

**CareFirst BlueCross BlueShield Group Medicare Advantage**  
 Plan Name: CareFirst BlueCross BlueShield Group Advantage (PPO)  
 Employer Group: DC Government  
 Quote: 1/1/2024 to 12/31/2024



Medicare Covered Services	In Network Services	Out Network Services
Annual Medical Deductible	\$0	\$0
Annual Medical Out-of-Pocket Maximum (applies to Medicare Part A and B medical benefits only)	\$6000	
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits) or Telehealth	\$5	\$5
Specialist Office Visit or Telehealth	\$15	\$15
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay Per Admission	\$50	\$50
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	100 Days
Skilled Nursing Facility Care Day Range 1-20	\$0	\$0
Day Range 21-100	\$0	\$0
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0	\$0
<b>Outpatient Services</b>		
Outpatient Hospital Services	\$0	\$0
Ambulatory Surgical Center	\$0	\$0
Outpatient Observation	\$0	\$0
Partial Hospitalization Per Day	\$0	\$0
Occupational Therapy, Physical Therapy and Speech/Language Therapy, Comprehensive Outpatient Rehabilitation Facility	\$15	\$15
Cardiac Rehabilitation	\$15	\$15
Intensive Cardiac Rehabilitation	\$15	\$15
Pulmonary, and SET for PAD Therapy	\$15	\$15
Outpatient Substance Abuse - Individual Visit	\$0	\$0
Outpatient Substance Abuse - Group Visit	\$0	\$0
Mental Health Services -Individual Office Visit or Telehealth	\$10	\$10
Mental Health Services - Group Office Visit or Telehealth	\$5	\$5
Psychiatric Services - Individual Office Visit or Telehealth	\$10	\$10
Psychiatric Services - Group Office Visit or Telehealth	\$5	\$5
Kidney Dialysis	\$0	\$0
<b>Medicare-covered Specialist Visits</b>		
Chiropractic Visit	\$15	\$15
Podiatry Visit	\$15	\$15
Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$15	\$15
Dental Services	\$15	\$15
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	\$15	\$15
Ambulance Copay Waived if Admitted	No	No
Emergency Room (US only)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (US only) or Telehealth	\$15	\$15
Urgent Care Copay Waived if Admitted within 48 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Insulin	\$0-\$35	\$0-\$35
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	Yes	Yes
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	15%	15%
Prosthetics	15%	15%
Orthotics	15%	15%
Diabetic Shoes and Inserts	15%	15%
Medical Supplies	15%	15%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	Covered by Original Medicare	Covered by Original Medicare
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$15	\$15
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$15	\$15
Therapeutic Radiology Service	\$15	\$15
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0

