

GROUP MEDICARE ADVANTAGE PPO



**Frederick County Government Retiree
Education Presentation**

Proprietary and Confidential



CareFirst 
Medicare Advantage



TODAY'S AGENDA

- 01.** CareFirst Medicare Advantage Overview
- 02.** Your Medical and Prescription Drug Benefits
- 03.** Extras Included in Your Plan
- 04.** Resources and Reminders
- 05.** Q&A

WHAT'S CHANGING FOR 2025?



What's Changing:

- Medical & Rx carrier for Medicare eligible retirees and spouses will change to CareFirst
- Medicare supplemental plans will no longer be offered
- You will receive a new ID card in December
- Your new coverage will start January 1, 2025



What's Not Changing:

- Retirees and spouses can remain or enroll in the County's standalone dental and vision plans
- Retirees still have support from RetireeFirst for help throughout and after the transition
- Retirees, spouses, and dependents who are non-Medicare eligible may remain on their current medical plans

OUR MISSION AND VALUES

At CareFirst BlueCross BlueShield (CareFirst), we commit to:

- Provide affordable and accessible health insurance
- Promote the integration of a healthcare system that meets the healthcare needs of our members
- We focus on people, not profit: We do everything we can to make a difference in communities where we all live and work



CAREFIRST RETIREE EXPERIENCE

Retirees have trusted us for their health coverage for 65 years.



Over 100K

Group retirees are in the CareFirst network



55K

Individual Medigap (Medicare Supplemental) plan members



14K

Group and individual Medicare Advantage members



CareFirst 
Medicare Advantage

WHAT IS MEDICARE ADVANTAGE?

- **Medicare Advantage (MA) Plans (also called Part C Plans)** are health plan options approved by Medicare and run by private companies, like CareFirst.
- MA plans are part of the Medicare program. Medicare pays private companies like CareFirst a certain amount for each member's care.
- MA plans are offered with and without a prescription drug benefit. **Your MA plan includes a prescription drug benefit.**
- MA plans offer **additional benefits** such as routine vision coverage, telehealth options, in-home assessments, fitness benefits, and more.



PLAN TERMINOLOGY: A REFRESHER

- **Copay:** An amount you pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount (for example \$10), rather than a percentage.
- **Coinsurance:** An amount you may be required to pay, expressed as a percentage (for example 20%) as your share of the cost.
- **Annual Out-of-Pocket Maximum:** The maximum dollar amount you will pay out-of-pocket in copays and/or coinsurance in a calendar year for your Medicare-covered medical expenses. Once this amount is met, the plan pays 100% for Medicare-covered medical expenses for the remainder of the calendar year. There is a separate out-of-pocket maximum for prescription drugs.

MEDICARE SUPPLEMENT vs. MEDICARE ADVANTAGE

CURRENT PLAN	GROUP MEDICARE ADVANTAGE
  <p>Primary coverage includes Medicare Part A and B. Secondary coverage refers to employee plan plus prescription drug.</p>	  <p>Medicare Advantage bundles Medicare Part A, Part B and Part D all in one plan. You no longer have primary and secondary coverage. The Medicare Advantage plan is now your only coverage.</p>
Coordination of Medicare and your commercial plan.	No coordination between Medicare and your commercial plan, as the Group Medicare Advantage replaces your Medicare coverage.
Coverage of all Medicare medical covered services.	Coverage of all Medicare medical covered services plus additional benefits beyond original Medicare.
Pharmacy coverage through a commercial plan design and formulary.	Pharmacy coverage with a formulary (drug list) geared toward retirees .

INDIVIDUAL VS. GROUP MEDICARE PLANS

	INDIVIDUAL MEDICARE ADVANTAGE	GROUP MEDICARE ADVANTAGE
Plan type	PPO and HMO plan options; PPO options generally have higher costs for out-of-network coverage	Passive PPO: Cost sharing is the same in and out-of-network
Network	Generally, individual MAPD plans have smaller networks	Wide network of providers, locally and nationally
Geographic availability	Limited locally; in Maryland, few plans offer coverage to Baltimore County and City residents	Eligible as long as you reside in the U.S. and its territories
Deductibles	Varies based on plan	No medical deductible

