

Transit Employees' Health and Welfare Plan Group Medicare Advantage Frequently Asked Questions

General Questions

1. What is a Medicare Advantage with Prescription Drug (MAPD) plan?

Medicare Advantage is also known as Medicare Part C and it combines your hospital (Part A), doctor (Part B) and drug coverage (Part D) all in one plan. These plans follow all of the rules and cover all the benefits covered by Original Medicare and are offered by private insurance companies like CareFirst. Under a Medicare Advantage plan, CareFirst can offer additional supplemental benefits like a nurse line, fitness program, telehealth benefits and in home assessments that are not covered by Medicare Part A or Part B.

2. How much do I have to pay for the plan?

The 2022 rates are located in the Open Enrollment Guide on pages 27 and 28.

Your Benefits

3. How are the benefits different from my current CareFirst Medicare Supplemental plan?

You will be moving from a Medicare Supplement plan to a Medicare Advantage plan.

Today:

- When you visit a doctor, you present your Medicare card and the ID card for your Medicare Supplement plan. Medicare pays first and your current plan pays secondary.

Going Forward if you choose CareFirst BlueCross BlueShield Advantage (PPO) as of January 1, 2022:

- With the Medicare Advantage plan, your medical and drug coverage is bundled together so you only need to show one ID card when you get care.

CareFirst BlueCross BlueShield Medicare Advantage is a PPO with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on 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.

You will have more predictable copays instead of coinsurance. For example, you will pay a \$15 copay for primary care visits and a \$15 copay for specialist visits. There are no deductibles. And your drug copays will be \$5 for preferred generics, \$10 for generics, \$25 for preferred brand, \$40 for non-preferred drugs and \$40 specialty tier drugs for a 30-day supply.

- As a participant in the Medicare Advantage plan, you have access to the following additional supplemental benefits:
 - With the SilverSneakers program, you will have access to at-home classes and workshops live or on-demand and the opportunity to enroll in gyms and fitness locations.
 - A routine eye exam, a diabetic eye exam, a preventive glaucoma screening each year and allowances to purchase frames or elective contact lenses
 - You will have access to a 24-hour nurse advice line when you have questions about your health, help you decide when to visit your doctor or go to an Urgent Care or ER, help you understand your medications, assist with finding network doctors and prepare for an appointment, and learn about preventive care.
 - Through CareFirst's Video Visit program, you can securely connect with a doctor anytime day or night through your phone, tablet or computer and get treatment for urgent care or make an appointment with a licensed physician for behavioral health services.
 - You can also get an in home or virtual annual comprehensive health assessment with an advanced practice clinician.

4. Which ID card should I use?

Prior to January 1, 2022, you will receive a welcome kit and ID card from CareFirst for your Medicare Advantage plan – for medical, prescription drug and vision coverage. You will need to show this card to your doctors and pharmacists. Your new Medicare Advantage ID card will be needed to ensure that claims will be filed correctly by your providers and they can access your benefits accurately. Make sure you keep your Original Medicare card somewhere safe, but you will not need to show it to your doctors.

5. Is there a Part A and/or Part B Deductible?

No, there is no Part A or Part B Deductible.

6. Are there Co-insurance or Copays?

Yes, there are copays based on the service you receive. Some benefits may have coinsurance, please refer to your Evidence of Coverage, Chapter 4 Medical Benefits Chart for more details.

Your Network of Providers

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

Your Medicare Advantage plan that will be effective January 1, 2022 is a PPO plan. Your plan has a nationwide network of doctors, other health care providers, and hospitals. Your plan adds more value as it is considered a Passive PPO, where your copays are the same whether you visit in-network or out-of-network providers.

8. Does this plan have a network?

Yes, and while we encourage you to visit network providers, you can go to any provider, hospital, or facility that accepts Medicare and is willing to bill CareFirst. In and out of network benefits are the same under this plan.

