



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 | \$15 | | |
| Specialist Visit | \$15 | | |
| Inpatient Hospital | \$50 per admission | | |
| Outpatient Hospital | \$10 per admission | | |
| Urgent Care | \$35 | | |
| Emergency Room | \$75 | | |
| Skilled Nursing Facility | Days 1-100: \$0 | | |
| Durable Medical Equipment | \$0 | | |
| Lab/X-rays | \$10/\$5 | | |
| Physical/Occupational/Speech Therapy | \$15 | | |
| 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) | \$2,000 | | |
| Tier 1: Preferred Generic | \$10 | \$20 | \$10 |
| Tier 2: Generic | \$10 | \$20 | \$10 |
| Tier 3: Preferred Brand | \$15 | \$30 | \$15 |
| Tier 4: Non-Preferred Drug | \$15 | \$30 | \$15 |
| Tier 5: Specialty Tier | \$15 | Available at a 30-day supply | Available at a 30-day supply |

MEDICAL BENEFIT QUESTIONS

1. Are there any plan changes?

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

- \$0 medical and drug deductible
- Lower annual out-of-pocket maximums (\$500 for medical and \$2,000 for prescription drug); this is the most you would pay out-of-pocket in the form of copays and/or coinsurance in a given year.
- \$15 primary care doctor and \$15 specialist copays
- A SilverSneakers fitness program with a free gym membership
- Worldwide emergency and urgently needed services up to a \$50,000 maximum benefit
- One ID card for medical, prescription drug and vision benefits starting 1/1/2025
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

2. Will my vision and dental benefit plans change?

Your dental plan will not change, and you will continue to use your existing CareFirst Dental ID card. Your vision benefits will now be included in your Medicare Advantage plan effective 1/1/25.

3. What is my new plan premium?

Your 2025 plan premiums will be as follows:

| Years of SMCPS Service at Retirement | 10-19 | 20-29 | 30+ |
|---|-----------------|-----------------|-----------------|
| Medicare Advantage Premium ¹ | \$177.71 | \$155.49 | \$133.28 |
| Dental Plan Premium | \$ 12.09 | \$ 10.59 | \$ 9.07 |
| Your Total Premium (Medicare Advantage + Dental) | \$189.80 | \$166.08 | \$142.35 |

¹ Medicare Advantage premium guaranteed for two years from January 1, 2025 through December 31, 2026 if benefits do not change.

4. Can I stay on the current plan?

All Medicare eligible retirees and/or dependents will be automatically enrolled in the new CareFirst BlueCross BlueShield Group Advantage (PPO) Plan unless you opt out. We are required by law to give you the choice of opting out of the new plan. Please note that the Medicare Advantage plan can present considerable premium savings to our retirees without sacrificing benefits. If you choose to opt-out and remain in your current plan, please contact the St. Mary's County Public Schools Benefit Office at 301-475-5511 ext. 32182.

5. 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 (hospital/facility coverage) and Medicare Part B (physician coverage), as well as additional benefits like Medicare Part D (prescription drug coverage), all in one plan through 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 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.

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

Your Medicare Advantage plan that will be effective January 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.

9. 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.

10. Can I go to my current providers?

Most likely, yes. If your provider is in the CareFirst BlueCross BlueShield 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 them directly and ensure they are willing to bill CareFirst before your visit.

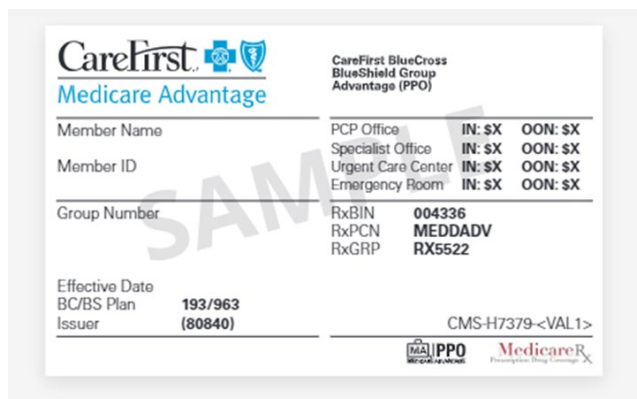
11. Do I still use my Medicare card?

Prior to January 1, 2025, you will receive a welcome kit and a CareFirst ID card for your CareFirst BlueCross BlueShield Group Advantage 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 (including vision providers) and pharmacies starting January 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 ID Card

Front:



Back:



12. 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 Group Medicare Advantage 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 **301-329-0004 (TTY: 711)** or **toll-free at 855-257-2550 (TTY: 711)** to assist. They can reach out to your provider to explain.

13. 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.

14. 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 BlueCross BlueShield Group Advantage Plan. If this occurs, you would need to work with Social Security to determine how you can be reinstated with Medicare.

PRESCRIPTION DRUG QUESTIONS

15. Is there a Prescription Deductible?

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

16. Are my prescription drugs covered?

Most likely, yes. The CareFirst BlueCross BlueShield Group Advantage 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 carefirst.com/learngroupma and click on Search Drugs to see if your drugs are covered. You can call RetireeFirst at **301-329-0004 (TTY:711)** or toll-free at **855-257-2550 (TTY: 711)** to look up your medications and applicable copays.

17. Can I go to the same retail pharmacy?

Most likely, yes. CareFirst has over 62,000 pharmacies in-network. You can visit 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.

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

Yes, any 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.

19. 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.

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

Some prescriptions may require a coverage determination review. Please contact RetireeFirst at **301-329-0004 (TTY:711)** or toll-free at **855-257-2550 (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.

21. 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

22. 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.

23. What if I do not want to enroll in this new plan? What does “opt out” mean?

All Medicare eligible retirees and/or dependents will be automatically enrolled in the new CareFirst BlueCross BlueShield Group Advantage Plan unless you opt out. We are required by law to give you the choice of opting out of the new plan. Please note that the Medicare Advantage plan can present considerable premium savings to our retirees without sacrificing benefits. If you choose to opt-out and remain in your current plan, please contact the St. Mary's County Public Schools Benefit Office at 301-475-5511 ext. 32182.

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.