INDIVIDUAL VS. GROUP MEDICARE PLANS

	INDIVIDUAL MEDICARE ADVANTAGE	GROUP MEDICARE ADVANTAGE
Out-of-pocket max	Generally, over \$7,000 (Maryland MAPD plans)	\$0
Copays	Inpatient: Generally, a high copay per day for first 5-6 days Outpatient: Generally, a high per admission copay	\$0
Covered drugs	Generally, have less rich formularies; some plans have preferred pharmacy networks	Rich CVS formulary
Drug copays/coinsurance amounts	Copay/coinsurance amounts are higher on Non-Preferred Brand and Specialty drugs: 33-40% coinsurance is common	Copays on all tiers

LOCAL AND NATIONAL PROVIDER PARTNERS

CareFirst's Passive PPO allows you to access in- and out-of-network Medicare providers at the same rate.



Local providers

High-quality providers available throughout Maryland and the District of Columbia.



Nationwide providers

Robust, nationwide PPO network available through BlueCross BlueShield Network Sharing.



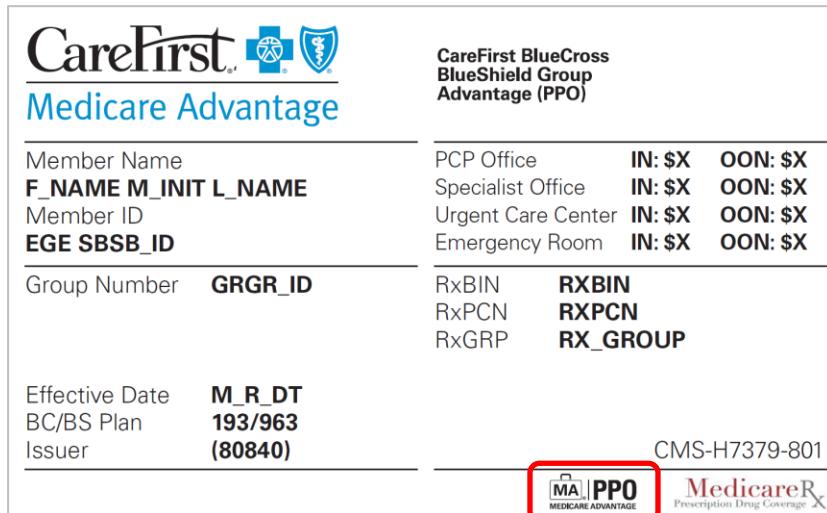
Broad provider choice

You can see any Medicare provider at the same in-network rates*.

*Out-of-network providers must participate in Medicare and be willing to bill CareFirst or their local Blues Plan.

VISITING A PROVIDER

Use your CareFirst ID card when at the provider's office or pharmacy. You won't need your red, white and blue Medicare card to use this plan.



Network statistics:

- ~98% of providers participate in Medicare nationwide
- 8,000 primary care doctors, 57,000 specialists and 55 hospitals in Maryland and DC participate in the CareFirst Medicare Advantage PPO network
- You also have access to the nationwide BlueCross BlueShield Medicare network



YOUR MEDICAL AND RX BENEFITS

MEDICAL BENEFITS AT A GLANCE

	UHC AARP Medicare Supplement Plan G	Cigna OAPIN (Employee plan; in-network only)	Cigna True Choice MAPD Plan In-Network/Out-of-Network Combined	CareFirst Group Advantage (PPO) In-Network/Out-of-Network Combined
Medical Deductible	\$240 (Part B services)	\$0	\$0	\$0
Maximum Out-of-Pocket (MOOP)	None	\$1,500 (combined w/ Rx)	\$0	\$0
Primary Care Provider Copay	\$0	\$0	\$0	\$0
Physician Specialist Copay	\$0	\$0	\$0	\$0
Occupational, Physical, Speech-Language Pathology Therapy	\$0	\$0	\$0	\$0
Inpatient Coverage— Per Admission Copay	\$0	\$0	\$0	\$0

