

2026

# Summary of Benefits

CareFirst BlueCross BlueShield Group Advantage  
(PPO)

Frederick County Government

H7379-801

**January 1, 2026 - December 31, 2026**

- Call 833-939-4103 (TTY:711)
- 8am-6pm EST Monday - Friday

[www.carefirst.com/frederickgovt](http://www.carefirst.com/frederickgovt)

# 2026 Summary of Benefits

## CareFirst BlueCross BlueShield Group Advantage (PPO)

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Group Advantage (PPO) plan from January 1, 2026 – December 31, 2026.

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

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To request a printed copy of your “Evidence of Coverage” document, which is a complete listing of your benefits, please call the phone number in the section below labeled “Want more information?”.

This plan has a Provider Directory for all in-network providers that can be accessed through [www.carefirst.com/frederickgovt](http://www.carefirst.com/frederickgovt).

This document is available in other formats such as Spanish, braille or large print.

### Pharmacy

You must generally use network pharmacies to fill your prescriptions for covered Part D or enhanced drugs. You can see our plan’s pharmacy directory on our website ([www.carefirst.com/frederickgovt](http://www.carefirst.com/frederickgovt)). Or, call us and we will send you a copy of the pharmacy directory.

#### Want more information?

For more information, please call us at 833-939-4103 (TTY users should call 711) or visit us at [www.carefirst.com/frederickgovt](http://www.carefirst.com/frederickgovt).

## 2026 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
<b>Monthly Plan Premium</b>	Please refer to your employer's plan materials for your premium amount.
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	\$0
<b>Inpatient Hospital Coverage</b>	
<b>Medicare-covered Inpatient Hospital Coverage<sup>1</sup></b>	\$0 copay
<b>Medicare-covered Inpatient Hospital Psychiatric<sup>1</sup></b>	\$0 copay
<b>Outpatient Hospital Coverage</b>	
<b>Medicare-covered Outpatient Hospital, Including Surgery<sup>1</sup></b>	\$0 copay
<b>Medicare-covered Outpatient Hospital Observation Services<sup>1</sup></b>	\$0 copay
<b>Medicare-covered Ambulatory Surgical Center (ASC)<sup>1</sup></b>	\$0 copay
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	
<b>Medicare-covered Primary Care Providers (PCP)</b>	\$0 copay
<b>Medicare-covered Specialist</b>	\$0 copay
<b>Medicare-covered Preventive Care</b>	\$0 copay
<b>Medicare-covered Emergency Care</b>	\$0 copay
<b>Medicare-covered Urgently Needed Services</b>	\$0 copay
<b>Diagnostic Services/Labs/Imaging</b>	
<b>Medicare-covered Tests and Procedures<sup>1,2</sup></b>	\$0 copay

## 2026 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
<b>Medicare-covered Lab Services<sup>1,2</sup></b>	\$0 copay
<b>Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)<sup>1</sup></b>	\$0 copay
<b>Medicare-covered Therapeutic Radiology Services<sup>1</sup></b>	\$0 copay
<b>Medicare-covered X-Rays</b>	\$0 copay
<b>Hearing Services</b>	
<b>Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues</b>	\$0 copay
<b>Routine Hearing Exams</b>	\$0 copay
<b>Hearing Aids</b>	\$0 per entry level hearing aid \$0 per basic level hearing aid \$0 per prime level hearing aid \$0 per preferred level hearing aid \$150 per advanced level hearing aid \$950 per premium level hearing aid
<b>Dental Services</b>	
<b>Medicare-covered Comprehensive Dental</b>	\$0 copay
<b>Vision Services</b>	
<b>Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye</b>	\$0 copay
<b>Medicare-covered Preventive Glaucoma Screening</b>	\$0 copay
<b>Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery</b>	\$0 copay
<b>Medicare-covered Diabetic Eye Exam</b>	\$0 copay

