



Welcome

Frederick County Government

Visit carefirst.com/frederickgovt

MEDICARE ELIGIBLE RETIREES | 2025

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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 12 consecutive years!

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.

Getting started

We want to make it easy for you to get started enjoying the benefits of your new plan right away. Here's what you need to do:



Review ID card

Make sure the information on your card is correct. If there is an error, call Member Services at the number on the back of your member ID card.



Register for access to your plan information

Access your plan information, keep your contact information up to date & more with My Account. (See page 2).



Schedule a PCP visit

Schedule your annual wellness visit with your PCP. Ask about preventive screenings you may need.



Take the Health Risk Assessment (HRA)

Take the HRA to ensure you're connected with the care you need. Your HRA is included in the welcome kit.



Answer the call

Care managers from Group Advantage may call you to talk about your healthcare needs. They can help you:

- Complete your Health Risk Assessment (HRA) and understand your benefits
- Learn more about care management and connect you with a nurse care manager if needed
- Discuss your health and well-being (financial, housing, food, etc.) needs

To connect with a care manager, call the Member Services number on the back of your ID card.



Transfer your prescriptions

This is a great time to ask about mail order and other savings on prescription drugs.

We're here for you

If you have any questions about your CareFirst BlueCross BlueShield Group Advantage (PPO) plan, call member services at 833-939-4103 (TTY: 711) from 8 a.m.–6 p.m. ET, Monday through Friday.



My Account— your member portal

My Account is personalized to you and your Group Advantage benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles.

Access your plan information



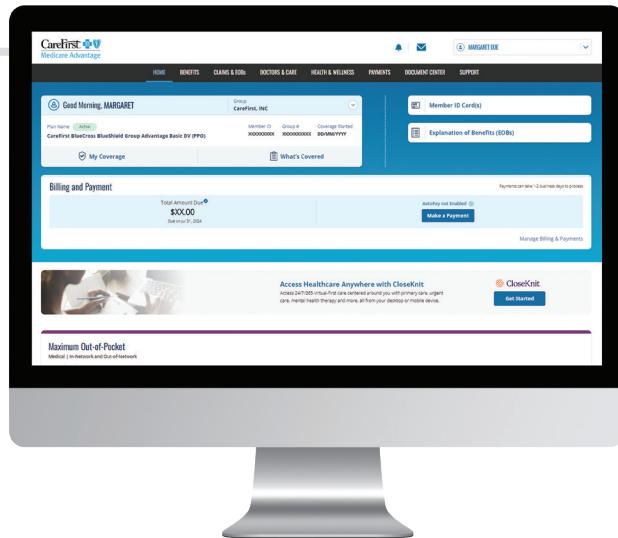
Check the status of claims, remaining deductibles and out-of-pocket totals



Review your Explanation of Benefits (EOBs)



View, order or print your member ID card



Beyond coverage—support for a healthier you

CloseKnit

Access behavioral health services from CloseKnit, CareFirst's virtual care practice. With CloseKnit, you get 24/7 access to the support you deserve—from primary and

urgent care to behavioral health and more through your desktop or the CloseKnit app.

Get started at closeknithealth.com.

Your documents

Download forms for claim submissions, authorizations, and more.

Review plan documents electronically

If you need a copy of the Evidence of Coverage, Pharmacy Directory, Provider Directory or Formulary, visit carefirst.com/myaccount to access our online searchable directories and documents. Or you can call 833-939-4103 (TTY:711).