MEDICAL BENEFITS AT A GLANCE

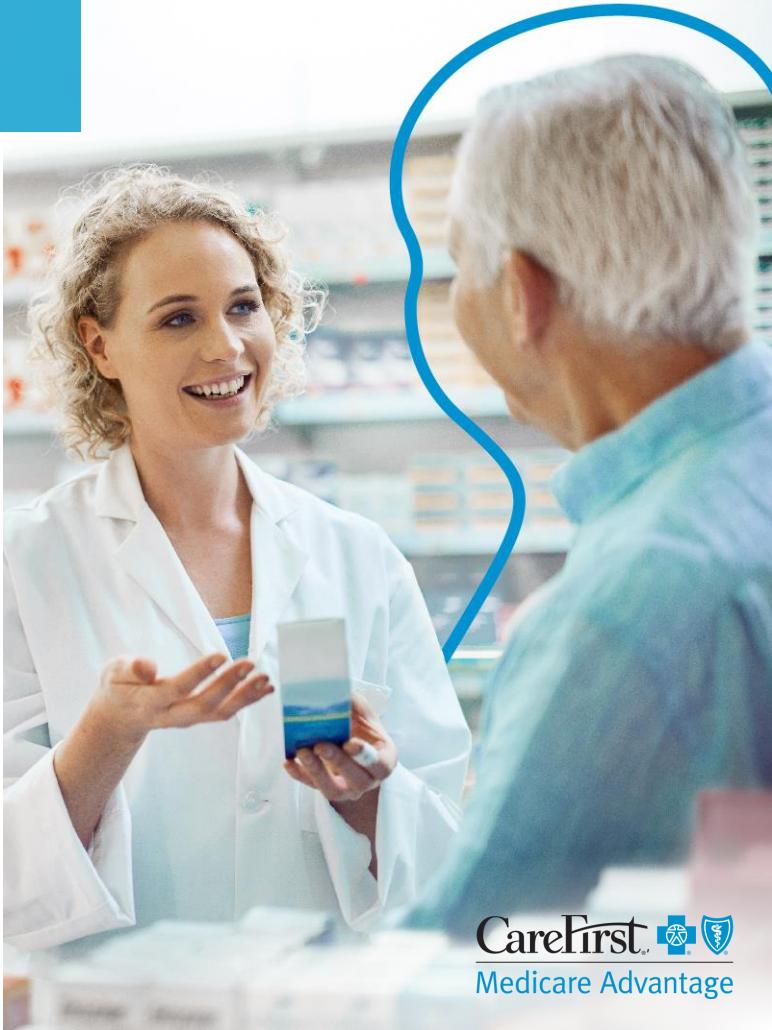
	UHC AARP Medicare Supplement Plan G	Cigna OAPIN (Employee plan; in-network only)	Cigna True Choice MAPD Plan In-Network/Out-of-Network Combined	CareFirst Group Advantage (PPO) In-Network/Out-of-Network Combined
Outpatient Hospital Services— Per Admission Copay	\$0	\$0	\$0	\$0
Emergency Room Copay (waived if admitted within 24 hours)	\$0	\$0	\$0	\$0
Urgent Care Center Copay (waived if admitted within 48 hours)	\$0	\$0	\$0	\$0
Lab Tests Copay	\$0	\$0	\$0	\$0
X-ray Services	\$0	\$0	\$0	\$0

PRIOR AUTHORIZATION

Approval in advance may be required to obtain select services or prescription drugs.

What you need to know:

- Your provider will coordinate this with CareFirst before your visit.
- You don't need to get prior authorization when you get care from out-of-network providers.
- If we say we will not cover your services, you, or your provider, have the right to appeal our decision.
- Prior authorization is required for certain services like:
 - Physical therapy
 - Podiatry
 - Cosmetic surgery
 - Transplants
 - Durable medical equipment
 - Home health



PREScription DRUG BENEFITS AT A GLANCE

	AARP Medicare Rx Preferred from UHC	Cigna OAPIN (Employee plan; in-network only)	Cigna True Choice MAPD Plan	CareFirst Group Advantage (PPO)
Part D Prescription Drug Deductible	\$0	\$0	\$0	\$0
Part D Out-of-Pocket Drug Costs Cap	\$8,000	\$1,500 (combined w/ medical)	\$8,000	\$2,000
Tier 1—Generic (30-day supply)	Generic: \$7 or \$12 (preferred pharmacies)	Tier 1: \$10	Tier 1: \$10	\$10
Tier 2—Preferred Brand (30-day supply)	Preferred Brand: \$47 (preferred pharmacies)	Tier 2: \$30	Tier 2: \$30	\$30
Tier 3—Non-Preferred Drug (30-day supply)	Non-Preferred Drug: 40% coinsurance (preferred pharmacies)	Tier 3: \$50	Tier 3: \$50	\$50

