CareFirst Medicare Advantage



2027 Information & Enrollment Guide

CareFirst BlueCross BlueShield Advantage Signature (PPO)

CAREFIRST BLUECROSS BLUESHIELD MEDICARE ADVANTAGE PLANS

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CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies®** for 14 consecutive years!

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Welcome!

Thanks for your interest in our Medicare Advantage plan, CareFirst BlueCross BlueShield Advantage **Signature (PPO)**. Deciding which Medicare plan is right for you is an important decision—one you shouldn't rush.

We designed an all-in-one Medicare Advantage plan—so you can stay healthy while also managing your healthcare costs. Inside this booklet, you'll find all the information you need to enroll in a Medicare Advantage plan that works for you.



What we cover:

- Medicare Advantage basics
- The benefits of our all-in-one plan
- Top 100 prescription drug list
- Pre-enrollment checklist
- Application

We're here for you

If you have any questions from October 1–March 30, call 833-536-2001 (TTY: 711) from 8 a.m.–8 p.m. ET 7 days a week. From April 1–September 30, our hours are 8 a.m.–8 p.m. ET, Monday–Friday.

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

What is Medicare Advantage?

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

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

With a Medicare Advantage plan you get:

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

Cost protection—Plans have annual limits on your out-of-pocket expenses.

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



Prescription drug coverage

Original Medicare doesn't include prescription drug coverage—also called Medicare Part D. Our CareFirst BlueCross BlueShield Medicare Advantage plans.

Healthcare that works for you

Start with:

Original Medicare (Parts A and B)

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

You can add a:

Medicare Supplement plan

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

You can also add a Prescription Drug plan

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

Or you can get a:

Medicare Advantage plan (Part C)

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

The advantage is clear

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

Our Medicare Advantage plan

Our all-in-one plan gives you access to doctors, specialists, hospitals, plus preventive dental, vision and hearing coverage with premiums **starting at $47 a month**.

Eligibility

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

- You qualify for Medicare Part A
- You are enrolled in and continue to pay for Medicare Part B; and
- You live in the plan's service area:
  - Signature 1: Allegany, Anne Arundel, Baltimore City, Baltimore, Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, Talbot, Washington, Wicomico
  - Signature 2: Carroll, Frederick, Kent, Queen Anne's, St. Mary's, Worcester in Maryland and District of Columbia

If you are eligible for Medicare and Medicaid and live in Maryland, you can enroll in CareFirst BlueCross BlueShield Advantage Signature (PPO). Contact us at 888-532-0311 (TTY 711) or visit **carefirst.com/medicareadvantage** to learn more.



Need more information about enrolling in Medicare?

Register for an event near you at **carefirst.com/medicareadvantage.** Events are held mid-October through early December. Talk to a licensed agent at **888-532-0311.**

Get more when you choose CareFirst

We are committed to helping you reach your desired health and wellness goals.

All CareFirst Medicare Advantage plan includes:

- Preventive dental
- Routine eye exams and eyewear through Davis Vision providers
- Access to a large selection of pharmacies nationwide
- Fitness benefits
- Care Management programs
- Telehealth visits with in-network providers
- Comprehensive dental
- Hearing exam and hearing aids through NationsHearing®
- Worldwide emergency and urgently needed services
- Healthy Rewards (a health and wellness program)

Nationwide coverage you can rely on

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

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Telehealth

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

Check with your primary care provider (PCP), Specialist, Mental Health, or Urgent Care providers if they have telehealth options and if you are covered through the plan. Pay the same copay as an in office visit.

Preventive and comprehensive dental

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

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

Eye exams and eyewear

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

Our routine eye exam coverage includes dilation and refraction from a Davis Vision provider (one per calendar year). Our plans also offer allowances for frames and contact lenses.

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

Hearing aids and exams

No cost routine hearing exams, fitting and evaluation for hearing aids, and low copays for hearings aids.

