



# 2026 Healthcare Benefit Guide

Frederick County Government  
Medicare-eligible retirees

**CAREFIRST BLUECROSS BLUESHIELD  
GROUP ADVANTAGE (PPO)**

# What's inside

- 1 Welcome!
- 2 What's a Medicare Advantage plan?
- 4 About the provider network
- 5 A message for your provider
- 6 Enrollment checklist
- 8 Here's what to expect next
- 9 Important enrollment information



CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies®** for 13 consecutive years!

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

# Welcome!

Thank you for your interest in a CareFirst BlueCross BlueShield Group Medicare Advantage (PPO) plan. Inside this booklet, you'll find detailed information regarding the Group Advantage plan.

CareFirst BlueCross BlueShield has long been committed to providing accessible and affordable care to our members—through every phase of life. Our members have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years. That's why we designed an “all-in-one” Medicare Advantage plan—so you can stay healthy while also managing your healthcare costs.

## We will go over:

- Medicare Advantage basics
- The benefits of our “all-in-one” plans
- A summary of your benefits and copays
- The Medicare Advantage PPO provider network
- Your pre-enrollment checklist



## We're here for you

If you have questions, call **Member Services** at 833-939-4103 (TTY: 711). Our hours of operation are Monday to Friday, 8 a.m.–6 p.m. EST.

To learn more, visit [carefirst.com/frederickgovt](https://carefirst.com/frederickgovt).







# What's a Medicare Advantage plan?

Medicare Advantage, also known as Medicare Part C, is a health plan approved by Medicare and offered by private insurance companies like CareFirst BlueCross BlueShield (CareFirst).

Medicare Advantage plans bundle your Medicare Part A (hospital/facility costs) and Medicare Part B (doctor/labs/other costs) with added benefits and services. Your plan also includes Part D for prescription drug coverage.

## Here's a quick look at the four parts of Medicare:

			
Part A	Part B	Part C	Part D
<b>Hospital insurance</b> <ul style="list-style-type: none"><li>■ Inpatient hospital care</li><li>■ Hospice care</li><li>■ Home health care</li><li>■ Skilled nursing care</li><li>■ Does not cover long-term care</li></ul>	<b>Medical insurance</b> <ul style="list-style-type: none"><li>■ Doctor's visits</li><li>■ Labs</li><li>■ X-rays</li><li>■ Medical equipment and more</li></ul>	<b>Medicare Advantage</b> <ul style="list-style-type: none"><li>■ Combines all the services of Part A and B with other benefits not typically covered by Medicare</li></ul>	<b>Prescription drug coverage</b> <ul style="list-style-type: none"><li>■ Covers outpatient prescriptions</li></ul>
All four parts listed above are included in your CareFirst plan.			

## The perks you'll get at CareFirst

As a member of a Group Advantage plan, you'll enjoy:



Affordable coverage for all your healthcare needs



24-Hour Nurse Advice Line



In-home assessments



A large national network of doctors, specialists & hospitals



Fitness program



Telehealth options

## National provider network

With the CareFirst plan, you can see doctors that are in or out of our network—locally or nationally. If you see a doctor who is out of the network, they must participate in Medicare and agree to bill CareFirst or their local BlueCross BlueShield plan (if outside of Maryland, D.C. and Northern Virginia).

Most out-of-network doctors will bill CareFirst directly. We included information in this guide that you can take to your provider if they need more information about your Group Advantage plan.



## Want to know if your doctor is in-network?



Explore our Medicare Advantage network of doctors and hospitals with our *Find a Doctor* tool. Visit [carefirst.com/frederickgovt](https://carefirst.com/frederickgovt) and then go to the *Find a Doctor* section, then click *Search Now*. Next, add your City, State or Zip code and then click *Continue* to browse.



# About the provider network

## What is an in-network doctor?

An in-network doctor or healthcare provider is one who contracts with CareFirst to provide services to Medicare-eligible members.

