



FREDERICK COUNTY GOVERNMENT

DIVISION OF HUMAN RESOURCES

Frequently Asked Questions

PLAN DESIGN

The chart below represents a high-level plan design for the CareFirst BlueCross BlueShield Group Advantage plan. More detailed benefits will be shared in an upcoming mailing from CareFirst.

Medical Benefit	Retiree Pays	
Deductible	\$0	
Maximum Annual Out-of-Pocket (medical)	\$0	
Primary Care Visit	\$0	
Specialist Visit	\$0	
Inpatient Hospital	\$0 per admission	
Outpatient Hospital	\$0 per admission	
Urgent Care	\$0	
Emergency Room	\$0	
Skilled Nursing Facility	Days 1-100: \$0	
Durable Medical Equipment	\$0	
Lab/X-rays	\$0	
Physical/Occupational/Speech Therapy	\$0	
Prescription Drug Benefit	Retiree Pays (30-day Retail and Mail Order)	Retiree Pays (90-day Retail and Mail Order)
Deductible	\$0	
Maximum Annual Out-of-Pocket (Rx)	\$2,000	
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$30	\$60
Tier 3: Non-Preferred Drug	\$50	\$100
Tier 4: Specialty	\$75	Specialty tier drugs are prescribed at a 30-day supply

MEDICAL BENEFIT QUESTIONS

1. What are the plan changes?

Beginning January 1, 2025, your current health care plan through Frederick County Government will be replaced by a group Medicare Advantage plan offered by CareFirst. Below are a few highlights of your new plan:

- A large national network of providers, hospitals and pharmacies (based on the BlueCross BlueShield networks)
- You can see any doctor, or be seen at any hospital or medical facility, that accepts Medicare, regardless of the provider being in or out of the CareFirst Medicare Advantage (PPO) Network
- No medical or prescription drug deductibles
- No copays on Medicare-covered medical services
- One ID card for medical, prescription drug, and vision benefits
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

2. What is a Group Medicare Advantage plan?

A Medicare Advantage plan, also known as a Medicare Part C plan, is a health plan approved by Medicare and offered by private insurance companies like CareFirst. Group Medicare Advantage plans pay for services and benefits covered under Medicare Part A and Medicare Part B, as well as additional benefits like prescription drug benefits, all in one plan through CareFirst. With your Group Medicare Advantage plan, CareFirst will be the primary payor for your health benefits. Effective January 1, 2025, you will only need to show your CareFirst ID card to your health care providers. Keep your red, white and blue Medicare card in a safe place, but you will not need to share with your providers.

3. Can I stay on my current plan?

No. All Medicare-eligible retirees/spouses will be changed over to the new CareFirst plan unless you opt out. Your current plan will no longer be available for use beginning January 1, 2025. The Cigna Medicare Advantage (True Choice) plan, and retiree/spouse enrollment in the Cigna employee health plans, will no longer be offered. Similarly,

enrollment through the County in United Healthcare/AARP Medicare supplemental plans will not be available.

4. I'm enrolled in only one plan through United Healthcare/AARP (either a medical supplemental plan or a prescription drug (Part D) plan, but not both). Will I be moved to the new plan?

Yes, which will result in you receiving all the coverage included in the new CareFirst plan. This may be types of coverage that you don't want or that duplicate other coverage you have. If so, you are encouraged to call RetireeFirst and explore other options through the Medicare marketplace.

5. Does this plan require referrals?

No, this plan does not require referrals to see a specialist.

6. Does this plan require prior authorizations?

Yes, some services may require prior authorizations. Your Evidence of Coverage (EOC), also called your member contract, will provide you with information on the services that require pre-certifications or prior authorizations. This document will be posted to the CareFirst member portal (www.carefirst.com/myaccount) when you are enrolled, or you can request a printed copy from CareFirst.

7. Is the new Group Medicare Advantage plan an HMO or PPO?

Your Medicare Advantage plan that will be effective January 1, 2025, is a PPO plan. Your plan has an expansive nationwide network of doctors, care providers and hospitals. The plan adds more value as it is considered a Passive PPO. A Passive PPO means your medical cost shares are the same whether you visit in-network or out-of-network providers.

