GROUP MEDICARE ADVANTAGE PPO

Calvert County Public Schools

Retiree Education Presentation

Proprietary and Confidential

CareFirst Medicare Advantage

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WHAT'S CHANGING FOR 2026?

What's Changing:

- Your medical and prescription drug benefits will be offered under a Medicare Advantage plan from CareFirst.
- You will receive a new ID card in December.
- Your new coverage will start January 1, 2026.
- Retirees have support from RetireeFirst for help during and after the transition.

What's Not Changing:

- Your vision and dental benefits will not change. You will receive a separate vision and dental card.
- You will continue paying your CareFirst premiums through CCPS, just like you do now.

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RETIREEFIRST MEMBER ADVOCACY

CareFirst partners with RetireeFirst to support you.

RetireeFirst was founded in 2006 with a mission to simplify retiree healthcare. CareFirst and RetireeFirst work together to ensure a smooth transition for you.

Member education and communication

Open enrollment engagement session support

Dedicated retiree advocates available to support you

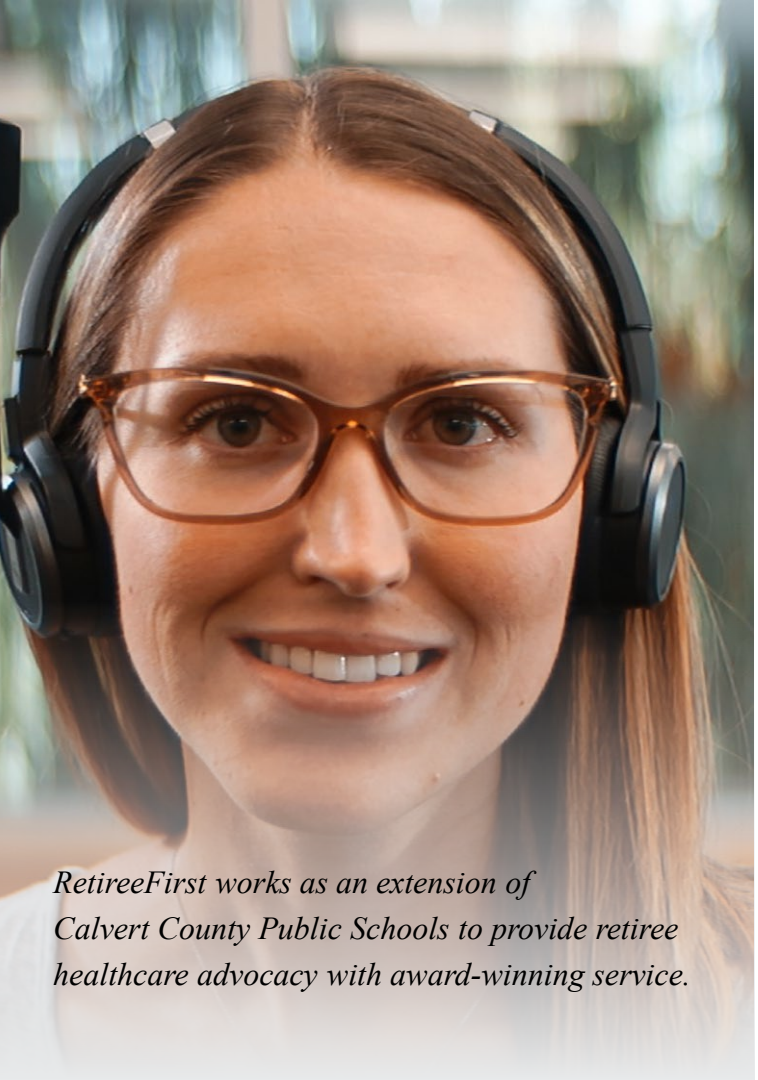
CareFirst Medicare Advantage

RetireeFirst

About Us

RetireeFirst, headquartered in New Jersey, was designed to provide healthcare navigation and advocacy for retirees like you. For more than 20 years, we've simplified Medicare and improved the retiree benefits experience, resulting in happier and healthier members.

Your own dedicated team will advocate on your behalf with the insurance carrier, provider offices, pharmacies, and government agencies like the Centers for Medicare and Medicaid Services (CMS) to ensure your satisfaction.



RetireeFirst works as an extension of Calvert County Public Schools to provide retiree healthcare advocacy with award-winning service.

