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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)	\$800
Primary Care Visit	\$5
Specialist Visit	\$10
Inpatient Hospital	\$20 per admission
Outpatient Hospital	\$20 per admission
Urgent Care	\$15
Emergency Room	\$30
Skilled Nursing Facility	Days 1-20: \$0 Days 21-100: \$5
Durable Medical Equipment	\$0-\$20
Lab/Xrays	\$5
Physical/Occupational/Speech Therapy	\$10
Prescription Drug Benefit	Retiree Pays (30-day Retail)
Deductible	\$0
Maximum Annual Out-of-Pocket (Rx)	\$2,000
Tier 1: Preferred Generic	\$10
Tier 2: Generic	\$10
Tier 3: Preferred Brand	\$15
Tier 4: Non-Preferred Drug	\$30
Tier 5: Specialty	\$30

MEDICAL BENEFIT QUESTIONS

1. Are there any plan changes?

Beginning Jan. 1, 2025, your current medical, prescription drug, dental and vision plans will be replaced by a group Medicare Advantage plan offered by CareFirst BlueCross BlueShield Group Advantage (PPO) (CareFirst). Below are a few highlights of your new plan:

- \$0 medical deductible.
- One ID card for Medical, Prescription Drug, Dental and Vision benefits starting Jan. 1, 2025.
- Access to SilverSneakers Fitness Benefit.
- 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. Your current plan will no longer be available for use beginning Jan. 1, 2025.

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. Does this plan require referrals?

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

5. Does this plan require prior authorizations?

Yes, some services may require prior authorizations. 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.

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

Your Medicare Advantage plan that will be effective Jan. 1, 2025, 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 cost shares are the same whether you visit in-network or out-of-network providers.

7. 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 cost sharing is the same under this plan.

8. Can I go to my current providers?

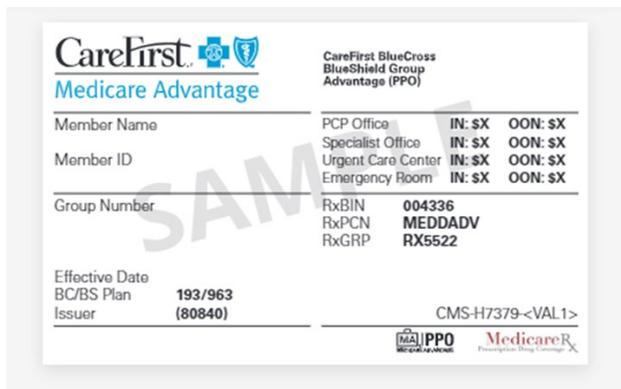
Most likely, yes. If your provider is in the CareFirst Medicare Advantage (PPO) network (visit www.carefirst.com/learnpma to confirm), you can continue to see them. If they are not in the network, you can continue to see them as long as they accept Medicare and are willing to bill CareFirst or their local Blues Plan. If you do not see your provider in our directory, please contact them directly and ensure they are willing to bill CareFirst before your visit.

9. Do I still use my Medicare card?

Prior to Jan. 1, 2025, 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 (including vision and dental providers) starting Jan. 1, 2025. You'll need to present this new ID card to ensure that claims will be filed correctly by your providers. Make sure you keep your original Medicare card somewhere safe.

Sample CareFirst BlueCross BlueShield Group Advantage (PPO) ID Card

Front:



Back:



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 [301-200-5542 \(TTY 711\)](tel:301-200-5542) or [Toll-free 855-246-2157 \(TTY 711\)](tel:855-246-2157) to assist. We 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 will need to continue to pay your 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 Charles County Public Schools during that time.

PRESCRIPTION DRUG QUESTIONS

13. Is there a Prescription Deductible?

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

14. 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. weight loss/gain, 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 call RetireeFirst at [301-200-5542 \(TTY 711\)](tel:301-200-5542) or [Toll-free 855-246-2157 \(TTY 711\)](tel:855-246-2157) to look up your medications and applicable copays.

15. Can I go to the same retail pharmacy?

Most likely, yes. CareFirst has over 62,000 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.

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

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

17. 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.

18. Do I need prior authorizations for certain prescription medications?

Some prescriptions may require a coverage determination review. Please contact RetireeFirst at [301-200-5542 \(TTY 711\)](tel:301-200-5542) or [Toll-free 855-246-2157 \(TTY 711\)](tel:855-246-2157) 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.

19. 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.

PLAN-RELATED QUESTIONS

20. 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.

21. 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, you can choose to opt out of the plan. Opting out means you have decided not to have medical, prescription drug, dental and vision coverage through the Charles County Public Schools group health plan, and you will need to obtain your own insurance coverage. Please call RetireeFirst at [301-200-5542 \(TTY 711\)](tel:301-200-5542) or [Toll-free 855-246-2157 \(TTY 711\)](tel:855-246-2157) if you would like to opt out.

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

No, if you leave the Charles County Public Schools group retiree health plan, you forfeit your access to coverage under the plan in the future.

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

If you leave the plan, you will no longer have health benefit coverage through Charles County Public Schools including medical, prescription drug, dental and vision coverage.

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

Please call RetireeFirst at [301-200-5542 \(TTY 711\)](tel:301-200-5542) or [Toll-free 855-246-2157 \(TTY 711\)](tel:855-246-2157) to reach your dedicated Charles County Public Schools Retiree Advocacy Team, Monday-Friday, 8 a.m.- 5 p.m., EST.

For complete benefit details, please refer to the materials that will be sent by CareFirst. This document includes a simplified summary of benefits and does not create any contractual rights.