8. Does this plan have a network? Can I go to my current providers?

Yes, an expansive nationwide network. We encourage you to visit in-network providers. However, you can go to any provider, hospital or facility that accepts Medicare. In- and out-of-network costs are the same under this plan. Most out-of-network providers in Maryland and Washington D.C. are already set up to bill CareFirst or their local

BlueCross BlueShield Plan, and so your provider experience should be seamless. If necessary, RetireeFirst can help connect with out-of-network providers to arrange this billing if it is not already set up.

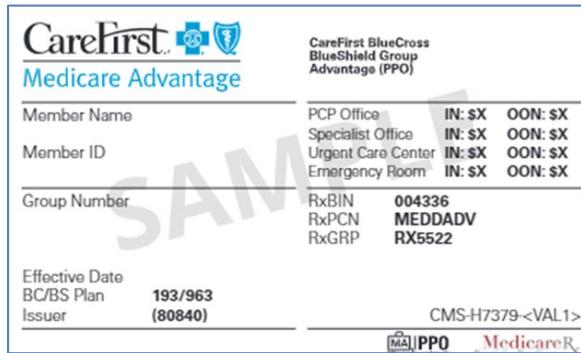
To check if your provider is in the CareFirst Medicare Advantage (PPO) network, visit www.carefirst.com/findadocmappo. If you do not see your provider in our directory, please contact RetireeFirst before your visit to explore whether your provider is already set up to bill CareFirst.

9. Do I still use my Medicare card?

Prior to January 1, 2025, you will receive a welcome kit and a CareFirst ID card for your CareFirst plan. Each Medicare-eligible retiree/spouse will receive their own ID card. Please note that each enrollee may not receive their plan information on the same day. This is the ID card you'll bring with you to your providers and pharmacies (including vision providers) starting January 1, 2025. You'll need to present this new ID card to ensure that claims will be filed correctly by your providers. Make sure you keep your original Medicare card somewhere safe.

Sample CareFirst BlueCross BlueShield Group Advantage (PPO) ID Card

Front:



Back:



10. What if my provider says they do not accept this plan?

Please call RetireeFirst to assist. They can reach out to your provider to explain your new plan and facilitate direct billing. RetireeFirst has found that virtually all providers are willing to work with the CareFirst plan.

11. Do I need to be enrolled in Medicare Part A and Part B to be enrolled in the new CareFirst BlueCross BlueShield Group Advantage (PPO) Plan?

Yes, you must be enrolled in Medicare Part A and Part B. You must also continue to pay your Part B premium. For higher-income retirees, you will need to continue to pay your Part B and Part D Income Related Monthly Adjustment Amounts (IRMAA) premiums. If you are not enrolled in Part A and/or Part B, please reach out to RetireeFirst for assistance.

If you do not pay Medicare premiums, the Centers for Medicare and Medicaid Services (CMS) will ask CareFirst to disenroll you from the CareFirst Plan. If this occurs, you will need to work with Social Security to determine how you can be reinstated with Medicare. You will not have coverage through Frederick County Government during that time.

12. Do I need additional vision and dental coverage? Can I keep or enroll in the County's vision and dental plans?

The new CareFirst plan is intended to provide comprehensive vision benefits and limited dental benefits included in Medicare. Accordingly, we recommend that you keep or enroll in a separate dental plan, through the marketplace or one of the County's Cigna dental plans. You can enroll in the County's vision and dental plans during Open Enrollment. Retirees/spouses who are already enrolled in the County's plans will remain enrolled if they don't take any action during Open Enrollment.

13. How does this impact my non-Medicare-eligible spouse? What about other covered dependents?

They are not eligible for the new CareFirst plan. If they are currently enrolled in any County health, vision, or dental plans, they will continue to remain enrolled unless action is taken during Open Enrollment.

14. What if I am a County retiree who is eligible but not currently enrolled in a County health plan?

If you are Medicare-eligible and enrolled in Medicare Parts A and B, you can enroll in the new CareFirst plan during the County's Open Enrollment, from November 4 – November 22, 2024. The new plan will be effective January 1, 2025.