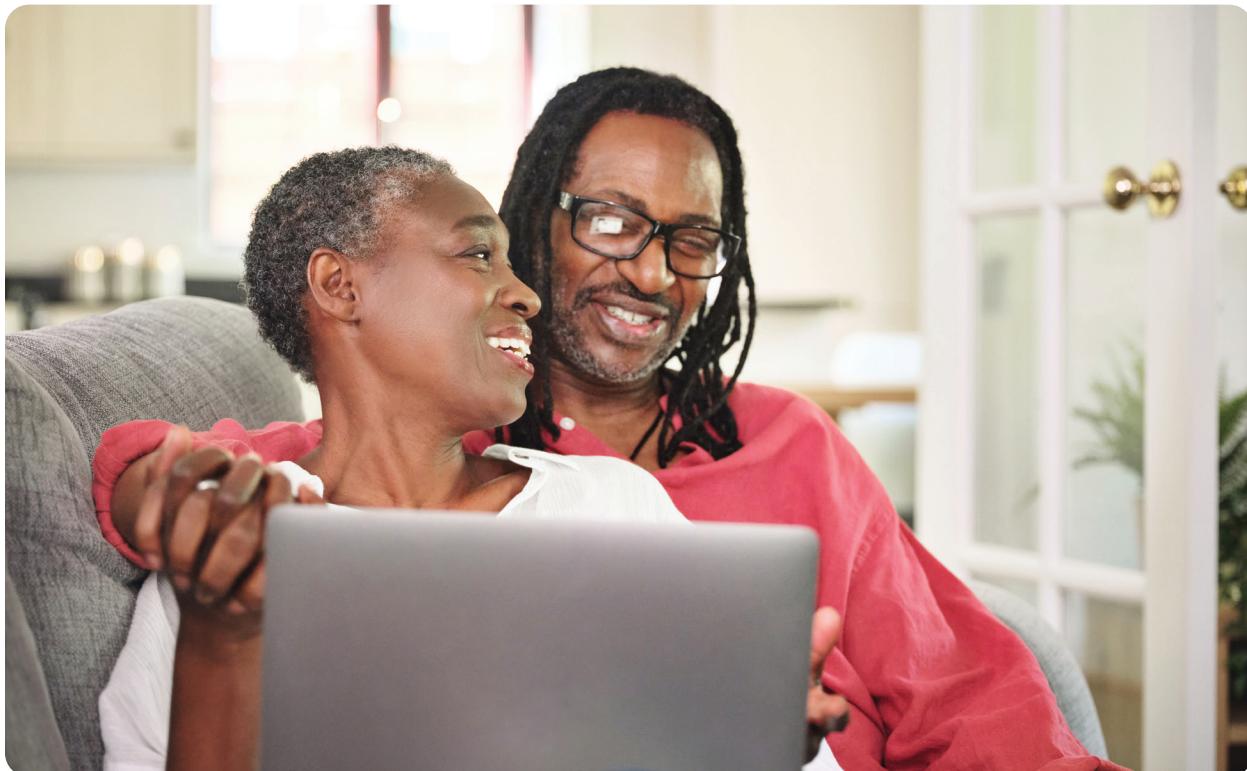
Doctors, specialists and healthcare facilities (Find a Doctor tool)

- Find and select in-network:
 - Doctors, specialists and behavioral health providers
 - Hospitals, urgent care centers, labs and imaging facilities
 - Locate nearby pharmacies or access the Mail Order Pharmacy

How to register for My Account

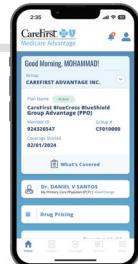
Signing up is easy and takes a few minutes!

- Go to carefirst.com/myaccount and select *Register Now*.
- Then, follow the steps to complete your registration. Note: you will select *Employer Sponsored* for your plan type.
- To register, you'll need your member ID number or the last four digits of your social security number.



Access your information on the go

To get started, download the CareFirst Blue Connect app from your app store. If you have questions about your plan, send a secure message or question to a customer service representative with the Message Center.



Options for care

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. Below is a chart with choices for care, including some options that are available anytime, day or night.

Location	Virtual	In-Person	24/7
CloseKnit virtual care CloseKnit offers 24/7/365 virtual-first primary care, preventive care, urgent care, mental health, nutrition and other specialty services.			
24-Hour Nurse Advice Line Call 833-968-1773 for general questions about health issues or where to go for care. Needs or symptoms can include cough, cold, rashes and medication questions.			
PCP Visit Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups. Needs or symptoms can include routine physical, diabetic care, cough, cold, bronchitis or allergies.	Verify availability with your provider		
Convenience and urgent care centers (e.g., CVS MinuteClinic, ExpressCare) Health screenings, vaccinations, minor illness or injury. Needs or symptoms can include cough, cold, pink eye, ear pain and flu shot.			
Emergency room visit Life-threatening illness or injury. Needs or symptoms can include chest pain, difficulty breathing, uncontrolled bleeding and major burns.			