## What do I have to pay for?

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

## How can I find a network provider?

Visit [carefirst.com/findadocmappo](https://carefirst.com/findadocmappo) and select the Medicare Advantage (PPO) network.

## Can an in-network doctor refuse to see me?

If you're an existing patient, the doctor or healthcare provider must continue to see you. A network doctor may choose not to see you if they haven't seen you before and they aren't accepting new Medicare patients.

## What is an out-of-network doctor?

An out-of-network doctor or healthcare provider doesn't have a contract with CareFirst.

## Can I see any out-of-network doctor?

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

## What do I do if my provider is not in the CareFirst provider directory?

Contact your provider to make sure they participate in Medicare. Ask if they're willing to bill CareFirst or a BlueCross BlueShield entity (if outside of Maryland, DC and Northern Virginia).



## What will I pay if my provider is out-of-network?

If your out-of-network provider accepts your plan, you'll pay your plan's copay or coinsurance. CareFirst will pay for the rest of your covered service(s). This includes any excess charges up to the limit set by Medicare.

## What if my doctor will not accept the plan?

We'll be happy to talk to your doctor to explain how the plan works. Usually, that's all that's needed.

## Will my out-of-network doctor bill CareFirst?

Yes. Medicare providers shouldn't bill members directly if they're a part of Original Medicare or a Medicare Advantage plan. Please share the next page with your provider and ask them to call us to discuss our payments. They'll be the same as Original Medicare for Medicare covered services.

# A message for your provider

We've 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.

	Provider information
Contracted healthcare providers:	If you're a CareFirst BlueCross BlueShield (CareFirst) Group Advantage PPO contracted healthcare provider, you'll receive your contracted rate.
Out-of-network healthcare providers:	If you're a Medicare provider, you can treat and receive payment for CareFirst covered patients. CareFirst pays providers according to the Original Medicare fee schedule less any member responsibility.
Healthcare providers in MD, DC and Northern VA:	If you want information about our claims processes or becoming a CareFirst contracted provider, you can call provider services at 833-939-4103. Patients should call the Member Services number on the back of their CareFirst member ID card.
Healthcare providers outside the CareFirst BlueCross BlueShield Service area:	If you want information about claims processes, you can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard Eligibility at 1-800-676-BLUE (2583) and provide the member's prefix located on their ID card once they are enrolled. The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.
This retiree's in-network and out-of-network benefits and cost shares are the same. You can provide services to this retiree or any member of their plan if you are a Medicare provider. There will not be a large out-of-network deductible or cost share.	

# Enrollment checklist

Navigating a new healthcare plan can be overwhelming. There's a lot to read and understand about your new benefits. But you have the right to feel comfortable (and even excited!) about this change. We've prepared this checklist to help you along your journey. We'll go over what steps you need to take before you enroll, once you enroll and to stay enrolled in a CareFirst Medicare Advantage plan.

Follow these steps for peace of mind. They'll set you up for success as you enroll. If you have questions along the way, we're here to support you. Contact CareFirst Member Services at the number provided in your enrollment materials.

## Before you enroll

- ☐ Confirm you are enrolled in Medicare Part A and Part B. Check your Medicare card to make sure Parts A and B are listed.
- ☐ Make sure your employer has a physical address on file, not just a P.O. Box. Medicare requires a physical address to enroll.
- ☐ Confirm your providers are in network at **carefirst.com/frederickgovt**. If they are not in network, notify them of the plan change. Confirm they participate in Medicare and are willing to bill CareFirst or their local Blues plan. Let them know they will be reimbursed at the Medicare rate. And that your copays are the same for out-of-network providers.
- ☐ Search the list of covered drugs (called a formulary) for the prescriptions you take at **carefirst.com/frederickgovt**. You should do this to make sure your drugs are covered, to review the drug tier and check for any utilization management requirements. This will let you know what to expect as far as prescription costs and drug coverage.
- ☐ If any of your prescriptions require a prior authorization, a new authorization will be needed. Visit **carefirst.com/learnmgroupma** or call **888-970-0917** for information about the coverage determination process.
- ☐ Read this enrollment guide and Summary of Benefits. Note that your copays may be different than your previous plan.



