

2027

Annual Notice of Change

CareFirst BlueCross BlueShield Advantage Salute (PPO)

Effective January 1, 2027 - December 31, 2027

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

Annual Notice of Change for 2027

You're enrolled as a member of CareFirst BlueCross BlueShield Advantage Salute (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 Salute (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 at 833-536-2001 (TTY users call 711) for more information. Hours are 8am-8pm EST 7 days a week October 1 - March 31, and 8am-8pm EST Monday - Friday, April 1 - September 30. This call is free.
- To get information from us in a way that works for you, please call Member Services. We can give you information in braille, large print, or other alternate formats if you need it.

About CareFirst BlueCross BlueShield Advantage Salute (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 Salute (PPO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in CareFirst BlueCross BlueShield Advantage Salute (PPO).** Starting January 1, 2027, you’ll get your medical coverage through CareFirst BlueCross BlueShield Advantage Salute (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium*	$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: $5,900 From network and out-of-network providers combined: $8,950	**From network providers: $5,900** **From network and out-of-network providers combined: $8,950**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$35 copay per visit	**$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.	$335 copay per day for days 1 to 5 $0 copay per day for days 6 to 90	**$335 copay per day for days 1 to 5** **$0 copay per day for days 6 to 90**

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**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$100	**$100**

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

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

	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.	$5,900 Once you've paid $5,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.	**$5,900** **Once you've paid $5,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.	$8,950 Once you've paid $8,950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	**$8,950** **Once you've paid $8,950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 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 Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Fitness Out-of-Network	Member must use the SilverSneakers network to use this benefit.	**Maximum reimbursement of $5 annually. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Health Care Prepaid Card Out-of-Network	Member must use the NationsBenefit network to use this benefit.	**Maximum of $75 a month is combined in and out-of-network. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Hearing Aids Out-of-Network	Member must use a NationsHearing Provider 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 the NationsHearing network to use this benefit.	**95% coinsurance. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Medicare-Covered Eye Exam	$30 copay	**$25 copay**

	2026 (this year)	2027 (next year)
Over-the-Counter Out-of-Network	Member must use the NationsBenefit network to use this benefit.	**Maximum of $40 a quarter is combined in and out-of-network. Refer to the Evidence of Coverage for eligibility requirements and limitations.**
Part B Diabetic Supplies Coverage - Utilization Management	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 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.**
Transportation Out-of-Network	Member must use SafeRide to use this benefit.	**Maximum reimbursement for out of network is $10 a year. Refer to the Evidence of Coverage for eligibility requirements and limitations.**

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**

	2026 (this year)	2027 (next year)
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).**
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**

SECTION 3 How to Change Plans

To stay in CareFirst BlueCross BlueShield Advantage Salute (PPO), 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 Salute (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 Salute (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,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from CareFirst BlueCross BlueShield Advantage Salute (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. 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

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called Maryland Senior Prescription Drug Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

SECTION 5 Questions?

Get Help from CareFirst BlueCross BlueShield Advantage Salute (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, 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, look in the 2027 *Evidence of Coverage* for CareFirst BlueCross BlueShield Advantage Salute (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.carefirst.com/medicareadvantage or call Member Services at 833-536-2001 (TTY users call 711) to ask us to mail you a copy.

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

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

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.

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

Call the State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call 410-767-1100 or toll free at 800-243-3425 (Maryland) or 202-727-8370 (Washington D.C.).

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.