How to access care

With the Group Advantage plan, you can see doctors and other health care providers both in and out of our network and pay the same cost share. Out-of-network providers must participate in Medicare and agree to bill CareFirst (or the local BlueCross BlueShield plan if outside Maryland, Washington D.C. or Northern Virginia).

Going to an in-network doctor or health care provider

What is a network doctor?

An in-network doctor or health care provider is one who contracts with the Group Advantage plan to provide services to Medicare-eligible members.

What do I pay?

You pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill CareFirst for the rest of the cost of your service(s).

How is the doctor paid?

The doctor or health care provider is paid according to their contract with the Group Advantage plan.

Can a network doctor refuse to see me?

If you are an existing patient, the doctor or health care provider must continue to see you.

A network doctor may choose not to see you if they have not seen you before and if they are not accepting any new Medicare patients.

Going to an out-of-network doctor or health care provider

What is an out-of-network doctor?

An out-of-network doctor or health care provider does not have a contract with Group Advantage.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill your health insurance plan.

Here's what you should do if your provider is not in the CareFirst provider directory:

- Contact your provider to make sure they participate in Medicare.
- Ask if the provider is willing to bill CareFirst or a BlueCross BlueShield entity. Note: they will be paid the same as under Original Medicare.
- Your doctor will need to submit a claim to CareFirst or a BlueCross BlueShield entity.
- Pay your in-network copay or coinsurance.



Going to an out-of-network doctor or health care provider

What do I pay?

You pay your plan's copay or coinsurance. Group Advantage will pay for the rest of the cost of your covered service(s) including any excess charges up to the limit set by Medicare.

Will the doctor bill me?

Medicare providers shouldn't bill members directly whether they are part of Original Medicare or a Medicare Advantage plan for Medicare covered services. Please share this document with the provider and ask them to call us to discuss our payments, which will be the same as original Medicare for Medicare covered services.

Live, work and travel nationally

This program gives you in-network access to BlueCross and BlueShield participating doctors and hospitals across the U.S.

Access to out-of-network providers nationwide

In areas without network providers, you can see Medicare-accepting providers. You will pay the same in-network cost-sharing for all your benefits.

What if my doctor says they won't accept the plan?

We'll be happy to contact your doctor on your behalf to explain how the plan works. Usually, that is all that is needed. If you have questions, call Member Services at the number on the back of your member ID card.



A message for your provider

We have included information that you can take to your provider. Tear off and give it to your provider at your next visit.

CareFirst BlueCross BlueShield Group Advantage (PPO) will provide coverage for this retiree under a group or employer-sponsored Medicare preferred provider organization (PPO) plan.

This retiree's in-network and out-of-network benefits and cost shares are the same. If you are a Medicare provider, you can provide services to this retiree without fear of a large deductible or cost share.

Provider information	
Contracted healthcare providers:	If you're a CareFirst BlueCross BlueShield Group Advantage PPO-contracted healthcare provider, you'll receive your contracted rate.
Out-of-network healthcare providers:	We are dedicated to an easy transition. If you're a Medicare provider, you can treat and receive payment for CareFirst BlueCross BlueShield Group Advantage-covered patients who have this plan. Our plan pays providers according to the Original Medicare fee schedule less any member plan responsibility.
Healthcare providers in MD, D.C. and Northern VA:	Providers who want information about our claims processes or about becoming a CareFirst BlueCross BlueShield Group Advantage PPO-contracted provider can call provider services at 833-320-2664.
Healthcare providers outside the CareFirst service area:	Providers who want information about claims processes can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard Eligibility at 1-800-676-BLUE (2583).

NOTE: This number is not for patient use. Patients, please call the Member Services number on the back of your CareFirst BlueCross BlueShield Group Advantage member ID card.

The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.