Screening for Depression in Adults	\$0	\$0	
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral and Counseling to prevent STIs	\$0	\$0	
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0	
Screening and Counseling for Obesity	\$0	\$0	
Glaucoma Screening	\$0	\$0	
Kidney Disease Education	\$0	\$0	
Dialysis Training	\$0	\$0	
Hepatitis C Screening	\$0	\$0	
Lung Cancer Screening	\$0	\$0	
<b>Non-Medicare Covered Services</b>			
<b>Wellness Benefits</b>			
Fitness Program	CareFirst offers virtual and in-person fitness classes at no cost to the member		
24 / 7 Nurse Advice Line	CareFirst offers access to a nurse 24 hours a day, 7 days a week for urgent questions at no cost to the member		
Virtual Diabetes Program	CareFirst offers a virtual diabetes program for members diagnosed with diabetes that includes additional virtual coaching, provider access, coverage of benefits beyond Original Medicare and additional items (ex. test strips, lancets) beyond Original Medicare limits), continuous glucose monitor, and more at no cost to the member		
In-Home Assessments	CareFirst offers In-Home Visits (a targeted annual assessment to complete a comprehensive evaluation of your health status with an advanced practice clinician in the comfort of your home) at no cost to the member		
<b>Routine Chiropractic</b>			
Routine Chiropractic	\$15	\$15	
Routine Chiropractic - Number of visits per year	Up to 20 visits	Up to 20 visits	
<b>Routine Acupuncture</b>			
Routine Acupuncture	\$15	\$15	
Routine Acupuncture - Number of visits per year	Up to 20 visits	Up to 20 visits	
<b>Routine Podiatry</b>			
Routine Podiatry	\$15	\$15	
Routine Podiatry - Number of visits per year	Up to 20 visits	Up to 20 visits	
<b>Worldwide Emergency and Urgently Needed Services</b>			
Emergently Needed Services	\$50	\$50	
Urgently Needed Services	\$15	\$15	
Combined Maximum Coverage	\$50,000 combined annual limit		
<b>Wigs for Hair Loss Related to Chemotherapy</b>	\$350 Annually		
<b>Hearing Exams and Aids</b>			
Routine Hearing Exams and Fitting and Evaluation	\$0	\$0	
Frequency of Visits	One Exam Annually Up to 3 Fitting and Evaluations Annually		
Hearing Aids	\$500 - \$1975 copay per ear depending on technology level of hearing aid		
<b>Vision</b>			
Routine Eye Examination with dilation (once annually)	\$0	Up to \$40	
Frame Allowance	Up to \$100 Plus 20% discount on any overage	Up to \$100	
Exclusive Collection Frame (in lieu of Allowance) Fashion/Designer/Premier	\$0	Up to \$100	
Clear plastic lenses in any Rx (Single Vision/Bifocal/Trifocal/Lenticular)	\$10	Up to \$40/\$60/\$80/\$80	
Visually Required Contact Lenses (with prior approval)	\$0	Up to \$285	
Contact Lenses Materials Allowance (Retail)	Up to \$100 + 15% off balance	Up to \$100	
- Evaluation, Fitting, & Follow Up Care	\$0	Up to \$60	
<b>Outpatient Prescription Drug Coverage (Part D)</b>			
Prescription Drug Plan	Included in CareFirst BlueCross BlueShield Group Advantage (PPO)		
Pharmacy (retail and mail-order) Network	National		
Formulary Base	Expanded: Most Comprehensive		
Non-Part D Coverage	<ol style="list-style-type: none"> <li>Agents when used for anorexia, weight loss</li> <li>Agents when used for the treatment of sexual or erectile dysfunction (ED)</li> <li>Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations</li> <li>Drugs used to relieve the symptoms of cough and colds</li> </ol>		
Formulary Edits (step therapy, quantity limits, prior authorization)	Step therapy, quantity limits, and prior authorization apply		
Initial Coverage Limit (ICL) - once member reaches limits moves to Gap Coverage	\$5,030		
Part D Gap Coverage	Same as ICL Below		
True Out of Pocket Threshold (TrOOP) - once member reaches limit moves to Catastrophic Coverage	\$8,000		
Part D Catastrophic Coverage	N/A		
<b>Primary Plan - ICL Phase</b>			
	30 Day	60 Day	90 Day
Retail Tier 1: Preferred Generic	\$5	\$10	\$10
Retail Tier 2: Generic	\$10	\$20	\$20
Retail Tier 3: Preferred Brand	\$20	\$40	\$40
Retail Tier 4: Non-Preferred Drug	\$40	\$80	\$80
Retail Tier 5: Specialty Tier	25%	Not Covered	Not Covered
	30 Day	60 Day	90 Day
Mail Order Tier 1: Preferred Generic	\$5	\$10	\$10
Mail Order Tier 2: Generic	\$10	\$20	\$20
Mail Order Tier 3: Preferred Brand	\$20	\$40	\$40
Mail Order Tier 4: Non-Preferred Drug	\$40	\$80	\$80
Mail Order Tier 5: Specialty Tier	25%	Not Covered	Not Covered