GOLD 2025 STEVIE® WINNER FOR SALES & CUSTOMER SERVICE

2025 GLOBEE AWARDS GOLD WINNER EXCELLENCE

urac® ACCREDITED

r2 RISK-BASED 2-YEAR HITRUST® CERTIFIED

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Advocates Put Retirees First

- Our 160+ in-house, US-based Retiree Advocates are available Monday through Friday from 8 am–5 pm
- All Advocates receive extensive training; many previously worked in healthcare
- Many Advocates are bi-lingual and can partner with a HIPAA-compliant service offering translation in 300+ languages
- Retirees receive a dedicated group phone number and Advocate team
- Advocates provide:
  - **Real-time assistance** to resolve issues end-to-end through outbound calls with a completion call to close the loop
  - **Education on your health plan**, including preventative care and additional health benefits offered through your insurance carrier
  - **Support retirees** through real-time assistance, issue resolution, gaps in care closures, and wellness visit scheduling, backed by training in Medicare benefits

160+
IN-HOUSE, US-BASED ADVOCATES

15 sec
AVERAGE SPEED TO ANSWER

2x
OUTBOUND VS INBOUND CALLS MADE TO RESOLVE MEMBER ISSUES

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RetireeFirst

Service You Need, When You Need It

Common Needs We Address

- “I received a bill, and I’m unsure if these services should be covered.”
- “I need help finding a specialist.”
- “I need help making an appointment.”
- “What does this benefit mean for me and how can I take advantage of it?”
- “I need to know if a specific drug my doctor prescribed is covered.”
- I’m at the pharmacy and my medication costs more than normal.”

How Advocates Help You

- Outreach to providers
- Medical prior authorizations
- Medical reimbursements
- Medical billing/Benefits questions
- Pharmacy outreach
- Mail order assistance
- Formulary lookup
- Prescription prior-authorization/step therapy
- Prescription billing/benefits questions
- House Call Appointment Scheduling

Meet Joe…

RetireeFirst

Points of Member Interaction

Advocates make almost twice as many outbound calls vs inbound calls to resolve issues on members' behalf.

Joe calls RetireeFirst saying the Pharmacist is saying his drug isn't covered. The Advocate can see it is covered but the plan but requires a Prior Authorization.

Advocate gathers the medical details and the provider information from Joe.

Advocate calls Joe to update him.

The Advocate calls the provider's office to provide the information on how to submit the Prior Authorization and assist the provider with the process if necessary.

Advocate tracks the Prior Authorization and reaches out to the provider to check in. If not submitted yet, continues to track until a final decision is made.

Once decision is made Advocate speaks with Pharmacist to let them know they can fill the script.

Advocate calls Joe to notify him that the Prior Authorization was approved and his drug was filled and will be ready for pickup.

Completion call to ensure Joe is satisfied. This opportunity is also used to discuss any open GAPS in Care Joe may have.

Advocacy Behind the Scenes

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Testimonials from Maryland Retirees

RetireeFirst

"She even called me back quickly and when I got to the primary care, I let them know it was preauthorized which really helped me. Otherwise, I don't know how long it would have taken me to get the medication I needed."

"My husband recently talked multiple times with Jaime to resolve a persistent billing issue with a physical therapy company. She was an excellent advocate & even more persistent than the PT company."

"After at least 5 attempts by me to resolve this problem. Samantha solved it in a matter of minutes, thank you."

"It is extremely gratifying to reach out to RF advocates & have any & all concerns handled effectively and thoroughly. Thank you to the advocates who have assisted me."

"I was stunned as to the same day response & solving my questions and concerns."

Wall of Appreciation at Offices in Mt. Laurel, NJ

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Access Your Resources Online

