is the responsibility of the provider.*
2 *Most routine labwork does not require prior authorization.*
3 *Prior authorization may be required for non-emergent services.*

Part D

Prescription Drug Benefits	For those that qualify for "Extra Help"
Annual Prescription Deductible	The prescription drug deductible will be $700 on Tiers 3, 4, and 5.

Prescription Drug Benefits	For those that qualify for "Extra Help"
Initial Coverage Stage	You stay in this stage until you reach your year-to-date total drug costs of $2,400. Then you move to the Catastrophic Stage. ▪ You pay for generic drugs (including brand drugs treated as generic): $0 copay/$1.65 copay/ $5.80 copay (depending on your level of Extra Help) ▪ For all other drugs: $0 copay/$5.00 copay/ $14.40 copay (depending on your level of Extra Help) ▪ You pay $0 for any drugs on our formulary (drug list) on Tier 1 Preferred Generic or Tier 2 Generic.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D drugs.
Long Term Care Facility Resident Coverage	If you live in a long-term care facility and get your drugs from the pharmacy, you pay the same copays as a 30-day retail pharmacy prescription.

Prescription Drug Benefits	For those that no longer qualify for “Extra Help”
Annual Prescription Deductible	The prescription drug deductible will be $700 on Tiers 3, 4, and 5.
Initial Coverage Stage (Retail, Mail Order, Long-Term, and Out-of-Network)	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches $2,400. Then you move to the Catastrophic Stage.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D drugs.
Long Term Care Facility Resident Coverage	If you live in a long-term care facility and get your drugs from the pharmacy, you pay the same copays as a 30-day retail pharmacy prescription.

You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan.

Prescription Drug Benefits	Initial Coverage Stage	
Tier	**Standard retail cost sharing** (30-day supply)	**Mail-order cost sharing** (30-day supply)
Tier 1—Preferred Generic	$0 copay	$0 copay
Tier 2—Generic	$0 copay	$0 copay
Tier 3—Preferred Brand	25% coinsurance	25% coinsurance
Tier 4—Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5—Specialty Tier	25% coinsurance	25% coinsurance
Tier	**Standard retail cost sharing** (60-day supply)	**Mail-order cost sharing** (60-day supply)
Tier 1—Preferred Generic	$0 copay	$0 copay
Tier 2—Generic	$0 copay	$0 copay
Tier 3—Preferred Brand	25% coinsurance	25% coinsurance
Tier 4—Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5—Specialty Tier	Not covered	Not covered
Tier	**Standard retail cost sharing** (90-day supply)	**Mail-order cost sharing** (90-day supply)
Tier 1—Preferred Generic	$0 copay	$0 copay
Tier 2—Generic	$0 copay	$0 copay
Tier 3—Preferred Brand	25% coinsurance	25% coinsurance
Tier 4—Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5—Specialty Tier	Not covered	Not covered

Additional Benefits	
Annual Physical	$0 copay
Medicare-covered Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$0 copay
Medicare-covered Prosthetics (e.g., braces, artificial limbs)[1]	$0 copay
Fitness (SilverSneakers)	$0 copay
Meals with Nutrition Therapy	Members with COPD, CHF, Diabetes or ESRD will receive a medical nutrition therapy assessment and 3 follow-up coaching and goal setting sessions per benefit period.
Readmission Prevention	Members post-discharge from an inpatient stay pay a $0 copay for 14 meals per 1 week period. Limited to 8 benefit periods per year.
Meals For Those with Chronic Conditions	Members with COPD, CHF, Diabetes or ESRD will receive 14 meals per week; 12 consecutive weeks of meals. Members will also receive a maximum of 4 medical nutrition therapy sessions. Limited to 4 benefit periods per year.
Personal Emergency Response System (PERS)	$0 copay for a PERS device if you are living with a disability or chronic condition such as COPD, CHF, Diabetes, or ESRD.
Routine Foot Care	$0 copay for each visit. 4 visits per year
Flex Benefit (Over-the-Counter, Groceries, Utilities and Rent)	$75 monthly allowance. Members that meet the qualifying requirements can use all or a portion of the monthly allowance towards mail-order OTC, or using a healthcare prepaid card for groceries, rent and/or utilities. No monthly or annual rollover.

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

Additional Benefits	
Flex Benefit (Over-the-Counter, Groceries, Utilities and Rent)	▪ 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 ▪ 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 ▪ Conditions that require continued therapy services for individuals to maintain or retain functioning ▪ Chronically underweight
Home & Bathroom Safety Devices	$0 copay for 2 home and bathroom safety devices ordered through the plan's catalog.

If your Medicare premium and/or cost-sharing assistance under Medicaid status changes, you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing.

1 *Prior authorization may be required and is the responsibility of the provider.*
2 *Most routine lab work does not require prior authorization.*
3 *Prior authorization may be required for non-emergent services.*

Statement of Maryland Medicaid Assistance (Medicaid) Benefits and Cost-Sharing

Eligibility

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

CareFirst BlueCross BlueShield Advantage DualPrime members who are Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary Plus (QMB+) and Specified Low-Income Medicare Beneficiary Plus (SLMB+) are covered by the state Medicaid program for their Medicare cost sharing.

Cost sharing and protection for members

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

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

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

Statement of Maryland Medicaid Assistance (Medicaid)

Maryland Medical Assistance (Medicaid) program benefits

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Ambulance Services	Emergency Only	Covered
Ambulatory Surgical Center	Covered	Covered
Dental Services	Covered with limits	Covered with limits
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Covered	Covered
Doctor Visits	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered by Original Medicare; Not covered by the plan.
Inpatient Hospital Coverage	Covered	Covered
Durable Medical Equipment	Covered	Covered
Urgently Needed Services	Covered	Covered
Mental Health Services	Covered	Covered
Outpatient Hospital Coverage	Covered	Covered
Podiatry Services (Foot Care)	Covered with limits	Covered with limits

Statement of Maryland Medicaid Assistance (Medicaid)

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Prescription Drugs	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered with limits on days per benefit period.
Routine Transportation	Covered with limits	Covered with limits
Vision Services	Covered	Covered
Health and Wellness Program	Not Covered	Covered
Meals with Medical Nutrition Therapy	Not Covered	Covered
Telehealth	Covered with limits	Covered
Personal Emergency Response System	Covered with limits	Covered

CareFirst Medicare Advantage

CONNECT WITH US:

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

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