



## Frequently Asked Questions

### PLAN DESIGN

The chart below represents a high-level plan design for the CareFirst BlueCross BlueShield Group Advantage (PPO) 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)	\$500		
Primary Care Visit	\$0		
Specialist Visit	\$5		
Inpatient Hospital	\$0 per admission		
Outpatient Hospital	\$10 per admission		
Urgent Care	\$15		
Emergency Room	\$30		
Skilled Nursing Facility	Days 1-100: \$0		
Durable Medical Equipment	\$5		
Lab/X-rays	\$5/\$5		
Physical/Occupational/Speech Therapy	\$5		
Prescription Drug Benefit	Retiree Pays (30-day Retail and Mail Order)	Retiree Pays (90-day* Retail)	Retiree Pays (90-day* Mail Order)
Deductible	\$0		
Maximum Annual Out-of-Pocket (Rx)	\$2,100		
Tier 1: Preferred Generic	\$8	\$16	\$8
Tier 2: Generic	\$8	\$16	\$8
Tier 3: Preferred Brand	\$15	\$30	\$15
Tier 4: Non-Preferred Drug	\$30	\$60	\$30
Tier 5: Specialty	\$30	Available at a 30-day supply	Available at a 30-day supply

\*Tier 1 medications are available for a 100-day supply

## MEDICAL BENEFIT QUESTIONS

### 1. Are there any plan changes?

Beginning January 1, 2026, your current medical and prescription drug plan will be replaced by a group Medicare Advantage plan offered by CareFirst BlueCross BlueShield (CareFirst). Below are a few highlights of your new plan:

- No medical or prescription drug deductibles.
- Low annual out-of-pocket maximums (\$500 for medical and \$2,100 for prescription drug); this is the most you would pay out-of-pocket in the form of copays and/or coinsurance in a given year.
- \$0 primary care doctor and \$5 specialist copays.
- A SilverSneakers fitness program with a free gym membership.
- Worldwide emergency and urgently needed services up to a \$50,000 maximum benefit.
- One ID card for medical and prescription drug benefits starting 1/1/2026.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

### 2. Can I stay on the current plan?

No. All Medicare-eligible retirees and/or dependents must change over to the new CareFirst plan unless you opt out. Opting out means you will no longer have medical and prescription drug coverage through the Calvert County Public Schools group health plan, and you will need to obtain your own insurance coverage. Your current plan will no longer be available for use beginning Jan. 1, 2026.

### 3. What is a Group 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. Group Medicare Advantage plans pay for services and benefits covered under Medicare Part A and Medicare Part B, as well as additional benefits, all in one plan through CareFirst.

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

Your Medicare Advantage plan that will be effective Jan. 1, 2026, is a PPO plan. Your plan has a nationwide network of doctors, care providers and hospitals and adds more value as it is considered a Passive PPO. A Passive PPO means your medical copays are the same whether you visit in-network or out-of-network providers.

### 5. Does this plan have a network?

Yes, an expansive national network. We encourage you to visit in-network providers. However, you can go to any provider, hospital or facility that accepts Medicare and is

willing to bill CareFirst or their local Blues Plan if the providers are outside of Maryland or Washington, D.C. In- and out-of-network copays are the same under this plan.

**6. Can I go to my current providers?**

Most likely, yes. If your provider is in the CareFirst Medicare Advantage (PPO) network (visit [www.carefirst.com/learngroupma](http://www.carefirst.com/learngroupma) to confirm), you can continue to see them. If they are not in the network, you can continue to see them as long as they accept Medicare and are willing to bill CareFirst or their local Blues Plan. If you do not see your provider in our directory, please contact RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** before your visit to explore whether your provider is already set up to bill CareFirst.

**7. Does this plan require referrals?**

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

**8. Does this plan require prior authorizations?**

Yes, some services may require prior authorization. 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](http://www.carefirst.com/myaccount)) when you are enrolled or you can request a printed copy from CareFirst.

**9. Do I still use my Medicare card?**

Prior to Jan. 1, 2026, you will receive a welcome kit and a CareFirst ID card for your CareFirst plan. Each Medicare-eligible retiree and dependent will receive their own ID card. Please note that each enrollee may not receive their plan information on the same day (this is normal). This is the ID card you'll bring with you to your providers and pharmacies starting Jan. 1, 2026. You'll need to present this new ID card to ensure that claims will be filed correctly by your providers. You'll no longer need to show your Medicare card, but make sure you keep it stored somewhere safe.

**Sample CareFirst BlueCross BlueShield Group Advantage ID Card**

Front:

Back:

The front of the ID card features the CareFirst logo and the text "CareFirst BlueCross BlueShield Group Advantage (PPO)". It contains a table of member information:

Member Name <F_NAME M_INIT L_NAME>	PCP Office IN: <SX> OON: <SX>
Member ID EGE <SBSB_ID>	Specialist Office IN: <SX> OON: <SX>
Group Number <GRGR_ID>	Urgent Care Center IN: <SX> OON: <SX>
	Emergency Room IN: <SX> OON: <SX>
Effective Date BC/BS Plan Issuer	RxBIN <RXBIN> RxPCN <RXPCN> RxGRP <RX_GROUP>
<M_R_DT> 193/963 (80840)	

At the bottom, it displays "CMS-H7379-801" and the "MA-PPO Medicare Rx" logo.