RetireeFirst

Call Your Advocates

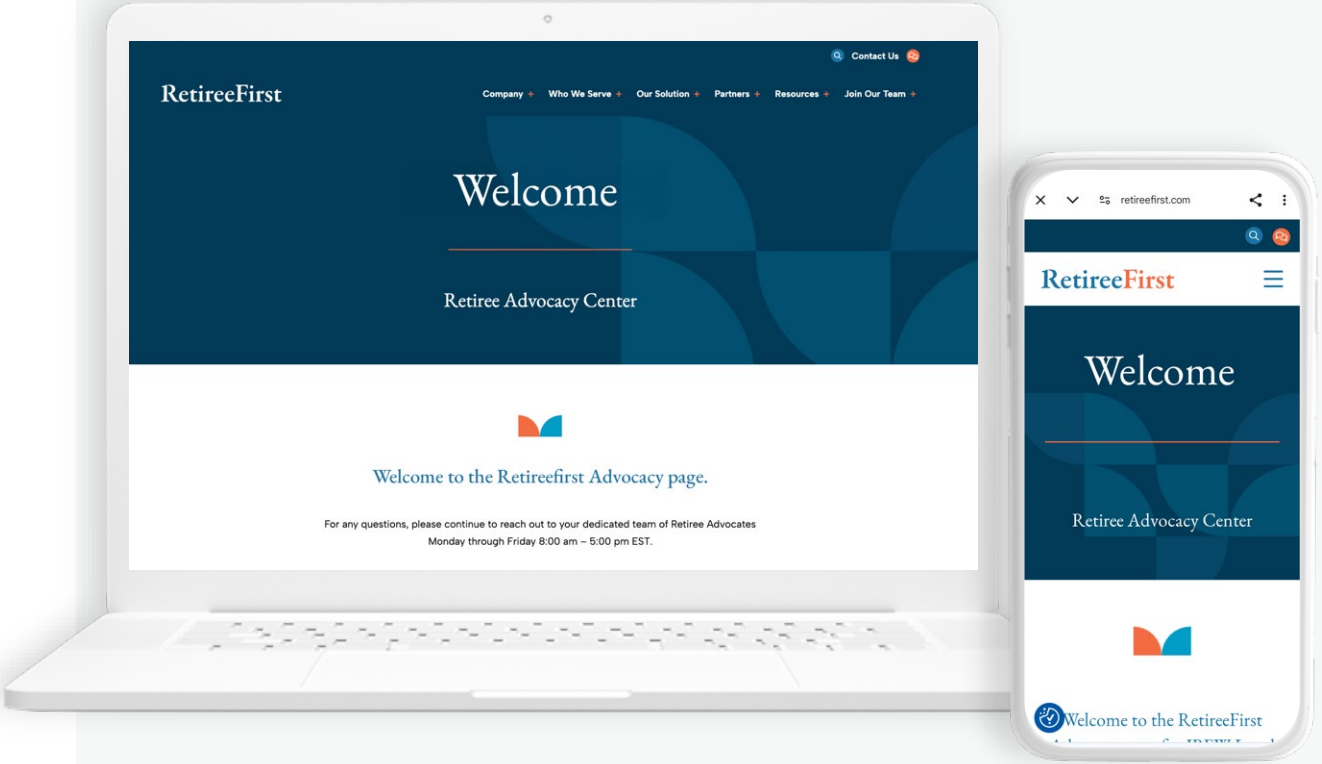
Your Dedicated Line:

443-988-0662
(TTY 711)

Toll free 855-430-6219
(TTY 711)

Monday–Friday
8 AM–5 PM EST

We have an emergency and after-hours line available



Your Dedicated Website:
www.RetireeFirst.com/calvertcountyps

WHAT IS MEDICARE ADVANTAGE?

- **Medicare Advantage (MA) plans (also called Part C Plans)** are health plan options approved by Medicare and run by private companies, like CareFirst.
- MA plans are **part of the Medicare program**. Medicare pays private companies a certain amount for each member's care.
- MA plans offer the **same benefits as Original Medicare (Part A & Part B)** covers and **includes prescription drug (Part D)** coverage as well.
- MA plans offer **additional benefits** such as hearing aids, in-home assessments, fitness benefits, worldwide emergency coverage and more.

CURRENT PLAN VS. MEDICARE ADVANTAGE

CURRENT PLAN	GROUP MEDICARE ADVANTAGE
Primary coverage includes Medicare Part A and B. + Secondary coverage refers to employee plan plus prescription drug.	Medicare Advantage bundles Medicare Part A, Part B and Part D all in one plan. You no longer have primary and secondary coverage. The Medicare Advantage plan is now your **only** coverage.
Coordination of Medicare and your commercial plan.	No coordination between Medicare and your commercial plan, as the Group Medicare Advantage **replaces** Medicare coverage. All claims are submitted to CareFirst, not Medicare.
Coverage of all Medicare medical covered services.	Coverage of all Medicare medical covered services **plus** additional benefits beyond original Medicare.
Pharmacy coverage through a commercial plan design and formulary.	Pharmacy coverage with a formulary (drug list) **geared toward retirees**.

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PLAN TERMINOLOGY: A REFRESHER

- **Copay:** An amount you pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount (for example $10), rather than a percentage.

- **Coinsurance:** An amount you may be required to pay, expressed as a percentage (for example 20%) as your share of the cost.

- **Annual Out-of-Pocket Maximum:** The maximum dollar amount you will pay out-of-pocket in copays and/or coinsurance in a calendar year for your Medicare-covered medical expenses. Once this amount is met, the plan pays 100% for Medicare-covered medical expenses for the remainder of the calendar year. There is a separate out-of-pocket maximum for prescription drugs.

LOCAL AND NATIONAL PROVIDER PARTNERS

CareFirst's Passive PPO allows you to access in- and out-of-network Medicare providers at the same rate.

