

2025-County Commissioners of Worcester County Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:



| Medical | You pay |
|------------------------------|------------------------------|
| Deductible | \$0 |
| Maximum Out of Pocket (MOOP) | \$4,500 |
| Office Visit: Primary Care | \$0 |
| Office Visit: Specialist | \$0 |
| Inpatient Hospital | \$0 |
| Skilled Nursing Facility | \$0, Days 1-100 |
| Emergency Room | \$50 |
| Urgent Care | \$0 |
| Ambulance Service | \$25 copay Ground; \$250 Air |

| | |
|---|---|
| Lab Services | \$10 |
| Radiology Services (Inpatient) | \$0 |
| Radiology Services (Outpatient or Office) | \$10 copay X-rays \$10 copay General Diagnostic \$20 copay Complex Diagnostic \$5 copay Therapeutic Services |
| Durable Medical Equipment | \$5 |
| Preventative Screenings | \$0 |
| Chiropractic | \$5(Medicare-covered services only) |
| Acupuncture | \$5(Medicare-covered services only) |
| Podiatry | \$5(Medicare-covered services only) |
| Foreign Travel (World-wide) Coverage | \$50 Emergently Needed Services \$0 Urgently Needed Services \$50,000 Combined Maximum Coverage |
| Hearing | \$5 copay for Medicare-covered Hearing (diagnostic tests and exams ordered by provider) |
| Vision | \$10 copay for exams related to the diagnosis and treatment of illness and injury to the eye |
| Dental | \$10 copay for emergency or complicated dental services in a hospital setting |
| Fitness Benefit | SilverSneakers |

Prescription Carrier



| Prescription | 30-day Retail You pay up to | 90-day Retail You pay up to | 90-day Mail Order You pay up to |
|--|--------------------------------|--------------------------------|------------------------------------|
| Annual Deductible: \$0 | | | |
| Annual Maximum Out of Pocket (MOOP): \$2,000 | | | |
| Tier 1 Preferred Generic | \$10 | \$20 | \$10 |
| Tier 2 Non-Preferred Generic | \$10 | \$20 | \$10 |
| Tier 3 Preferred Brand | \$30 | \$60 | \$30 |
| Tier 4 Non-Preferred Brand | \$60 | \$120 | \$60 |
| Tier 5 Specialty | \$60 | N/A | N/A |

Plan Questions

1. What is a Medicare Advantage with Prescription Drug (MAPD) plan?

Medicare Advantage is also known as Medicare Part C and it combines your hospital (Part A), doctor (Part B) and our plan also includes drug (Part D) coverage all in one plan. These plans follow all of the rules and cover all the benefits covered by Medicare and are offered by private insurance companies like CareFirst. Under a Medicare Advantage plan, CareFirst can offer additional supplemental benefits like a nurse line, fitness program, telehealth benefits and in home assessments that are not covered by Medicare Part A or Part B.

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

Your Medicare Advantage plan is a PPO plan. Your plan has a nationwide network of doctors, other health care providers, and hospitals. Your plan adds more value as it is considered a Passive PPO, where your copays are the same whether you visit in-network or out-of-network providers.

1. How are the benefits different between what I have now and my new plan?

You will be moving from a Medicare Supplement plan to a Medicare Advantage plan.

Today:

- When you visit a doctor, you present your Medicare card and the ID card for your Medicare Supplement plan. Medicare pays first and your current Medicare Supplement plan then picks up about 80% of the balance of what Medicare does not pay.

Going Forward:

- With the Medicare Advantage plan, your coverage is bundled together so you only need to show one ID card when you get care. You will have more predictable copays instead of coinsurance. For example, you will pay a \$5 copay for primary care visits and a \$10 copay for specialist visits. There are no deductibles. And your drug copays will remain \$10 for generics, \$30 for preferred brand and \$60 for non-preferred brand and specialty drugs.
- As a participant in the Medicare Advantage plan, you have access to the following additional benefits:
 - With the SilverSneakers program, you will have access to at-home classes and workshops live or on-demand and the opportunity to enroll in gyms and fitness locations.
 - You will have access to a 24-hour nurse advice line when you have questions about your health, help you decide when to visit your doctor or go to an Urgent Care or ER, help you understand your medications, assist with finding network doctors and prepare for an appointment, and learn about preventive care.
 - Through CareFirst's Video Visit program, you can securely connect with a doctor anytime day or night through your phone, tablet or computer and get treatment for urgent care or make an appointment with a licensed physician for behavioral health services.
 - You can also get an in home annual comprehensive health assessment with an advanced practice clinician.

3. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application and authorized representative form, needs to be completed and returned to RetireeFirst in the included pre-paid envelope.

4. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

5. Are there any plan changes?

This plan was designed to match your current benefits with changes such as moving from coinsurance to copayment and a maximum out-of-pocket that applies to Medicare-covered medical benefits only. You now have access to RetireeFirst Advocates for assistance with understanding and using your benefits.

6. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

7. What do I do if I lose my card?

Please call RetireeFirst at **(410) 970-6177 (TTY 711) or toll free (855) 347-0945 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

8. If I leave the plan, will it affect any of my other benefits?

Yes, it may. You should contact Worcester County, the plan administrators, at Worcester County Human Resources Department at **(410) 632-0090** to answer any additional questions about your other benefits.

9. How much do I have to pay for the plan?

You should contact Worcester County, the plan administrators, at Worcester County Human Resources Department at **(410) 632-0090** to answer any billing questions.

10. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **(410) 970-6177 (TTY 711)** or toll free **(855) 347-0945 (TTY 711)** to reach your dedicated County Commissioners of Worcester County Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

11. Is there a medical deductible?

No.

12. Is there co-insurance or copays?

Yes, there are copays based on the service you receive.

13. Does this plan require referrals?

No, this plan does not require referrals.

14. Does this plan require pre-certifications?

Some services may require pre-certifications.

15. Does this plan have a network?

Yes, but you can go to any willing Medicare provider, hospital, or facility. This plan's in and out of network benefits are the same.

16. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill CareFirst.

17. Do I still use my Medicare card?

No, put your Medicare card in a safe place in case you need it later. You will only use your CareFirst ID Card for medical and prescriptions.

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

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(410) 970-6177 (TTY 711)** or toll free **(855) 347-0945 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

19. Is there a prescription deductible?

No.

20. Is there co-insurance or copays?

Yes.

21. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(410) 970-6177 (TTY 711) or toll free (855) 347-0945 (TTY 711)** if you need help looking up your prescriptions.

22. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. CareFirst has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

23. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark which can be reached at **(888) 970-0917** You can also call RetireeFirst at **(410) 970-6177 (TTY 711) or toll free (855) 347-0945 (TTY 711)** with questions about mail order prescriptions.

24. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

25. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

26. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(410) 970-6177 (TTY 711) or toll free (855) 347-0945 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

27. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final

RetireeFirst




phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

28. What is the annual maximum out-of-pocket (MOOP) 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, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

CareFirst Card Sample:

Front:

| | | | |
|---|-----------|---|---|
|  | | CareFirst BlueCross BlueShield Group Advantage (PPO) | |
| Member Name: | | PCP Office Visit | IN: \$5 OON: \$5 |
| Member ID Number: | | Specialist Office Visit | IN: \$10 OON: \$10 |
| EGE | | Urgent Care Center | IN: \$0 OON: \$0 |
| Group Number | 2 MMA0000 | Emergency Room | IN: \$50 OON: \$50 |
| Effective Date | | RxBIN | 004336 |
| BC/BS Plan Codes | 193/693 | RxPCN | MEDDADV |
| Issuer | (80840) | RxGRP | RX5522 |
| | | | CMS-H7379-801 |
| | |  |  |

Back:

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| www.carefirst.com  | |
| CareFirst BlueCross BlueShield Group Advantage (PPO) Medical Claim Submission Address for CareFirst Service Area Providers Medicare Medical Claims PO Box 4436 Scranton, PA 18505 | Member Service Member Services: 1-833-320-2664 Pharmacy Services: 1-888-970-0917 Medical Emergency: 911 TTY/TDD: 711 24-Hour Nurse Advice Line: 1-833-968-1773 To locate a CareFirst contracted provider, visit www.carefirst.com/findadocmappo |
| Rx Claims Submission Address Medicare Prescription Drug Claims PO Box 52096 Phoenix, AZ 85072-2096 | Medical Professional & Hospital Providers: Toll-free Preauthorization: 1-833-707-2287 File claims with local Blue Cross and/or Blue Shield Plan. Medicare limiting charges apply. PROVIDERS MUST NOT BILL MEDICARE. MA PPO products provided by CareFirst Advantage PPO, Inc. an independent licensee of the Blue Cross and Blue Shield Association. |
| <small>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 and 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.</small> | <small>Item Number: 8021</small> |

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.