RetireeFirst

2026 – The City of Frederick Medicare Advantage with Prescription Drug Plan (MAPD)

Your Dedicated Advocacy Phone Numbers
(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier

CareFirst

Medical	You pay
Deductible	$0
Maximum Out of Pocket (MOOP)	$6,700
Office Visit: Primary Care	$10
Office Visit: Specialist	$10
Inpatient Hospital	$250 Per admission
Inpatient Mental Health & Substance Abuse	$250 Per admission
Outpatient Hospital Services	$0
Outpatient Mental Health & Substance Abuse	• $0 Mental Health Services • $10 Substance Abuse Services
Home Health Care	$0
Skilled Nursing Facility	• $0 (Days 1-20)

	• $75 Per Day (Days 21-100)
Emergency Room	$90 (Waived if admitted within 24 hours)
Urgent Care	$10 (Waived if admitted within 48 hours)
Ambulance Service	$10
Lab Services	$0
Radiology Services	• $10 Outpatient X-Rays • $0 Diagnostic Procedures/Tests • $0 Diagnostic Radiology Services • $0 Therapeutic Radiology Services
Durable Medical Equipment	20%
Preventive Screenings	$0
Chiropractic	$15 (Medicare covered services only)
Acupuncture	$15 (Medicare covered services only)
Podiatry	$10 (Medicare covered services only)
Foreign Travel (World-wide) Coverage	• $90 Emergently Needed Services • $10 Urgently Needed Services
Hearing	• $10 Medicare Covered Hearing Exam • $0 Routine Hearing Exam, Fitting, and Evaluation • Hearing Aid Benefit ($0 copay for entry level, basic level, or prime level hearing aids; $275 copay per preferred level hearing aid, $575 copay per advanced level hearing aid, $975 copay per premium level hearing aid)
Vision	• $0 Medicare Covered Eye Exam • $0 Eyewear After Cataract Surgery (Frames and Lenses) • Routine Eye Exam with Dilation each year ($0 in-network, Up to $40 out-of-network)

	• Eyewear allowance (Frames up to $100 allowance or $150 at Visionworks plus a 20% discount on any overage in-network or up to $50 out-of-network; Contact lenses up to $100 allowance plus 15% off balance in-network or up to $80 out-of-network)
Dental	$10 (Medicare covered services only)
Wigs (For Hair loss related to chemotherapy)	$350 Annual Allowance
Fitness Benefit	SilverSneakers Included

Prescription Carrier

CareFirst

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			
Tier 1 Generic	$2	$4	$4
Tier 2 Preferred Brand	$25	$50	$50
Tier 3 Non-Preferred Drug	$50	$100	$100
Tier 4 Specialty	$75	N/A	N/A

Note: CMS caps the 30-day supply cost for Insulin medication at $35. Costs for a 30-day supply may be less but will not exceed $35 for 2026.

Plan Questions

1. **Will I be automatically enrolled, or 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.

2. **Can I stay with the current plan?**
   No, all Medicare-eligible retirees and/or dependents must change over to this CareFirst plan. Your current plan will no longer be available.

3. **Can I opt-out of this plan?**
   We are required by law to give you the choice of opting out of the new plan. If you choose to opt-out, you will not have medical and prescription drug coverage through the City of Frederick as of January 1, 2026. If you would like to opt-out, please call RetireeFirst Advocates at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** Monday-Friday, 8am-5pm EST, no later than December 8, 2025. Please note, if you leave the plan you cannot return.

4. **Are there any plan changes?**
   Below are a few highlights of your new plan:
   - $0 Medical and Prescription Deductibles
   - $10 Primary Care Visits
   - $10 Specialist Visits
   - Routine Eye Exam with Dilation each year ($0 in-network, Up to $40 out-of-network)
   - Eyewear allowance (Frames up to $100 allowance or $150 at Visionworks plus a 20% discount on any overage in-network or up to $50 out-of-network; Contact lenses up to $100 allowance plus 15% off balance in-network or up to $80 out-of-network)
   - $0 Routine Hearing Exam, Fitting, and Evaluation
   - Hearing Aid Benefit ($0 copay for entry level, basic level, or prime level hearing aids; $275 copay per preferred level hearing aid, $575 copay per advanced level hearing aid, $975 copay per premium level hearing aid)
   - $350 Annual Allowance for Wigs (For Hair loss related to chemotherapy)
   - Access to SilverSneakers Fitness Benefit at no cost
   - Continued access to RetireeFirst Advocates for assistance with understanding and using your benefits

5. **When will I receive my ID card and welcome kit?**
   Cards and welcome kits should arrive in the month prior to your enrollment 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.

6. **What do I do if I lose my card?**
   Please call RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (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.

7. **How much do I have to pay for the plan?**
   The current cost for each enrolled member remains $50.00 per month, subject to change January 1, 2027.

8. **Who do I call if I need assistance with the plan?**
   Please call RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** to reach your dedicated City of Frederick Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

9. **Is there a medical deductible?**
   No, there is no medical deductible.

10. **Are there co-insurance or copays?**
    Yes, there is a cost share associated with this plan for some medical services. Please refer to the medical benefit chart on pages 1-2 of this document to better understand the medical co-insurance and copays.

11. **Does this plan require referrals?**
    No, this plan does not require referrals.

12. **Does this plan require pre-certifications?**
    Some services may require pre-certifications.

13. **Does this plan have a network?**
    Yes, but you can go to any willing Medicare provider, hospital, or facility that is willing to bill CareFirst or their local BlueCross BlueShield plan. This plan's in and out of network benefits are the same.

14. **Can I go to my current providers?**
    Most likely, yes. You can see any provider that accepts Medicare and is willing to bill CareFirst.

15. **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, prescriptions, and routine vision coverage.

16. **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. Out of network providers must be willing to bill CareFirst or their local BlueCross and BlueShield plan. Please call RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

17. **Is there a prescription deductible?**
    No, there is no prescription deductible.

18. **Are there co-insurance or copays?**
    Yes, there is a cost share associated with this plan for prescription drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription copays.

19. **Are my prescriptions covered?**
    Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** if you need help looking up your prescriptions.

20. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. CareFirst has over 60,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark Mail Service Pharmacy, which can be reached at (888) 970-0917. You can also call RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** with questions about mail order prescriptions.

22. 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. Present your CareFirst ID card to your pharmacy starting on January 1, 2026. If you use mail order, you WILL need to obtain new prescriptions from your provider.

23. 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. This is a separate benefit and may have separate formularies, member cost shares or restrictions.

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

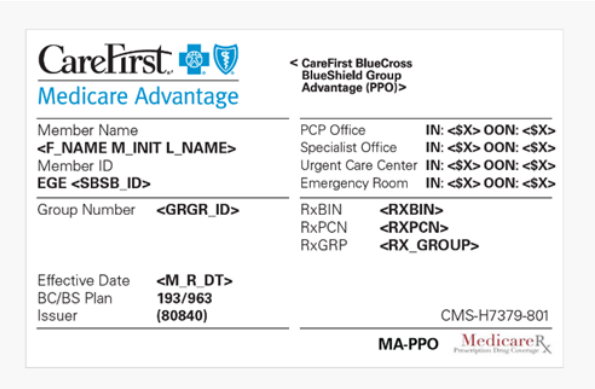
Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(301) 200-5419 (TTY 711) or toll free (855) 460-7316 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

25. 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 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 $2,100 for prescription drugs.

CareFirst BlueCross BlueShield Group Advantage (PPO) Plan Card Sample:

Front:



Back:

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.