Local providers

High-quality providers available throughout Maryland and the District of Columbia.

Nationwide providers

Robust, nationwide PPO network available through BlueCross BlueShield Network Sharing.

Broad provider choice

Members can see any Medicare provider at the same in-network rates.*

*Out-of-network providers must participate in Medicare and be willing to bill CareFirst or their local Blues Plan.

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VISITING A PROVIDER

Use your CareFirst ID card at the provider's office or pharmacy. You won't need your red, white and blue Medicare card to use this plan.

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CareFirst BlueCross BlueShield Group Advantage (PPO)

Member Name		PCP Office	IN: $X OON: $X
F_NAME M_INIT L_NAME		Specialist Office	IN: $X OON: $X
Member ID		Urgent Care Center	IN: $X OON: $X
EGE SBSB_ID		Emergency Room	IN: $X OON: $X
Group Number	**GRGR_ID**	RxBIN	**RXBIN**
		RxPCN	**RXPCN**
		RxGRP	**RX_GROUP**
Effective Date	**M_R_DT**		
BC/BS Plan	**193/963**		
Issuer	**(80840)**		CMS-H7379-801

MA-PPO MedicareRx Prescription Drug Coverage

Tells providers you have nationwide PPO coverage

Network statistics:

- ~98% of providers participate in Medicare nationwide
- 8,000 primary care doctors, 57,000 specialists and 55 hospitals in Maryland and DC participate in the CareFirst Medicare Advantage PPO network
- Members also have access to the nationwide BlueCross BlueShield Medicare network

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PROVIDER COMPARISON

96% of providers who CCPS retirees visited are participating in the CareFirst Medicare Advantage PPO network.

Top Provider Types	Match %
Radiology	100%
Internal Medicine	97%
Anesthesiology	100%
Cardiovascular Disease	100%
Emergency Medicine	98%
Family Practice	95%
General/Acute Care Hospital	95%
Nurse Practitioner	99%
Physical Therapist	96%

Top Providers	Match %
CalvertHealth Medical Center	100%
BMA of South Annapolis	100%
Virginia Cancer Specialists	100%
Luminis Health Medical Group	100%
Washington Hospital Center	100%
Georgetown Univ	100%
Option Care	100%
Maryland Imaging Network	100%
Luminis Health Anne Arundel Medical Center	100%
Calvert Internal Medicine Group	100%

Note: Newbridge Surgery Center at Prince Frederick (Sherry Lane) is in-network

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YOUR MEDICAL AND RX BENEFITS

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MEDICAL BENEFITS AT A GLANCE

	Traditional	BlueChoice Advantage	BlueChoice HMO	CareFirst Group Advantage (PPO) (IN/OON Combined)
Medical Deductible	$100	$0	$0	**$0**
Maximum Out-of-Pocket (MOOP)	$400	$500	$2,000	**$500**
Primary Care Provider Copay	20% coinsurance after deductible	$10	$10	**$0**
Physician Specialist Copay	20% coinsurance after deductible	$10	$10	**$5**
Physical, Speech and/or Occupational Therapy	$0 (100 visit limit)	$0 (100 visit limit)	$10 (100 visit limit)	**$5**

CareFirst Medicare Advantage

MEDICAL BENEFITS AT A GLANCE

	Traditional	BlueChoice Advantage	BlueChoice HMO	CareFirst Group Advantage (PPO) (IN/OON Combined)
Inpatient Coverage	$0	$0	$0	**$0**
Outpatient Hospital Services	$0	$25	$0	**$10**
Emergency Room Copay (waived if admitted in 24 hours)	$0 (accident); $75 (emergency)	$0 (accident); $75 (emergency)	$0 (accident); $75 (emergency)	**$30**
Urgent Care Center Copay (waived if admitted in 48 hours)	$0 (accident); $15 (emergency)	$0 (accident); $15 (emergency)	$0 (accident); $15 (emergency)	**$15**
Lab Tests Copay	20% coinsurance after deductible	$10	$0	**$5**
X-ray Services	$0	$10	$0	**$5**

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PRIOR AUTHORIZATION

Approval in advance may be required to obtain select services or prescription drugs.