## 2026 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
<b>Routine Eye Exam</b>	\$0 copay for each routine eye exam (includes dilation & refraction) from a Davis Vision provider (one per calendar year). \$40 reimbursement out-of-network.
<b>Eyewear Allowance</b>	<p><b>Additional Eyewear Coverage:</b></p> <p>In-network:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> <li>• Select Fashion frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor. Designer frames from Davis Vision's exclusive collection are a \$0, \$15, or \$40 copay depending on the type of frames selected.</li> <li>• \$200 or \$250 at Visionworks plus a 20% discount on any coverage for any other frames annually.</li> <li>• Single Vision, Bifocal, Trifocal, and Lenticular clear plastic lenses have a \$0 copay for each type of lenses annually.</li> </ul> <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> <li>• If contact lenses are medically necessary they will be covered in full through Davis Vision.</li> <li>• \$200 plus 15% off balance for elective contact lenses annually.</li> <li>• 15% discount on Contact lens evaluation, fitting and follow-up care.</li> </ul> <p>Out-of-network:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> <li>• \$88 for frames annually.</li> <li>• Single Vision, Bifocal, Trifocal, and Lenticular clear plastic lenses have a \$40, \$60, \$80 or \$100 copay depending on the type of lenses annually.</li> </ul> <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> <li>• If contact lenses are medically necessary they will be covered via a \$240 reimbursement.</li> <li>• \$136 for elective contact lenses annually.</li> </ul> <p>Non-Medicare covered / routine services do not count towards your maximum-out-of-pocket (MOOP).</p>
<b>Mental Health Services</b>	
<b>Medicare-covered Individual Office Visits</b>	\$0 copay
<b>Medicare-covered Group Office Visits</b>	\$0 copay

## 2026 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
<b>Other Benefits and Services</b>	
<b>Medicare-covered Skilled Nursing Facility (SNF)<sup>1</sup></b>	\$0 copay for days 1-100
<b>Medicare-covered Physical Therapy<sup>1</sup></b>	\$0 copay
<b>Medicare-covered Ambulance - Ground<sup>3</sup></b>	\$0 copay
<b>Medicare-covered Ambulance - Air<sup>3</sup></b>	\$0 copay
<b>Routine Transportation</b>	Not Covered
<b>Medicare-covered Part B Prescription Drugs<sup>1</sup></b> <i>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</i>	\$0 copay

1 Prior authorization may be required and is the responsibility of the provider.

2 Most routine labwork does not require prior authorization.

3 Prior authorization may be required for non-emergent services.

### Part D

Prescription Drug Benefits	
<b>Annual Prescription Deductible</b>	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
<b>Initial Coverage Stage</b>	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$2,100. Then you move to the Catastrophic Stage.
<b>Catastrophic Coverage</b>	During this payment stage, you pay nothing for your covered Part D or enhanced drugs.
<b>Long Term Care Facility Resident Coverage</b>	If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same copay as a 30-day retail pharmacy prescription.

## 2026 Summary of Benefits

Prescription Drug Benefits		
Tier	Standard retail cost sharing (30-day supply)	Mail-order cost sharing (30-day supply)
Tier 1—Generic	\$10 copay	\$10 copay
Tier 2—Preferred Brand	\$30 copay	\$30 copay
Tier 3—Non-Preferred Drug	\$50 copay	\$50 copay
Tier 4—Specialty	\$75 copay	\$75 copay
Tier	Standard retail cost sharing (60-day supply)	Mail-order cost sharing (60-day supply)
Tier 1—Generic	\$20 copay	\$20 copay
Tier 2—Preferred Brand	\$60 copay	\$60 copay
Tier 3—Non-Preferred Drug	\$100 copay	\$100 copay
Tier	Standard retail cost sharing (100-day supply Tier 1) (90-day supply for Tiers 2-3)	Mail-order cost sharing (100-day supply Tier 1) (90-day supply for Tiers 2-3)
Tier 1—Generic	\$20 copay	\$20 copay
Tier 2—Preferred Brand	\$60 copay	\$60 copay
Tier 3—Non-Preferred Drug	\$100 copay	\$100 copay

Additional Benefits	CareFirst BlueCross BlueShield Group Advantage
24-Hour Nurse Advice Hotline	\$0 copay
Annual Physical	\$0 copay
Fitness (SilverSneakers)	\$0 copay
Wigs for Chemotherapy Patients	\$350 annual allowance for wigs for chemotherapy patients.

- 1 Prior authorization may be required and is the responsibility of the provider.
- 2 Most routine labwork does not require prior authorization.
- 3 Prior authorization may be required for non-emergent services.



CONNECT WITH US:



©2025 NationsBenefits, LLC. All rights reserved. NationsHearing is a registered trademark of NationsBenefits, LLC. Other marks are the property of their respective owners.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.

Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is solely responsible for the services it provides.

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 PPO, 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.