PREScription DRUG BENEFITS AT A GLANCE

	AARP Medicare Rx Preferred from UHC	Cigna OAPIN (Employee plan; in-network only)	Cigna True Choice MAPD Plan	CareFirst Group Advantage (PPO)
Tier 4—Specialty (30-day supply)	Specialty: 33% coinsurance	Tier 4: \$75	Tier 4: \$75	\$75
90 Day Supply (Retail and mail order)	3x copay	2x copay	2x copay	2x copay
Network Coverage	National	National	National	National
Non-Part D Enhanced Drug Benefit <i>Drugs covered on enhanced rider may differ between Cigna and CareFirst plans</i>	Coverage for select vitamins and lifestyle drugs	Coverage for select vitamins and lifestyle drugs	Coverage for lifestyle drugs, cough & cold, vitamins, weight loss, etc.	Coverage for lifestyle drugs, cough & cold, vitamins, weight loss, etc.

ACCESSING YOUR DRUG BENEFITS



We offer holistic and comprehensive prescription drug coverage



Pharmacy locations

Access to over **62,000 pharmacy locations** nationwide including all major chains like:

- CVS
- Walmart
- Weis
- Walgreens
- Costco
- Safeway
- Wegmans
- Medicine Shoppe
- Giant Pharmacy
- Harris Teeter



Mail order savings

Get routine prescriptions fulfilled through the mail for **2x copay**

TRANSITION POLICY

A transition fill is typically a one-time, one-month supply of a drug



Transition fills let you get temporary coverage for Part D drugs that are not on your plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

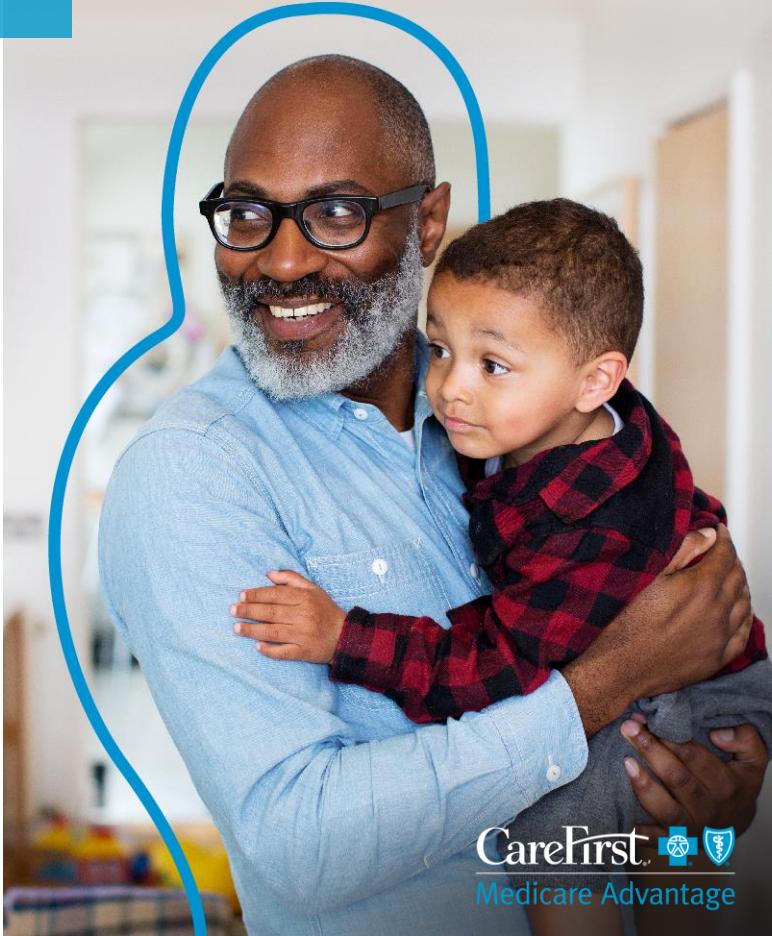


We may cover your drug in certain cases during your first 90 days of membership. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.



The transition supply gives you time to talk to your doctor or other prescriber about pursuing other options available to you within our formulary.