What you need to know:

- Your provider will coordinate this with CareFirst before your visit.
- You don't need to get prior authorization when you get care from out-of-network providers.
- If we say we will not cover your services, you, or your provider, have the right to appeal our decision.
- Prior authorization is required for certain services like:
  - Hospital services
  - Skilled nursing
  - Home health
  - Prosthetic devices
  - Physical therapy
  - Chiropractic (Medicare covered)
  - Ambulance (Non emergent)
  - Medical supplies

PRESCRIPTION DRUG BENEFITS AT A GLANCE

	Traditional	BlueChoice Advantage	BlueChoice HMO	CareFirst Group Advantage (PPO)
Part D Prescription Drug Deductible	$0	$0	$0	**$0**
Part D Out-of-Pocket Drug Costs Cap	$6,200	$6,100	$4,600	**$2,100**
Tier 1—Preferred Generic (30-day)	Generic: $8	Generic: $8	Generic: $8	**$8**
Tier 2—Generic (30-day)				**$8**
Tier 3—Preferred Brand (30-day)	Preferred Brand: $15	Preferred Brand: $15	Preferred Brand: $15	**$15**
Tier 4—Non-Preferred Drug (30-day)	Non-Preferred Brand: $30	Non-Preferred Brand: $30	Non-Preferred Brand: $30	**$30**
Tier 5—Specialty (30-day)				**$30**
90-Day* Supply	**Retail:** 2x copay *(for non-CVS retail)*	**Retail:** 2x copay *(for non-CVS retail)*	**Retail:** 2x copay *(for non-CVS retail)*	**Retail: 2x copay *(excluding Specialty)***
**100-day supply available for Tier 1 drugs*	**Mail:** 1x copay *(CVS retail or mail)*	**Mail:** 1x copay *(CVS retail or mail)*	**Mail:** 1x copay *(CVS retail or mail)*	**Mail: 1x copay *(excluding Specialty)***

Note: Part D cost-sharing does not count toward the overall medical out-of-pocket maximum (MOOP) for your plan.

TRANSITION POLICY

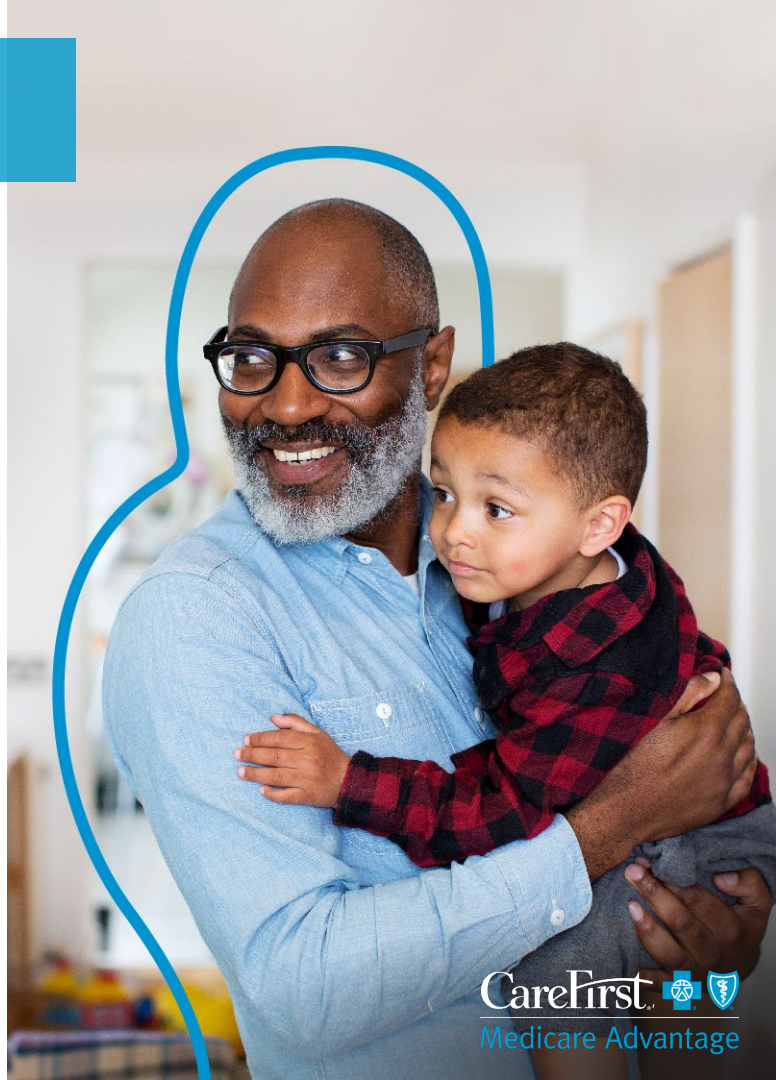
A transition fill is typically a one-time, one-month supply of a drug

Transition fills let you get temporary coverage for Part D drugs that are not on your plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

We may cover your drug in certain cases during your first 90 days of membership. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The transition supply gives you time to talk to your doctor or other prescriber about pursuing other options available to you within our formulary.

