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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) | \$0 | | |
| Primary Care Visit | \$0 | | |
| Specialist Visit | \$0 | | |
| Inpatient Hospital | \$0 per admission | | |
| Outpatient Hospital | \$0 per admission | | |
| Urgent Care | \$0 | | |
| Emergency Room | \$0 | | |
| Skilled Nursing Facility | Days 1-100: \$0 | | |
| Durable Medical Equipment | \$0 | | |
| Lab/X-rays | \$0 / \$0 | | |
| Physical/Occupational/Speech Therapy | \$0 | | |
| Prescription Drug Benefit | Retiree Pays (30-day Retail & 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: Generic | \$10 | \$20 | \$10 |
| Tier 2: Preferred Brand | \$20 | \$40 | \$20 |
| Tier 3: Non-Preferred Drug | \$30 | \$60 | \$30 |
| Tier 4: 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, prescription drug, dental and vision 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 (\$0 for medical and \$2,100 for prescription drug).
- \$0 primary care doctor and \$0 specialist copays.
- A SilverSneakers fitness program with free gym membership.
- Worldwide emergency and urgently needed services up to a \$50,000 maximum benefit.
- One CareFirst ID card for medical, prescription drug, dental and vision benefits starting January 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 individuals must change over to the new CareFirst plan unless you opt out. Opting out means you will no longer have medical, prescription drug, dental and vision coverage through Carroll County Government, and you will need to obtain your own insurance coverage. Your current plan will no longer be available for use beginning January 1, 2026.

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

Your Medicare Advantage plan that will be effective January 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.

4. 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.

5. 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 **(410) 376-5577 (TTY: 711) or toll-free at (855) 460-7495 (TTY: 711)** before your visit to explore whether your provider is already set up to bill CareFirst.

6. Does this plan require referrals?

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

7. 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.

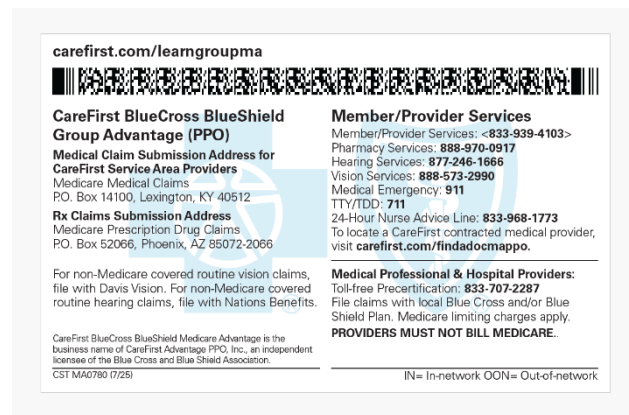
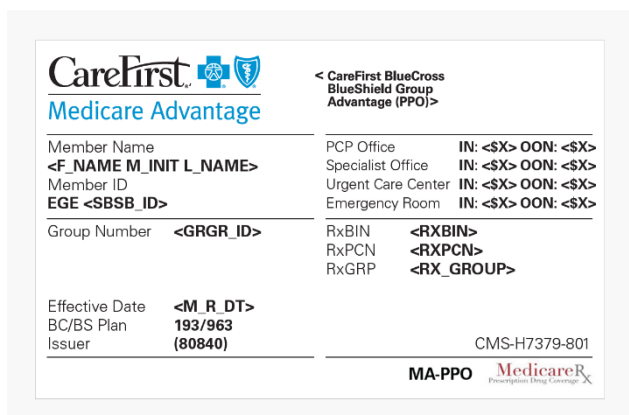
8. Do I need to use my Medicare card?

No. Prior to January 1, 2026, you will receive a welcome kit and a CareFirst ID card for your CareFirst plan. Each Medicare-eligible individual 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 take with you to your providers and pharmacies starting January 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:



9. 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 PPO 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

(410) 376-5577 (TTY: 711) or toll-free at (855) 460-7495 (TTY: 711) to assist. They can reach out to your provider to explain.

10. 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.

11. 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 Carroll County Government during that time and will not be eligible to re-enroll until the next Open Enrollment period.

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 (click the link next to Group Plus) to see if your drugs are covered. You can also call RetireeFirst at **(410) 376-5577 (TTY: 711) or toll-free at (855) 460-7495 (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. Mail order is available through CVS Caremark Mail Service Pharmacy.

16. Will my prescriptions transfer to the new plan?

If you use the retail pharmacy and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

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. If any of your current prescriptions require a prior authorization, a new authorization will be needed. Please contact RetireeFirst at **(410) 376-5577 (TTY: 711) or toll-free at (855) 460-7495 (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.

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 \$2,100 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

20. 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.

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 currently enrolled Medicare-eligible individuals will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

22. 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, prescription drug, dental and vision coverage through Carroll County Government, and you will need to obtain your own insurance coverage. If a Retiree opts out of coverage, their spouse will no longer be eligible for coverage under a Carroll County Government plan.

Please call RetireeFirst at **(410) 376-5577 (TTY: 711)** or toll-free at **(855) 460-7495 (TTY: 711)** if you would like to opt out.

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

Yes, Medicare-eligible retirees who opt out can enroll in the CareFirst plan during Carroll County Government's Open Enrollment period each year.

24. 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 RetireeFirst before you take any action to enroll in another Medicare plan.

25. How do I contact RetireeFirst?

Please call RetireeFirst at **(410) 376-5577 (TTY: 711)** or toll-free at **(855) 460-7495 (TTY: 711)** to reach your dedicated Carroll County Government 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.