The back of the ID card features a QR code and the URL "carefirst.com/learngroupma". It is divided into several sections:

- CareFirst BlueCross BlueShield Group Advantage (PPO)**: Includes the Medical Claim Submission Address for CareFirst Service Area Providers (PO. Box 14100, Lexington, KY 40512) and the Rx Claims Submission Address (Medicare Prescription Drug Claims, PO. Box 52066, Phoenix, AZ 85072-2066).
- Member/Provider Services**: Lists Member/Provider Services (<833-939-4103>), Pharmacy Services (888-970-0917), Hearing Services (877-246-1666), Vision Services (888-573-2990), and Medical Emergency (911).
- Medical Professional & Hospital Providers**: Lists Toll-free Precertification (833-707-2287) and File claims with local Blue Cross and/or Blue Shield Plan.

At the bottom, it includes the disclaimer: "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." and the legend: "IN= In-network OON= Out-of-network".

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

Please make sure your provider is aware that you are enrolled in a CareFirst plan. The plan has out-of-network benefits and your copays are the same as your in-network copays. As long as the provider accepts Medicare and is willing to bill CareFirst or their local Blues Plan, they can continue to see you and will be reimbursed by CareFirst directly at the Medicare rate. Please call RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** to assist. They can reach out to your provider to explain.

**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 may need to pay Part B and Part D Income Related Monthly Adjustment Amounts (IRMAA) premiums.

**12. What happens if I do not pay my Medicare Part B premiums?**

Unfortunately, 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 Calvert County Public Schools during that time.

**13. Will my vision and dental benefit plans change?**

No, your vision and dental plans will remain the same. Your vision and/or dental coverage continues to renew each year on July 1<sup>st</sup>. You will receive a separate ID card for these benefits. Any questions related to vision and/or dental benefits should be directed to the CCPS Benefits Office at 443-550-8315 or 443-550-8330.

## PRESCRIPTION DRUG QUESTIONS

### 14. Is there a Prescription Deductible?

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

### 15. Are my prescription drugs covered?

Most likely, yes. The CareFirst plan covers most Medicare Part D covered drugs as well as enhanced coverage for drugs not typically covered by Medicare (e.g. lifestyle, prescription vitamins, cold and cough). You can visit [www.carefirst.com/learngroupma](http://www.carefirst.com/learngroupma) and click on Search Drugs to see if your drugs are covered. You can also call RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** to look up your medications and applicable copays.

### 16. Can I go to the same retail pharmacy?

Most likely, yes. CareFirst has over 60,000 pharmacies in-network. You can visit [www.carefirst.com/learngroupma](http://www.carefirst.com/learngroupma) and click on Find a Pharmacy to see if your pharmacy is 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.

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

Yes, and mail order prescriptions typically transfer over to the new plan. However, we recommend you call the pharmacy number on your member ID card to confirm your mail order transferred to the new plan.

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

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

### 19. Do I need prior authorizations for certain prescription medications?

Some prescriptions may require a coverage determination review. Please contact RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements, such as step therapy, quantity limits, or formulary exceptions.

### 20. What is the annual maximum out-of-pocket (MOOP) and how does it work?

Once your out-of-pocket costs for prescription drugs reaches \$2,100 in 2026, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, non-part D prescription drugs do not count toward your out-of-pocket total.

## PLAN-RELATED QUESTIONS

**21. Will I be automatically enrolled in the new CareFirst BlueCross BlueShield Group Advantage (PPO) Plan? Do I need to do anything to enroll?**

All Medicare eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

**22. What information does CCPS need to enroll me into the new plan?**

Generally, CCPS will not need any additional information from you to enroll you into the new health plan. However, if we only have a P.O. Box address on file for you, we will be reaching out to you to collect a physical address. Medicare requires a physical address to enroll you into a Medicare Advantage plan.

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

While you are going to be automatically enrolled in the new plan, you can choose to opt out. Opting out means you have decided not to have medical and prescription drug coverage through the Calvert County Public Schools group health plan, and you will need to obtain your own insurance coverage. Please call RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** if you would like to opt out.

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

If you leave the Calvert County Public Schools medical and prescription drug plan, you may only enroll in the plan in the future if you are also enrolled in the group vision and/or dental plan.

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

If you opt out, you will not have any medical or prescription drug coverage through Calvert County Public Schools, and CCPS will not pay any portion of your premium rates. Opting out will not change your current enrollment in your vision or dental plans.

**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 CCPS or RetireeFirst before you take any action to enroll in another Medicare plan.

**27. How do I contact RetireeFirst?**

Please call RetireeFirst at **(443) 988-0662 (TTY 711) or toll-free (855) 430-6219 (TTY 711)** to reach your dedicated Calvert County Public Schools 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.*