Please refer to your Evidence of Coverage for more information on the CareFirst BlueCross BlueShield Medicare Advantage transition process.



EXTRAS INCLUDED IN YOUR PLAN

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HEARING HIGHLIGHTS

An overview of the plan's hearing coverage provided by NationsHearing

To find a hearing provider, visit **carefirst.com/learngroupma** and select *Find a Doctor* in the middle of the page. Then select the Medicare Advantage Hearing (PPO) network.

Hearing Benefit	Member Cost
Annual Routine Hearing Exam	$0 copay
Annual Hearing Aid Fitting	$0 copay
Hearing Aid Coverage	**Entry level:** $0 copay per aid **Basic level:** $0 copay per aid **Prime level:** $0 copay per aid **Preferred level:** $275 copay per aid **Advanced level:** $575 copay per aid **Premium level:** $975 copay per aid
3 Follow Up Visits within First Year of Initial Fitting Date	$0 copay
100% Money-back Guarantee	60 day
12- and 18-Month Financing Options	0% APR, no money down

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VALUE-ADDED PROGRAMS

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FITNESS BENEFITS PROGRAM

SilverSneakers® is an opportunity for you to improve your health, gain confidence and connect in your community.

At home or on the go:

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE™ virtual classes and workshops
- SilverSneakers GO™ mobile app with workout plans and more

In participating fitness locations:

- A large network of gyms like:
  - *TNT Strong – Prince Frederick*
  - *Planet Fitness – Prince Frederick*
- Classes for all fitness levels

In your community:

- Group activities and classes offered outside the gym
- SilverSneakers.com online resources like a fitness location directory, articles and more

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VIRTUAL-FIRST CARE—CLOSEKNIT

Advanced primary care practice where you can connect to a clinician online 24/7 and:

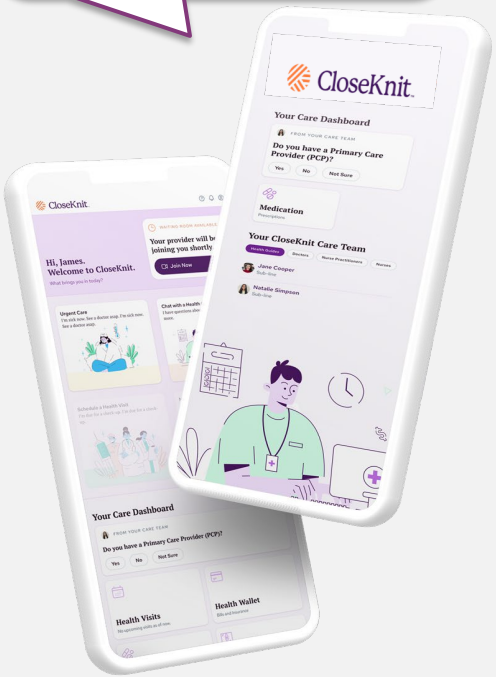
Get care where it's most convenient—at home, through pop-up clinics, community events, or practice partners.

Get predictable costs—copay will be the same amount as an in-office visit.

Get support from an advocacy team—to create a frictionless experience.

CloseKnit offers advanced primary care, urgent care, mental healthcare, and nutrition services.

"I love having access to urgent care from my phone through CloseKnit. I was able to get the care I needed without leaving my home."



IN-HOME HEALTH—PORTER

CareFirst BlueCross BlueShield Medicare Advantage and Porter have teamed up to offer you care concierge services to help remove barriers to care.

"I love that Porter is helping members with preventive care. I really enjoyed speaking with Julia, her knowledge and thoroughness. She was just wonderful. 10/10."

Schedule an in-home visit to help identify any care gaps.

Help schedule any necessary appointments based on needs assessed during the visit.

Facilitate necessary medical equipment.

Support transitions of care from the hospital or skilled nursing care.

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CARE MANAGEMENT OUTREACH

CareFirst works with partners to provide other services to you at no cost.

Program	Partner(s)	Why take the call?
Medication adherence	AdhereHealth ADHERENCE RESOLVED, CVS	Get medication reminders
Medication review	CVS	Have a pharmacist review your medications to improve adherence and prevent drug-related risks
Home visits	porter	Get in-home health assessment to identify care gaps, provide testing, support with appointment scheduling, and connect to community resources
Preventive screening and annual wellness visit reminders	CareFirst	Get help with scheduling appointments, acquiring medical equipment, arranging transportation and more
Screening kits	cologuard, Quest Diagnostics, CareFirst	Get screening or testing kits mailed to your home

CareFirst Medicare Advantage

BLUE365 DISCOUNT PROGRAM

This exclusive program offers savings on health and wellness products and services from a number of retailers.