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Fitness benefits

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

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

Healthy Rewards program

Preventive care plays an important role in staying healthy. Members who complete all these screenings can earn $180 in Healthy Rewards.

- Annual wellness visit
- Annual flu shot
- At-home colorectal cancer screening
- Breast cancers screening
- Diabetes HbA1C screening test
- Diabetic retinal eye exam
- Kidney Health Evaluation
- Post-hospitalization physican visit

Do your doctors participate in our Medicare Advantage plans?

<We have over 7,000 providers in our network! Explore our network with our *Find A Doctor* tool. Visit **carefirst.com/findadocmappo.>**

CareFirst BlueCross BlueShield Advantage Signature (PPO)

Think a budget-friendly plan might be right you? Our **Signature** plan offers all the benefits of Medicare at lower costs plus additional coverage for vision, dental and fitness.

This plan covers all the basics of Medicare, plus prescription drugs. You also get many extra benefits like preventive and comprehensive dental, routine vision exams and eyewear allowances, routine hearing exams and hearing aid coverage, and much more—all with no monthly premium.

Plan highlights

- $47–$58 monthly premium
- Preventive dental services; comprehensive dental <$500>
- Routine vision exam and $100 eyewear allowances; $100 contact lens allowance
- Large provider network
- Exclusive member rewards for completing annual screenings
- 50% coinsurance for most out-of-network Medicare covered services

Who might choose the Signature plan? Meet Sofia



Sofia is looking for an affordable plan. She understands it's important to carry health insurance, but she's on a fixed income and doesn't want to spend more than necessary. She doesn't mind paying a little more per office visit if it means she'll have a lower monthly premium. She wants a plan with prescription drug coverage and added benefits, like savings on vision care or fitness memberships.

Our CareFirst BlueCross BlueShield Advantage **Signature** plan may be right for Sofia.

CareFirst BlueCross BlueShield Advantage Signature (PPO)

Monthly premium

$47–$58

Medical deductible: $320

Annual drug deductible: $600 Tiers 3,4,5

Out-of-pocket maximum: $7,151 In-Network/$12,000 Combined in- and out-of-network

Drug tiers (one-month supply):

- Tier 1 (preferred generic)—$0
- Tier 2 (generic)—$3
- Tier 3 (preferred brand)—20% coinsurance*
- Tier 4 (non-preferred drug)—35% coinsurance*
- Tier 5 (specialty tier)—26% coinsurance*

Featured benefit copays:

- PCP visit—$0
- Specialist visit—<$45>
- Urgent Care visit—$40
- Emergency care visit—<$115>
- Inpatient hospital stay
  Days 1–5—$325 per day
  Days 6–90—$0 per day
- Outpatient hospital services—$0–$800
- Ambulatory surgical center—$600
- Skilled nursing facility stay
  Days 1–20—$0 per day
  Days 21–100—$218 per day
- Routine hearing exam—$0
- Routine vision exam—$0
- Preventive dental cleanings, oral exams, X-rays and fluoride treatment—$0
- Comprehensive dental (crowns, dentures, implants and more)—annual allowance of <$500> (most services have cost-sharing)
- Out-of-network for most Medicare-covered services—50% coinsurance

Included service areas

Signature 1: Allegany, Anne Arundel, Baltimore City, Baltimore, Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, Talbot, Washington, Wicomico

Signature 2: Carroll, Frederick, Kent, Queen Anne's, St. Mary's, Worcester in Maryland and District of Columbia

** You will never pay more than $35 a month for covered insulin.*

Comprehensive Part D prescription drug coverage

CareFirst BlueCross BlueShield Advantage **Signature (PPO)** plan includes prescription drug coverage with a $600 deductible on Tiers 3, 4, and 5. Plus, coverage for long-term care facility pharmacy drugs is included.