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Care that goes beyond the doctor's office

Managing your care needs can be every bit as important to your whole health as regular checkups. But it can also be a challenge. That's why our plan gives you access to a dedicated care team including registered nurses, social workers and care coordinators. The best part? All of this is a part of your plan. It costs you nothing.

Your dedicated care team can help with almost anything related to your care, such as:



Making appointments and navigating the healthcare system



Taking care of chronic conditions like diabetes or heart disease



Getting back to your regular routine after a hospital visit



Connecting you with community resources for food, transportation and other needs



We're here to help

One of our care team members will call you to discuss your needs in detail. But if you need help now, call the number on the back of your member ID card.



All about prescriptions

Your plan includes prescription drug coverage and access to thousands of pharmacies, plus services to help you save time and money.

Prescription drug tiers

Drugs are categorized into one of four “tiers” or levels. Search our formulary to find out what tier your drugs are on. Typically, the lower the tier, the lower the cost.

Prescription drug formulary

A formulary is a list of drugs covered by your plan. Your drug must be included in our formulary to be covered, except in certain limited circumstances.

If your drug is not included in this formulary, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered.
- You can ask Group Advantage to make an exception and cover your drug. You can search our formulary at carefirst.com/frederickgovt. Or call us at 833-939-4103 (TTY: 711)

Save more with mail service pharmacy delivery

Transfer your prescriptions to our mail service pharmacy. Getting started is simple—just use one of these three choices:

- Ask your doctor to send an electronic prescription for a 3-month supply of your medication to CVS Caremark® Mail Service Pharmacy, our mail service pharmacy partner.
- Sign in at carefirst.com/myaccount. Under *Benefits*, select *What's Covered*, then click *Pharmacy*. Scroll down to *Mail Order* and click *Request a New Mail Order Prescription*. The mail service pharmacy will contact your doctor to get the process started.
- Call Customer Care at 888-970-0917, 24 hours a day, 7 days a week (TTY: 711).

Our pharmacy network

You have access to a large pharmacy network, including independent pharmacies & major chains, such as CVS, Walmart, Safeway, Costco and Giant.



Drug requirements

Our Group Advantage plan uses certain strategies to ensure that medications are properly prescribed, dispensed and used.

Transition fill

A transition refill, also known as a transition fill, is typically a one-time, one-month supply of a drug that you're taking.

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

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 allows you time to talk to your doctor or other prescriber about pursuing other options available to you within our formulary. It also provides an opportunity for you or your prescriber to submit an exception request to maintain coverage of the existing drug.

Your plan cannot continue to pay for these medications under the transition policy, even if you have been a member for less than 90 days following your one-month transition supply.

Prior authorization

Before certain prescriptions can be filled, you or your doctor will be required to get prior authorization from CareFirst. This means that approval is required from CareFirst before you fill certain prescriptions. If you or your doctor don't get approval, the drug may not be covered.

Quantity limit

For certain drugs, you may have a limit on the amount of the drug that we will cover.

Step therapy

As a first step in treating certain health conditions, you may need to try certain drugs before another drug is covered. You'll continue to work with your doctor to find a drug that works best for you. For example, if Drug A and Drug B both treat your medical condition, CareFirst may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Need more details?

For more information on drug requirements, reference your Evidence of Coverage and/or formulary documents on carefirst.com/myaccount.



Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law. It works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January–December). Starting in 2025, anyone with a Medicare Advantage plan with drug coverage can use this payment option. **Participation is voluntary.**

How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (January–December), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (\$2,000 in 2025).

Will this help me?

It depends on your situation. This payment option might help you manage your monthly expenses but it **doesn't save you money or lower your drug costs**. You'll most likely benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option any time in the year, starting earlier (like before September) gives you more months to spread your drug costs.

Visit carefirst.com/myaccount, click on *Benefits* and then select *Medicare Prescription Payment Plan* for additional information. To sign up for this plan, please see the form on the next page.