Reebok
SKECHERS
AVIS
crocs
GARMIN
Expedia
Hertz
chewy
PHILIPS sonicare

! Sign up at **blue365deals.com/CareFirstBCBS** and check the site often as deals can change.

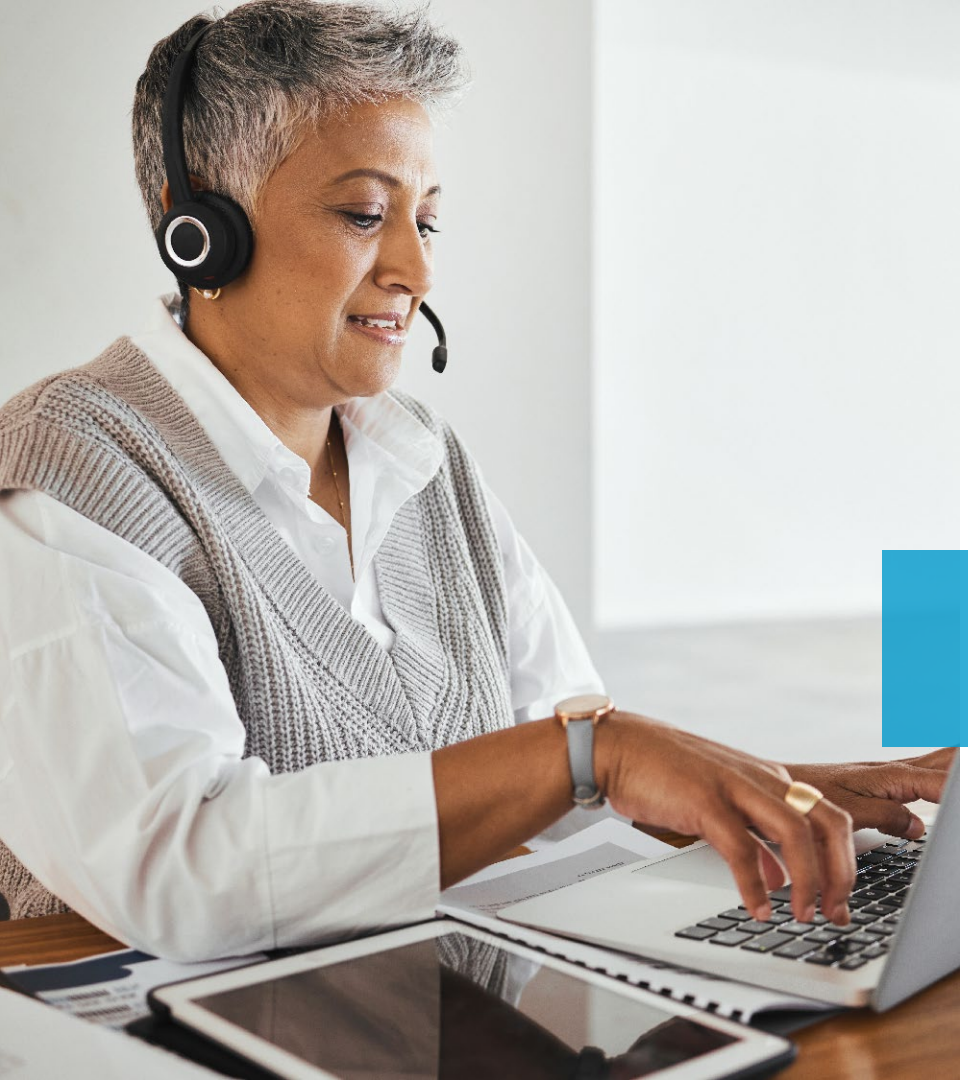
24-HOUR NURSE ADVICE LINE

You can call 833-968-1773 for general questions about health issues or where to go for care.

Staffed by registered nurses 24/7.

Needs or symptoms can include cough, cold, rashes and medication questions.

Included at no added cost.