Please refer to your Evidence of Coverage for more information on the CareFirst BlueCross BlueShield Medicare Advantage transition process.





EXTRAS INCLUDED IN YOUR PLAN

VISION HIGHLIGHTS



An overview of the plan's vision coverage provided by Davis Vision

To find a vision provider, visit carefirst.com/frederickgovt and select *Find a Doctor* in the middle of the page. Then select the Medicare Advantage Vision (PPO) network.

CAREFIRST BLUECROSS BLUESHIELD GROUP ADVANTAGE (PPO)

Vision Benefit	In-Network Member Cost	Out-of-Network Member Cost
Annual Routine Eye Exam w/ Dilation	\$0 copay	Up to \$40 allowance
Frames	\$0-\$40 copay for Davis Collection Up to \$200 annual allowance + 20% on balance for other frames	Up to \$88 allowance
Clear Spectacle Lenses	\$0 copay	Up to \$40-\$100 allowance depending on lens type
Contact Lenses (in lieu of eyeglasses)	Up to \$200 allowance + 15% discount off balance for contact lens materials	Up to \$136 allowance

HEARING HIGHLIGHTS



An overview of the plan's hearing coverage provided by NationsHearing

To find a hearing provider, visit carefirst.com/frederickgovt and select *Find a Doctor* in the middle of the page. Then select the Medicare Advantage Hearing (PPO) network.

CAREFIRST BLUECROSS BLUESHIELD GROUP ADVANTAGE (PPO)

Hearing Benefit	Member Cost
Annual Routine Hearing Exam	\$0 copay
Annual Hearing Aid Fitting	\$0 copay
Hearing Aid Coverage	\$0–\$950 copay per hearing aid based on technology level
3 Follow Up Visits within First Year of Initial Fitting Date	\$0 copay
3-year Repair Warranty	Included
3 Years of Batteries	Included
One-time Replacement Coverage (for lost, stolen or damaged hearing aids)	Included
100% Money-back Guarantee	60 day
12- and 18-Month Financing Options	0% APR, no money down

FITNESS BENEFITS PROGRAM

SilverSneakers® is an opportunity for you to improve your health, gain confidence and connect in your community.



At home or on the go:

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE™ virtual classes and workshops
- SilverSneakers GO™ mobile app with workout plans and more
- SilverSneakers FLEX® classes, walking groups and more at parks, community centers



In participating fitness locations:

- A large network of gyms including:
 - *Planet Fitness - Frederick*
 - *Gold's Gym - Frederick*
 - *Anytime Fitness - Frederick*
 - *Corelife Frederick*
- Ability to enroll at multiple locations at any time
- Classes for all levels, taught by instructors trained in senior fitness



In your community

- Group activities and classes offered outside the gym
- SilverSneakers.com online resources like a fitness location directory, articles and more

BLUE365 DISCOUNT PROGRAM

This exclusive program offers you savings on health and wellness products and services from a number of retailers.