How do I know if this payment option might not be right for me? It may not if:

- Your yearly drug costs are low
- Your drug costs are the same each month
- You're considering signing up for the payment option late in the calendar year (after September)
- You don't want to change how you pay for your drugs
- You get or are eligible for Extra Help from Medicare
- You get or are eligible for a Medicare Savings Program
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP) or a charity

Medicare Prescription Payment Plan Participation Request Form



The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January–December). **This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

HOW TO SUBMIT THIS FORM:

- **Online:** Complete this form online at carefirst.com/myaccount
- **Mail:** Submit your completed form to:
 - CareFirst BlueCross BlueShield Group Advantage (PPO)
Attn: Medicare Prescription Payment Plan Form
PO Box 7
Pittsburgh, PA 15230
- **Phone:** Call us at 888-970-0917 to submit your request via telephone or if you have questions or need help completing this form, 24 hours a day, 7 days a week.

COMPLETE ALL FIELDS UNLESS MARKED OPTIONAL

Last Name	First Name	MI
Medicare Number	Date of Birth (mm/dd/yyyy)	Phone Number
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):		
City	State	Zip Code
County (Optional)		
Mailing address, if different from your permanent address (P.O. Box allowed):		
City	State	Zip Code

READ AND SIGN BELOW

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. CareFirst BlueCross BlueShield Group Advantage (PPO) will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form.
- CareFirst BlueCross BlueShield Group Advantage will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature	Date
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If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Last Name	First Name	MI
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Address (Street)		
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City	State	Zip Code
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Phone Number	Relationship to Participant
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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 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.

Your hearing benefits

NationsHearing® offers better hearing solutions for the best price. Plus, they'll help you select the most comfortable and effective hearing aid for your lifestyle. NationsHearing has also made it easy to get a hearing test from home using your computer or phone at no cost. When needed, Medicare covers hearing exams to diagnose medical conditions.

Your benefits include:

- An annual hearing test with no out-of-pocket cost
- Access to a nationwide network of 8,000+ providers
- Annual fitting and evaluation for hearing aids and 3 follow-up visits, all at no out-of-pocket cost
- Hearing aids covered with low copays from all major manufacturers
- Low pricing and a 60-day, 100% money-back guarantee
- Concierge services by dedicated Member Experience Advisors
- 3-year manufacturer's repair warranty
- 3 years of batteries included*
- One-time replacement coverage for lost, stolen or damaged hearing aids**
- 12- and 18-month financing options available with 0% APR, no money down



**Not applicable to the purchase of rechargeable hearing aid models.*

***Deductibles may apply.*

How to find a hearing specialist near you

Call NationsHearing at 877-246-1666 (TTY: 711) to find a participating provider near you and schedule your hearing test.



Your vision benefits

Good vision is not just crucial to your overall health—good vision affects your quality of life. Medicare covers vision exams when needed to diagnose medical conditions. Your CareFirst plan helps you see differently with a high-quality network and coverage that goes beyond Medicare.

Your plan includes:

- Routine eye exam, including dilation and refraction, each year through Davis Vision
- Allowance to purchase frames or elective contact lenses
- Choose from over 200 free frames from the Davis Vision Exclusive Collection and low copayments for spectacle lenses (single vision, bifocal, trifocal and lenticular)
- Fixed discounted prices for upgraded lens options and coatings, including progressive lenses
- Contact lenses that are medically necessary are covered in full through Davis Vision



See a vision provider near you



The Davis Vision network includes access to local private practices as well as national retailers like Visionworks, Target, Walmart, Costco, MyEyeDr. and Pearle Vision. Visit carefirst.com/myaccount or call Davis Vision at 888-573-2990 to find a participating provider near you and schedule an appointment.

Health concierge

As part of your member benefits, you now have Porter to deliver health concierge services at no additional cost. Get dedicated care and support from the comfort of your home.

How we help



Get a Care guide and Porter practitioner in-home visit



Schedule necessary follow-up appointments



Assist with navigating plan benefits



Personalized care plan with care guide support for 30-days



Facilitate necessary medical equipment



Connect you with community and local services



Provide education on your chronic conditions



Support for your entire care circle

How to get started?

Contact your care guide today at 800-558-9922, 8 a.m.–8 p.m. ET, Monday–Friday. Visit helloporter.com to learn more.



