

2027

Annual Notice of Change

CareFirst BlueCross BlueShield Advantage Essential (PPO)

Effective January 1, 2027 - December 31, 2027

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

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

Annual Notice of Change for 2027

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

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 Essential (PPO).
- 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.carefirst.com/medicareadvantage or call Member Services at 833-536-2001 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services number at 833-536-2001 (TTY users call 711.) Hours are 8am-8pm EST 7 days a week October 1 - March 31, 8am-8pm EST and Monday - Friday, April 1 - September 30. This call is free.
- To get information from us in a way that works for you, please call Member Services. We can give you information in braille, large print, or other alternate formats if you need it.

About CareFirst BlueCross BlueShield Advantage Essential (PPO)

- CareFirst BlueCross BlueShield Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal.
- When this material says “we,” “us,” or “our,” it means CareFirst Advantage PPO, Inc. When it says “plan” or “our plan,” it means CareFirst BlueCross BlueShield Advantage Essential (PPO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in** CareFirst BlueCross BlueShield Advantage Essential (PPO). Starting January 1, 2027, you’ll get your medical and drug coverage through CareFirst BlueCross BlueShield Advantage Essential (PPO). 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* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0.00	**$0.00**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $8,300 From network and out-of-network providers combined: $13,300	**From network providers: $7,151** **From network and out-of-network providers combined: $13,300**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$45 copay per visit	**$30 copay per visit**
Inpatient hospital stays 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.	$385 copay per day for days 1 to 5 $0 copay per day for days 6 to 90	**$385 copay per day for days 1 to 5** **$0 copay per day for days 6 to 90**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $0	**Part D drug coverage deductible** **$700 for Tiers 3,4 and 5 except for covered insulin products and most adult Part D vaccines**
	Copayment/Coinsurance during the Initial Coverage Stage:	**Copayment/Coinsurance during the Initial Coverage Stage:**
	Tier 1 - Preferred Generic: You pay $0 per prescription.	**Tier 1 - Preferred Generic:** **You pay $0 per prescription.**
	Tier 2 - Generic: You pay $5 per prescription.	**Tier 2 - Generic:** **You pay $5 per prescription.**
	Tier 3 - Preferred Brand: You pay 20% of the total cost. You pay no more than $35 per month supply of each covered insulin product.	**Tier 3 - Preferred Brand:** **You pay 20% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product.**
	Tier 4 - Non-Preferred Drug: You pay 40% of the total cost. You pay no more than $35 per month supply of each covered insulin product.	**Tier 4 - Non-Preferred Drug:** **You pay 40% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product.**
	Tier 5 - Specialty Tier: You pay 33% of the total cost. You pay no more than $35 per month supply of each covered insulin product.	**Tier 5 - Specialty Tier:** **You pay 25% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product.**
	Catastrophic Coverage Stage:	**Catastrophic Coverage Stage:**

	2026 (this year)	2027 (next year)
	During this payment stage, you pay nothing for your covered Part D drugs.	**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 (You must also continue to pay your Medicare Part B premium.)	$0.00	**$0.00**

Factors that could change your Part D Premium Amount

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

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

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

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$8,300	**$7,151** **Once you've paid $7,151 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$13,300	**$13,300** **Once you've paid $13,300 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* https://www.carefirst.com/medicare-options/medicare-resources/medicare-advantage-plan-resources.html to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

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

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 833-536-2001 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

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/medicare-resources/medicare-advantage-planresources.html to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

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

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

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Additional Telehealth Services - Specialist	$45 copay	**$30 copay**
Ambulatory Surgical Center	$200 copay	**$275 copay**
Comprehensive Dental Allowance	$1,000	**$1,200**
Emergency Services	$110 copay	**$115 copay**

	2026 (this year)	2027 (next year)
Fitness Out-of-Network	Member must use the SilverSneakers network to use this benefit.	**Maximum reimbursement of $5 per year. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Hearing Aids Out-of-Network	Member must use the NationsHearing network to use this benefit.	**95% coinsurance per ear per year. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Hearing Exam and Hearing Aid Fitting Out-of-Network	Member must use a NationsHearing Provider to use this benefit.	**95% coinsurance. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Inpatient services in a psychiatric hospital	$250 copay	**$300 copay**
Occupational Therapy	$15 Copay	**$20 Copay**
Opioid treatment program services	$0 Copay	**$35 Copay**
Outpatient Diagnostic Radiology	$200 copay	**$350 copay**