Reebok 

SKECHERS

AVIS

crocsTM

GARMIN

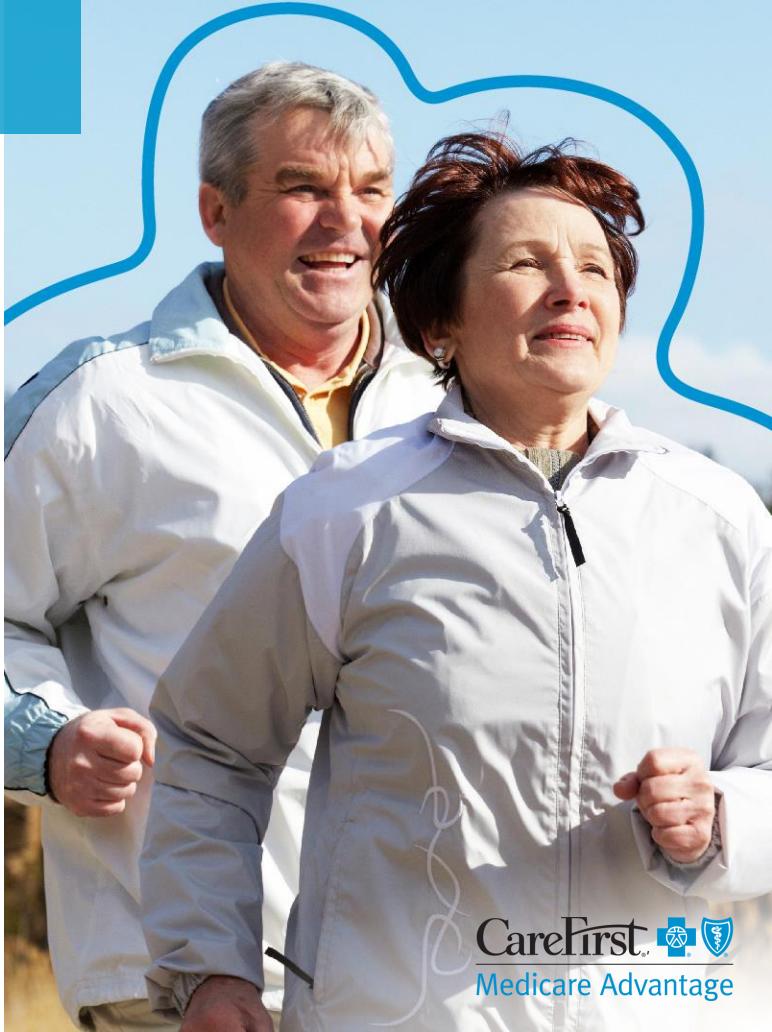
 **Expedia**

Hertz

chewy

PHILIPS
sonicare

! Sign up at blue365deals.com/CareFirstBCBS and check the site often as deals can change.



CareFirst 
Medicare Advantage

CARE MANAGEMENT OUTREACH

CareFirst works with partners to provide other services to you at no cost.

Program	Partner(s)	Why take the call?
Medication adherence	 AdhereHealth ADHERENCE RESOLVED 	Get medication reminders
Medication review		Have a pharmacist review your medications to improve adherence and prevent drug-related risks
Home visits		Get in-home health assessment to identify care gaps, provide testing, support with appointment scheduling, and connect to community resources
Preventive screening and annual wellness visit reminders		Get help with scheduling appointments, acquiring medical equipment, arranging transportation and more
Screening kits	 cologuard  	Get screening or testing kits mailed to your home

WHOLE HEALTH APPROACH



Our additional benefits, preventive care, and behavioral health programs are front and center for the whole health concept.



Our care management team can help you get back on your feet after a hospital stay, navigating a new diagnosis, or help coordinate your care.



Members can access support through multiple channels— websites, mobile app, phone.

What our members are saying...

"I love that Porter is helping members with preventive care. I really enjoyed speaking with Julia, her knowledge and thoroughness. She was just wonderful. 10/10."

"Finally! Someone that I felt was truly interested in me physically as well as emotionally. She listened, understood and answered my questions."

"I love having access to urgent care from my phone through CloseKnit. I was able to get the care I needed without leaving my home."

VIRTUAL HEALTHCARE—CLOSEKNIT

Virtual care service where you can connect to a clinician online 24/7. You can:



Get care on-demand—connect to a doctor from the convenience of your home.

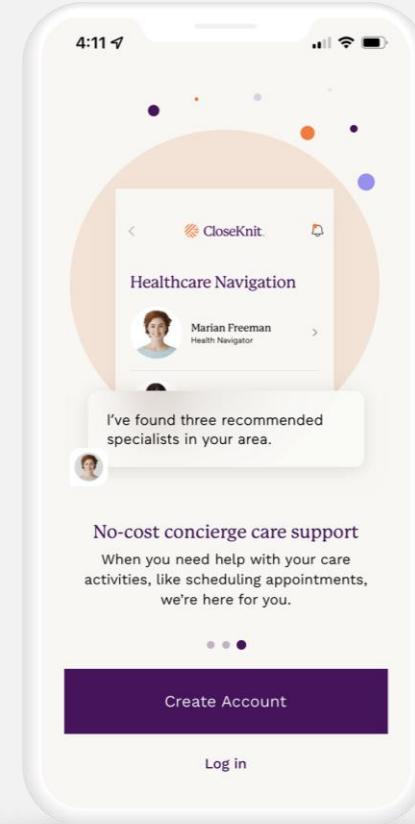


Get predictable costs—copay will be the same amount as an in-office visit.



Get no hassle prescriptions—prescriptions are sent to a local pharmacy.