RESOURCES AND REMINDERS

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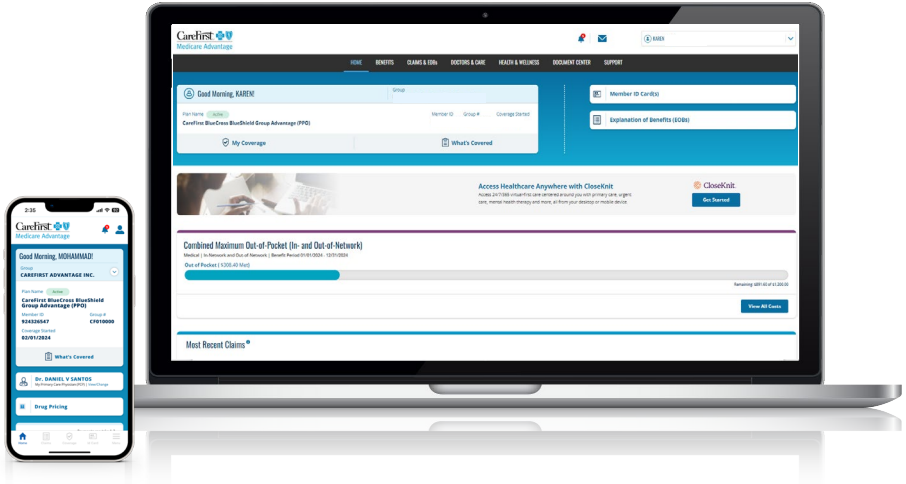
MY ACCOUNT MEMBER PORTAL

You have access to a secure personalized account where you can:

- View claims and Explanation of Benefits (EOBs)
- Find a doctor, facility or pharmacy
- Check your benefits
- View, order and print ID cards
- Estimate medical expenses
- Confirm drugs are covered and check pricing at local pharmacies
- Email CareFirst directly with questions



Visit **carefirst.com/myaccount** to login or register for an account.

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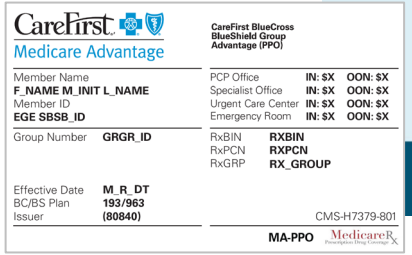
MEMBER COMMUNICATIONS

Each new member is sent materials that describe how to use your plan benefits.

These include:

- Welcome package that includes a robust booklet
- A personalized member ID card

Visit **carefirst.com/learngroupma** year-round for more information.



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IMPORTANT ELIGIBILITY REMINDERS

To be eligible for a Group Medicare Advantage plan, you must:

- ✓ Be retired from the group and meet all employer eligibility guidelines
- ✓ **Be enrolled in Medicare (Parts A & B) – don't delay signing up!** – and continue to pay your Part B premium as well as any Part B or Part D income related monthly adjustment amount
- ✓ Live in CareFirst's Group Medicare Advantage service area, which includes all 50 United States, DC, and all U.S. territories
- ✓ **Provide a physical address within the service area** to establish permanent residence (cannot be a PO Box)

! **You can only be in one Medicare Advantage plan at a time.** Medicare will automatically terminate you from this plan if you enroll in any other Medicare Advantage plan or standalone Part D prescription drug plan.

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NEXT STEPS

- Review all the information in your 2026 Healthcare Benefit Guide that was mailed to you.
- Call RetireeFirst at **443-988-0662** or toll-free at **855-430-6219** to check that your doctors and medications are covered.
  - Or you can search the provider directory and formulary available online at **carefirst.com/learngroupma**.
- **If you are currently enrolled in a CCPS group retiree medical plan, there is nothing you need to do to enroll in the plan. If you are only enrolled in the group dental and/or vision plan and would like to enroll in the Medicare Advantage plan, you will need to complete an enrollment form and send to the CCPS HR Department.**
- In early December, you will start receiving communications from CareFirst confirming your enrollment in the plan – and you will receive your Welcome Kit and your new member ID card in the mail.

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KEY CONTACTS

Name	I have questions related to…	Contact Information
Calvert County Public Schools HR Department	▪ Eligibility for the plan ▪ Dental/vision benefits ▪ Monthly premium	**Email**: **Benefits@calvertnet.k12.md.us** **Phone**: **443-550-8315**, M-F, 8am-4pm EST
RetireeFirst (Your Primary Member Services Contact)	▪ Enrollment status ▪ Medicare and Social Security ▪ Plan benefits ▪ Claims ▪ Prior authorization ▪ Provider bills or requests for provider outreach	**Website** (where a recording of the webinar will be posted): **www.retireefirst.com/calvertcountyps** **Phone**: **443-988-0662 (TTY 711)** or toll-free **855-430-6219 (TTY 711)**, M-F 8am-5pm EST
CareFirst (Your Secondary Member Services Contact)	▪ Plan benefits ▪ Claims ▪ Prior authorization	**Website** (to find doctors, pharmacies, and search drugs on our formulary): **www.carefirst.com/learngroupma** **Phone**: **833-939-4103 (TTY 711)**, M-F, 8am-6pm EST

THANK YOU

CareFirst BlueCross BlueShield Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends upon contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, 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.

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