	2026 (this year)	2027 (next year)
Outpatient hospital services	$350 copay	**$500 copay**
Outpatient Observation	$295 copay	**$250 copay**
Over the counter items (OTC)	$50 per quarter	**Not Covered**
Part B Diabetic Supplies Coverage - Utilization Management	Part B diabetic supplies, such as continuous glucose monitors (CGMs), did not require prior authorization.	**Part B diabetic supplies, such as continuous glucose monitors (CGMs), may require prior authorization or have limits on how much is covered.**
Part B Drugs Prior Authorization, Step Therapy, and Drug List	The Part B prior authorization, step therapy, and drug list may change throughout the year; please reference the plan's website to stay up-to-date throughout the year.	**The Part B prior authorization, step therapy, and drug list may change throughout the year; please reference the plan's website to stay up-to-date throughout the year.**
Routine Non-Medicare Covered Acupuncture	$20 copay; 12 visits per year	**Not Covered**
Routine Non-Medicare Covered Chiropractic Services	$15 copay; 12 visits per year	**Not covered**

	2026 (this year)	2027 (next year)
Routine Non-Medicare Covered Podiatry	$10 copay; 12 visits per year	**Not Covered**
Skilled Nursing Facility	$200 copay days 21-100	**$150 copay days 21-100**
Transportation (Non-Emergency)	$0 for 32 one-way rides	**Not covered.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

You can get the *complete* Drug List by calling Member Services at 888-970-0917 (TTY users call 711) or visiting our website at www.carefirst.com/medicareadvantage.

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

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'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, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 888-970-0917 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D 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, call Member Services at 833-536-2001 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

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

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 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	Because we have no deductible, this payment stage does not apply to you.	**$700 (Tiers 3-5) except for covered insulin products and most adult Part D vaccines** **During this stage, you pay $0 per prescription cost**

	2026 (this year)	2027 (next year)
		sharing for drugs on Tier 1 (Preferred Generic) and $5 per prescription cost sharing for drugs on Tier 2 (Generic) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you've reached your deductible.

Drug Costs in Stage 2: Initial Coverage

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

Once you've paid $2,400 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 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** **Your cost for a one-month 30-day mail-order prescription is $0.**
Tier 2- Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$5 copay per prescription	**$5 copay per prescription** **Your cost for a one-month 30-day mail-order prescription is $5.**

	2026 (this year)	2027 (next year)
Tier 3- Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 20% of the total cost You pay $35 per month supply of each covered insulin product.	**You pay 20% of the total cost** **You pay $35 per month supply of each covered insulin product.** **Your cost for a one-month 30-day mail-order prescription is 20% of the total cost.**
Tier 4- Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 40% of the total cost You pay $35 per month supply of each covered insulin product.	**You pay 40% of the total cost** **You pay $35 per month supply of each covered insulin product.** **Your cost for a one-month 30-day mail-order prescription is 40% of the total cost.**
Tier 5- Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 33% of the total cost You pay $35 per month supply of each covered insulin product.	**You pay 25% of the total cost** **You pay $35 per month supply of each covered insulin product.** **Your cost for a one-month 30-day mail-order prescription is 25% of the total cost.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Appeals & Grievances Fax Number	Medical Payment Appeals: 443-753-2298 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	• Inpatient Services: 443-753-2341 • Outpatient Services: 443-753-2342 • Home Care Services and Durable Medical Equipment: 443-753-2343 • Outpatient Therapies-Physical Therapy, Occupational Therapy, and Speech Therapy: 443-753-2346 • Behavioral Health and Substance Use: 443-753-2347	**443-753-2346 for all services**
Healthy Rewards Program - Flu Shot	You earned a $10 reward for your annual flu shot	**You will earn a $20 reward for your annual flu shot**
Healthy Rewards Program - Health Risk Assessment	You earned a Healthy Reward for completing a Health Risk Assessment (HRA).	**You can no longer earn a Healthy Reward for completing a Health Risk Assessment (HRA).**

	2026 (this year)	2027 (next year)
Payment Requests for Medical Care Address	CareFirst BlueCross BlueShield Medicare Advantage Attention: Member Claims Reimbursement P.O. Box 915 Owings Mills, MD 21117	**CareFirst BlueCross BlueShield Medicare Advantage** **Attention: Member Claims Reimbursement** **P.O. Box 14063** **Lexington, KY 40512**
Plan Service Area	The plan service area included all of Maryland except Baltimore City and Baltimore County	**The plan service area includes the following counties in Maryland: Allegany, Anne Arundel, Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's Somerset, Talbot, Washington, Wicomico**

SECTION 3 How to Change Plans

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

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 Essential (PPO). 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 be automatically be disenrolled from CareFirst BlueCross BlueShield Advantage Essential (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 833-536-2001 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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 can have other chances to change their coverage during the year. Examples include people who:

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

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you

recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can 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 call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called Maryland Senior Prescription Drug Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Maryland AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Maryland AIDS Drug Assistance Program at 410-767-6535 or toll free at 800-205-6308. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage

your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. 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 888-970-0917 (TTY users should call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from CareFirst BlueCross BlueShield Advantage Essential (PPO)

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

  We're available for phone calls 8am-8pm EST 7 days a week October 1 - March 31, 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 Essential (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.carefirst.com/medicareadvantage or call Member Services at 833-536-2001 (TTY users call 711) to ask us to mail you a copy.

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

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