9. Can I go to my current providers?

If your provider is in the CareFirst Medicare Advantage PPO network (visit www.carefirst.com/findadocmappo), you can continue to see them. If they are not in the network, as long as they accept Medicare and are willing to bill CareFirst, you can continue to see them. 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.

10. Will I need to switch doctors?

With a Medicare Advantage PPO plan, you will have access to a national provider network through the Blue Cross and Blue Shield Association. However, if your doctor is not in the network, as long as they accept Medicare and are willing to bill CareFirst for the services they provide to you, your medically necessary services will be covered. The good news is that your out-of-pocket expense or copay will be the same for doctors who are in and out of network.

11. What if my Provider says they do not accept this plan?

If your provider is not willing to accept the plan, contact CareFirst Medicare Advantage Member Services at 833-320-2664 (TTY: 711) and we will be happy to contact your doctor on your behalf to explain how the plan works.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require Prior Authorizations?

Some services may require pre-certification / prior authorizations. Your Evidence of Coverage, also called your member contract, will provide you with information on the services that require pre-certifications / prior authorizations.

Your Prescription Drugs

14. Is there a Prescription Deductible?

No, there is no prescription deductible.

15. Is there a Donut Hole Coverage?

Yes, this plan has full donut hole coverage, meaning you will continue to pay the same copays as the initial coverage phase.

16. Is there additional Catastrophic Coverage?

Yes, this plan has catastrophic coverage, meaning you will pay no more than the copays in the initial coverage phase.

17. Can I go to the same Retail Pharmacy?

Most likely, yes. The CareFirst Medicare Advantage Prescription Drug (MAPD) Plan has over 66,000 pharmacies in network. Generally, you do NOT need new prescriptions for retail pharmacy fills. Check to see if your pharmacy is in the network by visiting www.carefirst.com/findadocmappo and select *Medicare Pharmacy Directory* under *Helpful Links* at the bottom of the page.

18. Will my mail order transfer over or will I need to re-enroll?

Yes, your mail order prescriptions will transfer over, but you should alert the pharmacy of your new coverage.

19. Will I need new prescriptions?

Generally, if you have active prescriptions with refills at either the retail pharmacy or mail order, you will NOT need new prescriptions. However, you should alert the pharmacy of your new coverage and show them your new ID card.

20. Will my prescriptions be covered?

The CareFirst plan covers basic Medicare Part D medications as well as some Medicare Part D excluded medications. This includes weight loss, erectile dysfunction, and vitamins. You can visit www.carefirst.com/madrugsearch (available starting 10/15/2021) to search for your prescription drugs on the formulary or call CareFirst Member Services at 833-320-2664 (TTY: 711) to get help looking up your medications, see if there are any restrictions and learn your copay price.

21. Can I still go to the VA for my prescriptions?

Yes. If you obtain some prescriptions from the VA, you may continue to do so. This is a separate benefit, and may have separate formularies, copays, and restrictions in place.

22. Do I need Prior Authorizations (PA) for certain prescription medicines?

Some medications may require a PA. Please contact CareFirst Member Services at 833-320-2664 (TTY: 711) if you have questions or need assistance with Prior Authorizations as well as any other requirements such as Step Therapy or Quantity Limits, or Non-Formulary Exceptions.

Next Steps

23. When will I receive my card/ Welcome Kit?

Cards and Welcome Kits will be received prior to your effective date. Retirees and Medicare eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day. This is normal.

24. Will I receive an Explanation of Benefits (EOB) from CareFirst?

Yes, you will receive an EOB from CareFirst showing medical and prescription drug claims monthly.

25. Who do I call if I need assistance with the plan?

For eligibility and premium questions, contact the Transit Employees' Health & Welfare Plan's Benefits Office at 301-568-2294 Monday through Friday, 8:30 am-5 pm.

For plan and benefit questions, please call CareFirst Medicare Advantage Member Services at 833-320-2664 E.T. (TTY: 711) Monday through Friday, 8 am-6 pm.