SilverSneakers

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included with your plan at no additional cost.

At home or on the go

- SilverSneakers On-Demand fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers GO mobile app with adjustable workout plans and more

In participating fitness locations

- Thousands of participating locations with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes designed for all levels

In your community

- Group activities and classes offered outside the gym
- Events including shared meals, holiday celebrations and class socials

Get started today with SilverSneakers!

Visit SilverSneakers.com/StartHere or call 888-423-4632 (TTY: 711), Monday–Friday, 8 a.m.–8 p.m. ET.

Save on health and wellness with Blue365



This exclusive program offers CareFirst BlueCross BlueShield members savings on health and wellness products and services designed to help you live well. Join now at www.blue365deals.com and begin accessing discounts on fitness, travel, healthy eating and more.

Need more information?

1

Questions about Medicare

Visit medicare.gov or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week, except some federal holidays. TTY users should call 877-486-2048.

2

Questions about Medicare enrollment, eligibility and Part B and Part D IRMAA Premiums

Visit socialsecurity.gov or call Social Security at 800-772-1213. (TTY users should call: 800-325-0778) Monday through Friday between 8 a.m.–7 p.m.

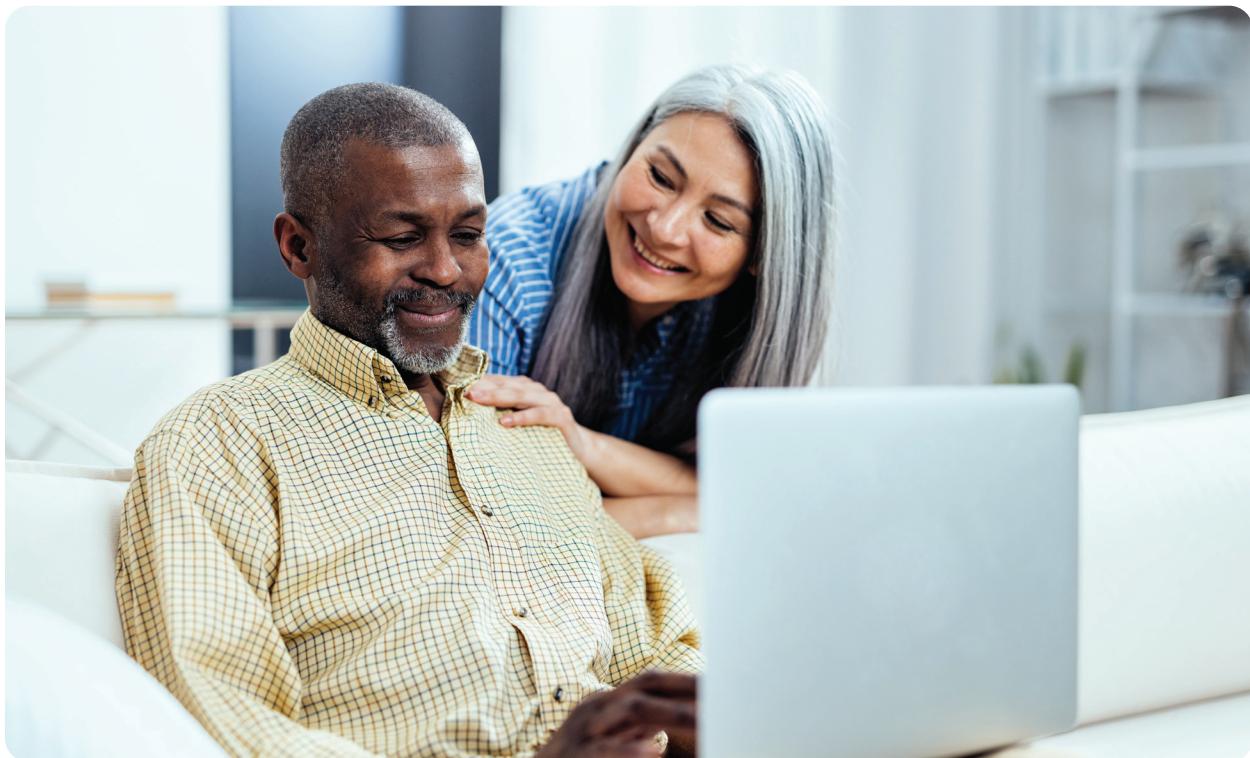
3

Questions about your benefits or your member information

- Call Member Services at 833-939-4103 (TTY: 711) Monday through Friday 8 a.m.–6 p.m. ET
- Visit carefirst.com/myaccount
- Rights and Responsibilities—see Chapter 8 of your Evidence of Coverage at carefirst.com/myaccount
- Privacy Statement—carefirst.com/privacy
- Appointment of Representative—Visit cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1696.pdf
- Find a Doctor—Visit carefirst.com/myaccount or carefirst.com/findadocmappo

Important reminders

- To continue enrollment in the CareFirst BlueCross BlueShield Group Advantage plan, you must continue to stay enrolled in Medicare Part A and Part B and pay any applicable Part B premiums including your Part B or Part D IRMAA (income-related monthly adjustment amount) or late enrollment penalties if applicable.
- You must continue to reside in our service area, which is the 50 United States, D.C. and all U.S. territories.
- You can only be in one Medicare Advantage plan at a time and Medicare will automatically terminate you from this plan if you enroll in any other Medicare Advantage plan or standalone Part D prescription drug plan.



Education on opioid risks and alternative treatments

The purpose of this notice is to provide information about the risks of prolonged opioid use.

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury or for certain health conditions. While these medications can be an important part of treatment, they also carry serious risks of addiction, accidental overdose and death.

The prolonged use of opioids can also lead to tolerance (needing more of the medication for the same pain relief) and physical dependence (experiencing symptoms of withdrawal when a medication is stopped).