	Signature
	Retail pharmacy copay for one-month supply[1]
Tier 1—Preferred Generic[1]	$0
Tier 2—Generic[1]	$3
Tier 3—Preferred Brand[2]	20% coinsurance[2, 3]
Tier 4—Non-Preferred Drug[2]	35% coinsurance[2, 3]
Tier 5—Specialty Tier[2]	26% coinsurance[2, 3]

[1] Tier 1, 2, 3 has 100-day supply benefits available

[2] You will never pay more than $35 a month for insulin

[3] $600 deductible applies on Tiers 3, 4, and 5.

Save with mail order

It's easy and convenient—you can refill prescriptions online or by phone. Just like your local retail pharmacy, registered pharmacists are available for consultation.

As with any Part D plan, what you'll pay depends on a few things

Are your prescription drugs in CareFirst's formulary?

A formulary is a list of drugs covered by our plans. Search our formulary at **carefirst.com/medicareadvantage.** Or, call us at 833-473-0394 and ask for a paper copy.

What tier is your drug on?

Drugs are categorized into one of five "tiers" or levels. Search our formulary to find out what tier your drugs are on. Typically, the lower the tier, the lower the cost. For convenience, we have included a list of the top 100 prescribed drugs for Original Medicare Enrollees in the State of Maryland and Washington, D.C. on page 15.

Which pharmacies are in the CareFirst network?

You'll have access to a large network of independent pharmacies and major chains nationwide, including CVS, Walmart, Safeway, Sam's Club, Costco, Medicine Shoppe Pharmacy, Giant, Harris Teeter, Weis and Wegmans.

What stage of the prescription drug cycle are you in?

The federal government created three stages and each year sets a dollar limit for each stage. When you change stages, the amount you pay changes too. A new cycle begins on January 1 each year.

Stage 1—Deductible
This plan has a $600 deductible for Tiers 3, 4, and 5.

Stage 2—Initial coverage limit
You'll pay copays and/or coinsurance for covered drugs until your total drug costs, plus the plan's payments, exceed $2,400 in 2027.

Stage 3—Catastrophic coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400 in 2027, your plan will cover all costs of Part D drugs.

90% of people in the CareFirst BlueCross BlueShield service area **live within two miles of a participating pharmacy.**

Ready to enroll?

STEP 1

Compare plans and coverage

Use the worksheet on page 15 of this booklet, or call us at 833-473-0394 to get a free, personalized benefit review to help you determine which plan best fits your needs.

STEP 2

Select a plan that meets your health and budget needs

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

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

STEP 3

Apply online, over the phone, fax or through the mail

- **Online—**Our secure online form takes you through the enrollment process step by step. It's easy! Go to **carefirst.com/medicareadvantage.**
- **Phone—**Get personalized enrollment help from a licensed sales agent at 833-536-2001 (TTY: 711). From October 1–March 30, we're available 8 a.m.–8 p.m. ET, 7 days a week. From April 1–September 30, our hours are 8 a.m.–8 p.m. ET,Monday–Friday.
- **Mail—**Complete the Enrollment Form included in this booklet and mail to:

  CareFirst BlueCross BlueShield
  Medicare Advantage Enrollment
  P.O. Box 915
  Owings Mills, MD 21117



What to expect after you enroll

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

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

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

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

Resources and Forms

Plan Comparison Worksheet

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

	Current Plan	Signature
Monthly premium	**$**	$47–$58
Medical deductible	**$**	$250
Pharmacy deductible	**$**	$600 tiers 3,4,5
Maximum out-of-pocket for medical expenses	**$**	$7,151 / $12,000
PCP visit copay	**$**	$0
Specialist visit copay	**$**	$45
Urgent care visit copay	**$**	$40
Routine vision exam copay	**$**	$0
Preventive dental copay	**$**	$0
Comprehensive dental allowance	**$**	$1,000
Routine hearing exam copay	**$**	$0
Gym/fitness membership	**$**	$0
Prescription drugs copay: Tier 1: Preferred Generics	**$**	$0

CareFirst Medicare Advantage

Pre-Enrollment Checklist

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

The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **carefirst.com/medicareadvantage** or call 833-536-2001 to view a copy of the EOC.

- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

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

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

Individual Enrollment Request Form

Instructions for Medicare Advantage Plan (Part C)

CareFirst Medicare Advantage

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

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

Reminders:

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

What happens next?

Send your completed and signed form to:

CareFirst BlueCross BlueShield Medicare Advantage Enrollment
PO Box 915, Owings Mills, MD 21117

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CareFirst BlueCross BlueShield Medicare Advantage at 833-536-2001. TTY users can call 711.

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

En español: Llame a CareFirst BlueCross BlueShield Medicare Advantage al 833-536-2001/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

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

IMPORTANT

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

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

Your plan options are: CareFirst BlueCross BlueShield Advantage Signature (PPO).

Select the plan you want to join:

SERVICE AREA—*Based on the county in which you reside.*	PLAN AND PREMIUM
MARYLAND: Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, Talbot, Washington and Wicomico	◯ CareFirst BlueCross BlueShield Advantage Signature (PPO)—$47 premium per month
MARYLAND: Carroll, Frederick, Kent, Queen Anne's, St. Mary's and Worcester **WASHINGTON, D.C.:** District of Columbia	◯ CareFirst BlueCross BlueShield Advantage Signature (PPO)—$58 premium per month

*Please note: This plan has a capacity limit for enrollment. Once the capacity limit is met, this plan will be closed, and you may receive a denial letter.

CONTACT INFORMATION

First Name	Last Name	Middle Initial (optional)

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

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

City	County (optional)

State	Zip Code

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

City	State	Zip Code

Email Address (optional)

I authorize the health plan to email me helpful reminders, articles and tips on healthy living, surveys, and general information about the plan. I understand that I may opt-out of receiving these messages. (optional)

◯ **Yes, I would like to receive email messages** ◯ **No, I do not want to receive email messages**

YOUR MEDICARE INFORMATION

Medicare Number	Part A Effective Date (optional)	Part B Effective Date (optional)

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

ANSWER THESE IMPORTANT QUESTIONS

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

Name of other coverage	Member number for this coverage

Group number for this coverage

SECTION 2—ALL FIELDS IN THIS SECTION ARE OPTIONAL

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

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

◯ Spanish

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

◯ Braille ◯ Large print ◯ Audio CD ◯ Data CD

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

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

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully, and ✔ **check the box** if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect, you may be disenrolled.

	I am new to Medicare.
	I am making a change during the Annual Enrollment Period (AEP) from October 15 to December 7.
	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) from January 1 to March 31.
	I am in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change between 4/1–12/31 (Initial Coverage Election Period).
	I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
	I had Medicare before, but I am now turning 65.
	I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
	I recently was released from incarceration. I was released on (insert date)_____.
	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.

INFORMATION TO DETERMINE YOUR ENROLLMENT PERIOD	
	I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
	I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____. **(CONTINUED)**
	I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
	I recently left a PACE program on (insert date) _____.
	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
	I am leaving employer or union coverage on (insert date) _____.
	I belong to a pharmacy assistance program provided by my state.
	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
	I am enrolled in a plan that has been identified with the low performing icon (LPI).
	I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1–March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.
	I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).
If none of these statements applies to you or you're not sure, please contact your broker or CareFirst BlueCross BlueShield Medicare Advantage at 833-987-0765 to see if you are eligible to enroll. We are open October 1 through March 31, seven days a week from 8 a.m.–8 p.m., and April 1 through September 30, Monday through Friday from 8 a.m.–8 p.m.	

SECTION 3—PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month**.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. Don't pay CareFirst BlueCross BlueShield Medicare Advantage the Part D-IRMAA.

