

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. 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.

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

The Medicare Advantage plan that will be effective Jan. 1, 2026, is a PPO plan. The 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.

3. 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.

4. 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 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.

5. Does this plan require referrals?

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

6. 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) when you are enrolled or you can request a printed copy from CareFirst.

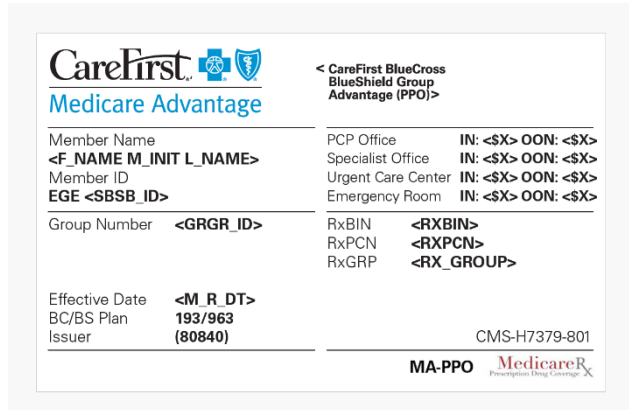
7. Do I use my Medicare card?

If you choose to enroll in this plan, 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

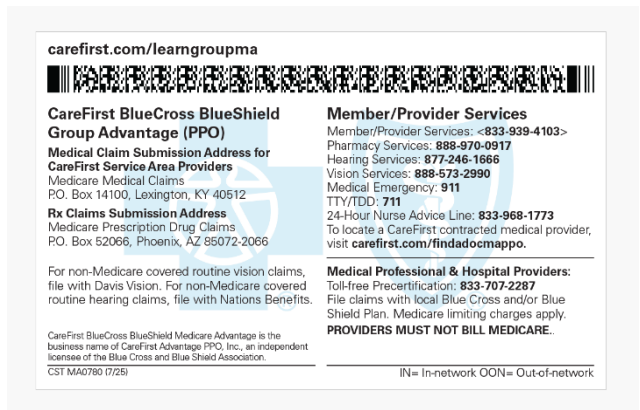
pharmacies starting Jan. 1, 2026. You'll need to present this new ID card to ensure that claims will be filed correctly by your providers. You will not need to show your Medicare card, but make sure you keep it stored somewhere safe.

Sample CareFirst BlueCross BlueShield Group Advantage ID Card

Front:



Back:



8. 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.

9. 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.

10. 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.

11. 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 1st. 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

12. Is there a Prescription Deductible?

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

13. 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 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.

14. 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 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.

15. Is there a mail order pharmacy?

Yes, this plan offers retirees the ability to have their maintenance medications mailed to their home.

16. 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.

17. 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.

18. 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.

19. Who is RetireeFirst?

RetireeFirst is a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy.

PLAN-RELATED QUESTIONS

20. How do I enroll?

You will receive a plan brochure and enrollment form from CareFirst in October. To enroll in the new plan, you'll need to complete the enrollment form and send it to the CCPS Benefits Office. The deadline to enroll is November 7, 2025.

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

The enrollment form will collect the information needed to complete your enrollment. Please note that Medicare requires a physical address to enroll you into a Medicare Advantage plan. You will not be able to provide a P.O. Box as your permanent address.

22. If I do not enroll in this plan, will it affect any of my other benefits?

No, your other benefits will not be impacted if you choose not to enroll in this plan.

23. I am currently enrolled in an individual medical plan and/or Medicare Part D prescription drug plan? Can I continue to be enrolled in my individual plans?

No. Medicare only allows you to be enrolled in one Medicare plan at a time. The new Group Medicare Advantage PPO plan options have Part D prescription drug coverage embedded in the plan. Therefore, when you enroll in this group plan, the Centers for Medicaid and Medicare Services (CMS) will disenroll you from any other Medicare Advantage or Medicare Part D plans you are enrolled in. This will happen automatically.

24. I am not currently enrolled in a Medicare Part D prescription drug plan. Will I need to pay a late enrollment penalty if I enroll in this plan?

If you did not enroll in a Medicare Part D prescription drug plan during your initial open enrollment period, you may be assessed a late enrollment penalty. This penalty will be included in your monthly premium for your Group Medicare Advantage PPO plan. If you have creditable prescription drug coverage elsewhere, then you will only be assessed a late enrollment penalty for any month you did not have a Medicare Part D prescription drug plan or other creditable coverage. If you had creditable prescription drug coverage the entire time, then no late enrollment penalty should be assessed.

25. 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.