Even when taken as directed, the use of prescription opioids can have a number of side effects like constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, depression, irritability, itching, and difficulty in breathing.

It is important to work with your health care provider to make sure you are getting the safest, most effective care. You might be able to take other medications or do other things to help effectively manage your pain with less long-term risk.

What action should you take?

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Education on treatment choices and the risks will help you and your provider to find safe and effective care for reaching your personal treatment goals.

What treatment options don't involve opioids?

Chronic pain can often be managed without opioids, and many other options have been shown to work better with fewer side effects. Examples include:

- Over-the-counter medications like Tylenol (acetaminophen), Advil (ibuprofen), and Aleve (naproxen)
- Non-opioid prescriptions such as lidocaine and Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)
- Physical therapy and exercise
- Cognitive behavioral therapy (CBT)
- Some medications that are also used for depression or seizures

How to protect against overdose risk if opioid use is continued long-term?

We recommend and encourage you to have a discussion with your doctor about getting a prescription for naloxone.

Naloxone is a prescription drug that can be given during an opioid overdose and may reverse the effects. In the event of an opioid overdose, this rescue agent could save your life and provide some peace of mind for you and your family members to have available.

What is medication-assisted treatment (MAT)?

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

There are three drugs approved by the FDA for the treatment of opioid dependence: buprenorphine, methadone, and naltrexone. All three of these treatments have been demonstrated to be safe and effective in combination with counseling and psychosocial support.

What alternative treatments are covered by your plan?

The following treatments may be covered by your plan. For more information, please refer to Chapter 4, Medical Benefits Chart (what is covered and what you pay) of your Evidence of Coverage.

- Opioid treatment program services
- Outpatient rehabilitation services
- Outpatient substance abuse services
- Acupuncture for chronic low back pain
- Chiropractic services

What additional resources are available to you?

Visit www.hhs.gov/opioids for information about State and Federal public health resources that can help you learn more about opioid medications and how to use them safely.

Visit www.medicare.gov/coverage/pain-management for information on Medicare coverage of pain management.

Need more information?

For more information about anything in this notice or if you need help, please call Group Advantage at 888-970-0917 (TTY: 711), 24 hours a day, 7 days a week.

Notes

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CONNECT WITH US:



SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

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Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is solely responsible for the services it provides.

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

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