CloseKnit offers primary care, urgent care, behavioral health, and diet and nutrition services.



24-HOUR NURSE ADVICE LINE

You can call 833-968-1773 for general questions about health issues or where to go for care.



Staffed by registered nurses 24/7.



Needs or symptoms can include cough, cold, rashes and medication questions.



Included as part of your plan at no added cost.



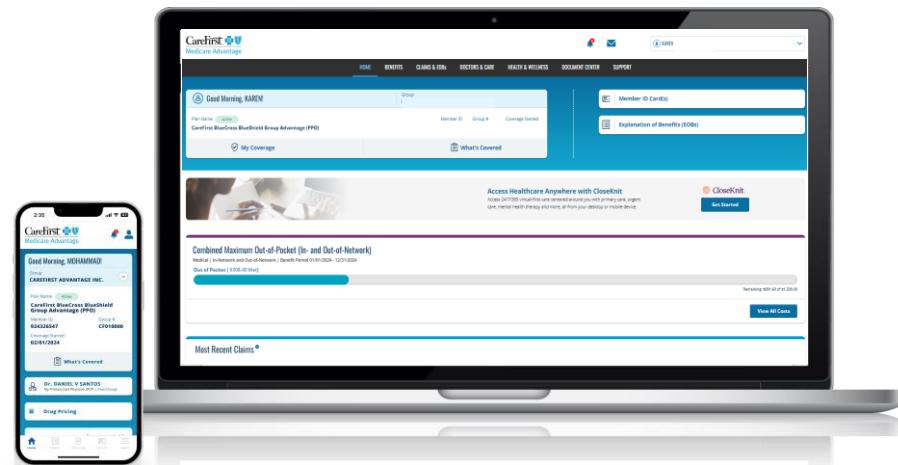


RESOURCES AND REMINDERS

MY ACCOUNT MEMBER PORTAL

You have access to a secure personalized account where you can:

- View claims and Explanation of Benefits (EOBs)
- Find a doctor, facility or pharmacy
- Check your benefits
- View, order and print ID cards
- Estimate medical expenses
- Confirm drugs are covered and check pricing at local pharmacies
- Email CareFirst directly with questions



MEMBER COMMUNICATIONS

Each new member is sent materials that describe how to use your plan benefits.

These include:

- Welcome package that includes a robust booklet
- A personalized member ID card

You can also visit carefirst.com/frederickgovt year-round for information about your plan including your Evidence of Coverage, provider directories, our formulary, and more.



IMPORTANT ELIGIBILITY REMINDERS

To be eligible for a Group Medicare Advantage plan, you must:

- ✓ Be retired from the group and meet all employer eligibility guidelines
- ✓ Be enrolled in Medicare (Parts A & B) and continue to pay your Part B premium as well as any Part B or Part D income related monthly adjustment amount
- ✓ Live in CareFirst's Group Medicare Advantage service area, which includes all 50 United States, DC, and all U.S. territories
- ✓ Provide a physical address within the service area to establish permanent residence (cannot be a PO Box)

! **You can only be in one Medicare Advantage plan at a time.** Medicare will automatically terminate you from this plan if you enroll in any other Medicare Advantage plan or standalone Part D prescription drug plan.

NEXT STEPS

- ❑ Review all the information in your 2025 Healthcare Benefit Guide that was mailed to you.
- ❑ Search the provider directory and formulary on carefirst.com/frederickgovt to check that your doctors and medications are covered.
- ❑ Call RetireeFirst if you have any questions at 301-685-3471 or toll-free at 800-558-8157.
- ❑ **There is nothing you need to do to enroll in the plan.**
- ❑ In early December, you will start receiving communications from CareFirst confirming your enrollment in the plan – and you will receive your Welcome Kit and your new member ID card in the mail.

RETIREEFIRST MEMBER ADVOCACY

We partner with RetireeFirst to support our members.

RetireeFirst was founded in 2006 with a mission to simplify retiree healthcare. CareFirst and RetireeFirst work together to ensure a smooth transition for you.



Member education and communication



Open enrollment engagement session support



Dedicated retiree advocates available to support you



RetireeFirst



Frederick County Government Retiree Presentation



Diana Klimek, Senior Client Service Manager
Kelly Hartnett, Vice President of Client Relations



RetireeFirst works as an extension of CareFirst to offer a US based white glove concierge service and serve as a liaison between the insurance carrier, provider's office, and pharmacy.