## Once you enroll

- ☐ Read your member welcome kit. Note anything you have questions about.
- ☐ Check your member ID card to make sure your name is correct.
- ☐ Register for My Account at **[carefirst.com/myaccount](https://carefirst.com/myaccount)**. This personalized portal lets you access your benefits and claims information.
- ☐ Sign up for an extended day supply of your prescriptions through mail order with CVS Caremark Mail Service Pharmacy. Call **888-970-0917**, 24 hours a day, 7 days a week.
- ☐ Participate in the SilverSneakers® fitness program. Get free virtual workouts plus the option to work out at a participating gym. Visit **[SilverSneakers.com/StartHere](https://SilverSneakers.com/StartHere)** to create an account.

## Staying enrolled

- ☐ Stay enrolled in Medicare Parts A and B. Pay your Medicare premiums (i.e., Part B monthly premiums).
- ☐ If applicable, continue to pay any Medicare late enrollment penalties.
- ☐ If applicable, continue to pay any income-related Part B and Part D premium adjustments to Social Security.
- ☐ Continue to reside in the service area. That means the 50 United States and its territories.
- ☐ **DO NOT** enroll in another Medicare Advantage or Part D prescription drug plan. If you do, Medicare will automatically terminate you from your group retiree plan. You can only be enrolled in one Medicare Advantage or Part D plan at a time.



# Here's what to expect next

- Once we receive your enrollment request, we'll let Medicare know that you're joining one of our Medicare Advantage PPO plans.
- We'll tell you when we receive Medicare's approval. You'll receive a letter in the mail confirming your enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO Plan.
- Next, we'll mail your new member welcome packet and your ID card. The packet will help you get the most from your new plan and will have instructions for accessing your CareFirst Evidence of Coverage, also known as your member contract.
- After your new coverage begins, you won't have to show your Medicare card at the doctor or pharmacy. All you'll need is your CareFirst Medicare Advantage card.



## We're here for you

If you have questions or need more information, call 833-939-4103 (TTY: 711), Monday–Friday, 8 a.m. to 6 p.m. ET.



# Important enrollment information

Medicare requires us to communicate this important information to you upon enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO plan. Please take a moment to read and understand the following statements.

## As required by Medicare, upon enrollment in the plan, you understand the following:

- You must keep both Hospital (Part A) and Medical (Part B) to stay enrolled in CareFirst BlueCross BlueShield Group Medicare Advantage.
- You can be enrolled in only one Medicare Advantage plan at a time and your enrollment in this plan will automatically end your enrollment in another Medicare Advantage health plan (exceptions apply for MA PFFS, MA MSA).
- You understand that when your CareFirst BlueCross BlueShield Group Medicare Advantage coverage begins, you must get all of your medical and prescription drug benefits from CareFirst BlueCross BlueShield Group Medicare Advantage.
- Benefits and services provided by CareFirst BlueCross BlueShield Group Medicare Advantage and contained in your CareFirst BlueCross BlueShield Group Medicare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered.
- Neither Medicare nor CareFirst BlueCross BlueShield Group Medicare Advantage will pay for benefits or services that are not covered.

- By joining this Group Medicare Advantage Plan, you acknowledge that CareFirst BlueCross BlueShield Group Medicare Advantage will share your information with Medicare, who may use it to track your enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information.

## 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.









# *Thank you*

We know that health insurance is one of the most important decisions you can make for yourself and your family. We're grateful you've chosen CareFirst and we look forward to helping you get the care you need to live your healthiest life.



CONNECT WITH US:



SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc.  
All rights reserved.

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.