PRESCRIPTION DRUG QUESTIONS

15. Is there a prescription deductible?

No, there is no prescription drug deductible in this plan.

16. Are my prescription drugs covered?

The CareFirst plan covers most Medicare Part D covered drugs as well as enhanced coverage for drugs not typically covered by Medicare (for example, prescription vitamins and cold and cough). In the mailing CareFirst sends to you, they will provide a website link where you can search to see if your drugs are covered. If you do not see one of your drugs on the list, it may mean that CareFirst covers a similar drug instead. RetireeFirst can help you explore your drug list and go through applicable copays.

17. Can I go to the same retail pharmacy I go to now?

CareFirst has over 62,000 pharmacies in-network. In the mailing CareFirst sends to you, they will provide a website link where you can see if your pharmacies are in-network. Please share your new coverage information with your pharmacy. If you do not see your pharmacy on the list, RetireeFirst can help you explore other available pharmacies.

18. Is there a mail order pharmacy and will my prescriptions transfer over?

Yes, and mail order prescriptions transfer over to the new plan. You can call the pharmacy number on your member ID card to confirm your mail order prescription transferred to the new plan.

19. Can I still go to the Veteran Affairs (VA) for my medications?

Yes. If you obtain medications from the VA, you may continue to do so. This is a separate benefit and may have separate lists of covered drugs, member cost shares, or restrictions.

20. Do I need prior authorizations for certain prescription medications?

Some prescriptions may require a coverage determination review. Please contact RetireeFirst if you have questions or need assistance with prior authorizations as well as any other prescription requirements, such as step therapy, quantity limits, or formulary exceptions.

21. What is the annual maximum out-of-pocket (MOOP) for prescription drugs and how does it work?

Once your out-of-pocket costs for prescription drugs reaches \$2,000, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind drugs covered under the enhanced rider and not covered by Medicare Part D do not count toward your out-of-pocket total.

PLAN-RELATED QUESTIONS

22. Will I be automatically enrolled in the new CareFirst BlueCross BlueShield Group Advantage Plan? Do I need to do anything to enroll?

All Medicare-eligible retirees/spouses who are currently enrolled in a County health plan will be automatically enrolled in the new plan. There is nothing you need to do to be enrolled.

23. What if I do not want to automatically enroll in this new plan? What does “opt out” mean?

All Medicare-eligible retirees/spouses who are currently enrolled in a County health plan are going to be automatically enrolled. If you do not want to enroll, you can choose to opt out of the new plan. Note that if you choose to opt out, you will not have any medical or prescription drug coverage through Frederick County Government, and the County will not pay any portion of your premium rates. Please call RetireeFirst if you would like to opt out; you can make this request on their recorded line.

24. If I opt out of the plan, can I come back?

Yes, Medicare-eligible retirees can generally enroll in the CareFirst plan at any time, with some restrictions. Special rules may also apply to spouses. Contact RetireeFirst to explore enrollment options and initiate enrollment.

25. If I opt out, will it affect any of my other County benefits?

If you opt out, you will not have any medical or prescription drug coverage through Frederick County Government, and the County will not pay any portion of your premium rates. Opting out will not change your current enrollment in County vision or dental plans, and you can still enroll in those plans during the County's Open Enrollment.

26. Can I enroll in another Medicare Prescription Part D plan and still be enrolled in my group plan?

No, you cannot be enrolled in two Medicare Advantage or Part D plans at the same time. If you enroll in a different plan (such as an individual Part D plan), Medicare will automatically disenroll you from your group coverage. Please contact the County or RetireeFirst before you take any action to enroll in another Medicare plan.

27. How do I contact RetireeFirst?

Please call RetireeFirst at **(301) 685-3471 (TTY 711), or Toll-free (800) 558-8157 (TTY 711)** to reach your dedicated Frederick County Government RetireeFirst Team, Monday-Friday, 8 a.m.- 5 p.m. EST.

This document includes a simplified summary of benefits and does not create any contractual rights. For complete benefit details, please refer to the materials that will be sent by CareFirst.