About RetireeFirst

RetireeFirst

Founded in 2006 with a mission to simplify the retiree experience by providing dedicated advocacy to navigate Medicare benefits provided by Frederick County Government

Commitment to compliance and data protection - AHIP Certified, URAC Accredited and CMS Certified

375+
CLIENTS
36 in
Maryland

99.9%
RETENTION

90+
Net Promoter
Score

325k+
MEDICAL &
PHARMACY LIVES

Retirees Come First

Our Retiree Advocacy Services are our true hallmark.

- Our team of 140+ in-house, US-based Retiree Advocates creates a seamless benefits experience and delivers on the promise of improving the health and happiness of the people we serve
- Advocates are available Monday through Friday from 8 am–5 pm; we have an emergency line available after hours
- Members receive a dedicated group phone number—toll free and local; each call routes to the Advocate with case history first, then dedicated team second
- Many Advocates are bi-lingual and can partner with a HIPAA-compliant service offering translation in 300+ languages
- Average speed of answer from a live Advocate is under 15 seconds, which is why we don't use call menus
- Advocates:
 - Host kick-off and one-on-one meetings to help members understand plan changes
 - Provide real-time Pharmacy and Physician assistance to members
 - Interface directly with governmental agencies to solve problems on the member's behalf
 - Troubleshoot issues and make completion calls to close the loop and ensure resolution
 - Work to close gaps in care (diabetic eye exams, mammograms colonoscopies) and schedule house calls and annual wellness visits



How RetireeFirst Supports You

How can we help?

- Outreach to providers
- Medical prior authorizations
- Medical reimbursements
- Medical billing/Benefits questions
- Pharmacy outreach
- Mail order assistance
- Formulary lookup
- Prescription prior-authorization/step therapy
- Prescription billing/benefits questions

Some common questions

- “I received a bill, and I’m unsure if these services should be covered.”
- “I need help finding a specialist.”
- “I need help making an appointment.”
- “What does this benefit mean for me and how can I take advantage of it?”
- “I need to know if a specific drug my doctor prescribed is covered.”
- “I’m at the pharmacy and my medication costs more than normal.”

Member Journey to Resolution

RetireeFirst

Member calls in asking, "Is my medication covered?"

Advocate calls member to update them on the issue

Advocate calls to notify member that medication is ready for pickup, and confirms pricing

Advocate conducts completion call



Advocate looks up medication on formulary to confirm availability: Available

Advocate calls provider to request they send script to pharmacy

Advocate calls pharmacy to confirm receipt and request a test claim to confirm pricing: Confirmed

Completion Call:

Advocate asks member if they were able to pick up their medication and if RetireeFirst can assist them in any other way.



RetireeFirst

Questions?





Frederick County Government
Dedicated Retiree Line:

301-685-3471 (TTY 711)

Toll free 800-558-8157 (TTY 711)

Monday-Friday, 8am-5pm EST

**Please have the following information ready for provider or
medication inquiries:**

- List of current providers including phone number
- List of current medications

MONTHLY PREMIUM RATES FOR 2025



- The premium rate listed below will be your monthly premium cost, which has already been reduced by County cost sharing. Your cost share is based on your hire date and your years of benefitted service with the County.
- The rates provided are individual monthly premiums. This means that if you and your spouse are both enrolled in the new CareFirst plan, you will both be responsible for the monthly premium listed.

Date of Hire	Percentage Paid by Retiree, County	Your Monthly Premium Rate
Prior to 7/1/1992	Retiree pays 15%, County pays 85%	\$47.85
Between 7/1/1992 – 7/31/2008 with less than 25 years of service	Retiree pays 50%, County pays 50%	\$159.50
Between 7/1/1992 – 7/31/2008 with 25 years of service	Retiree pays 45%, County pays 55%	\$143.55
On or after 8/1/2008 with 10-14.99 years of service	Retiree pays 75%, County pays 25%	\$239.25
On or after 8/1/2008 with 15-19.99 years of service	Retiree pays 65%, County pays 35%	\$207.35
Age 65 or greater with 5-9.99 years of service	Retiree pays 80%, County pays 20%	\$255.20

THANK YOU



CareFirst BlueCross BlueShield Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, 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.