People with limited incomes may qualify for ***Extra Help*** to pay for their prescription drug costs. If eligible, Medicare could pay for your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this ***Extra Help***, contact your local Social Security office, or call Social Security at 800-772-1213. TTY users should call 800-325-0778. You can also apply for ***Extra Help*** online at **www.ssa.gov/medicare/part-d-extra-help**.

If you qualify for ***Extra Help*** with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

◯ Get a bill by mail

◯ Electronic funds transfer (EFT) from your bank account each month. I authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct my monthly plan premium from my bank account. I understand my account will be deducted on the 5th of the month or the next banking day. Please enclose a VOIDED check or provide the following:

Account holder name	Bank routing number
Bank account number	Account type Checking Saving

◯ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ◯ Social Security ◯ RRB

If you think you will qualify for SPDAP (State Pharmaceutical Drug Assistance Program), then please do not choose to have your premium withheld through Social Security or RRB. Since there is no connection between SPDAP and Social Security or RRB, your total premium will be deducted from Social Security or RRB. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

SECTION 3—PAYING YOUR PLAN PREMIUM

I hereby authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct from my account listed above my monthly plan premium and any late enrollment penalty, as applicable.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CareFirst BlueCross BlueShield Medicare Advantage has received written notification from me of its termination in such time and such manner as to afford CareFirst BlueCross BlueShield Medicare Advantage and the Financial Institution a reasonable opportunity to act on it. If my Financial Institution information changes, I agree to submit to CareFirst BlueCross BlueShield Medicare Advantage an updated EFT Authorization Agreement. EFT transactions will occur on the 5th of the month in the amount of the balance due in monthly plan premiums and late enrollment penalties, if applicable, for the current month.

How to cancel automatic withdrawal:

Termination requests must be received prior to the end of the month before the termination date (ex: Termination is October 1 so the request must be received by September 30). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal. Termination requests can be faxed to 855-215-6947, or they can be mailed to CareFirst BlueCross BlueShield Medicare Advantage, Attention: Premium Billing, PO Box 915, Owings Mills, MD 21117. Termination requests will be processed in the order received. You will be responsible for any fees incurred by their bank, such as non-sufficient funds (NSF).

Duplicate Payments

If you elect to have your premium payments drafted from the Social Security Administration (SSA), please note that making premium payments using your credit card, debit card, bank account, or enrolling in automatic payments in the future may result in duplicate payments.

If at any time you decide to stop your premium drafts from SSA, you must contact SSA to have it removed and to confirm any time delays for processing the request.

SECTION 4—IMPORTANT: READ AND SIGN BELOW. ALL FIELDS IN THIS SECTION ARE REQUIRED

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that CareFirst BlueCross BlueShield Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CareFirst BlueCross BlueShield Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from CareFirst BlueCross BlueShield Medicare Advantage. Benefits and services provided by CareFirst BlueCross BlueShield Medicare Advantage and contained in my CareFirst BlueCross BlueShield Medicare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareFirst BlueCross BlueShield Medicare Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

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

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

Signature	Today's Date
If you're the authorized representative, sign above and fill out these fields	
Name	Address
Phone Number	Relationship to Enrollee

TO BE COMPLETED ONLY BY INDIVIDUALS ASSISTING THE ENROLLEE WITH THIS FORM

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name	Relationship to Enrollee
Signature	National Producer Number (Agents/Brokers only)

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

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Scope of Sales Appointment Confirmation Form

CareFirst Family of health care plans

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

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

MEDICARE ADVANTAGE PLANS (PART C)

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

MEDICARE SUPPLEMENT (MEDIGAP) PLANS

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

MEDICARE SPECIAL NEEDS PLAN (SNP)

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

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE

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

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

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

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

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Notes

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

English

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

Spanish

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

French

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

Simplified Chinese

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

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Korean

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

Yoruba

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

Amharic

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

Tagalog

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

Hindi

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

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Arabic

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

Russian

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

German

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

Farsi

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

Vietnamese

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

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Portuguese

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

Urdu

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

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CareFirst Medicare Advantage

CONNECT WITH US:

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