



2025 Healthcare Benefit Guide

District of Columbia Government
Medicare-eligible retirees

**CAREFIRST BLUECROSS BLUESHIELD
GROUP ADVANTAGE (PPO)**

What's inside

- 1 Welcome!
- 2 What's a Medicare Advantage plan?
- 5 2025 Summary of Benefits
- 14 Your extra hearing benefits
- 15 Your extra vision benefits
- 16 About the provider network
- 17 A message for your provider
- 18 Enrollment checklist
- 20 Here's what to expect next
- 21 Important enrollment information



CareFirst BlueCross BlueShield (CareFirst) has been named by the Ethisphere Institute as one of the **World's Most Ethical Companies**® for 12 consecutive years!

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Welcome!

Thank you for your interest in a CareFirst BlueCross BlueShield Group Medicare Advantage (PPO) plan. Inside this booklet, you'll find detailed information regarding the CareFirst plan.

CareFirst BlueCross BlueShield has long been committed to providing accessible and affordable care to our members—through every phase of life. Our members have trusted the CareFirst family of BlueCross BlueShield health plans for over 80 years. That's why we designed an “all-in-one” Medicare Advantage plan—so you can stay healthy while also managing your healthcare costs.

We will go over:

- Medicare Advantage basics
- The benefits of our “all-in-one” plans
- A summary of your benefits and copays
- The Medicare Advantage PPO provider network
- Your pre-enrollment checklist



We're here for you

If you have questions, call **Member Services** at 833-320-2664 (TTY: 711). Our hours of operation are Monday to Friday, 8 a.m.–6 p.m. EST.

To learn more, visit carefirst.com/dcgov.







What's a 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 BlueCross BlueShield (CareFirst).

Medicare Advantage plans bundle your Medicare Part A (hospital/facility costs) and Medicare Part B (doctor/labs/other costs) with added benefits and services. Your plan also includes Part D for prescription drug coverage.

Here's a quick look at the four parts of Medicare:

 Part A	 Part B	 Part C	 Part D
Hospital insurance <ul style="list-style-type: none">■ Inpatient hospital care■ Hospice care■ Home health care■ Skilled nursing care■ Does not cover long-term care	Medical insurance <ul style="list-style-type: none">■ Doctor's visits■ Labs■ X-rays■ Medical equipment and more	Medicare Advantage <ul style="list-style-type: none">■ Combines all the services of Part A and B with other benefits■ May offer other benefits like dental, vision and hearing	Prescription drug coverage <ul style="list-style-type: none">■ Covers outpatient prescriptions

All four parts listed above are included in your CareFirst plan.

The perks you'll get at CareFirst

As a member of a CareFirst Advantage plan, you'll enjoy:



Affordable coverage for all your healthcare needs



24-Hour Nurse Advice Line



In-home assessments



A large national network of doctors, specialists & hospitals



Fitness program



Telehealth options

National provider network

With the CareFirst plan, you can see doctors that are in or out of our network—locally or nationally. If you see a doctor who is out of the network, they must participate in Medicare and agree to bill CareFirst or their local BlueCross BlueShield plan (if outside of Maryland, D.C. and Northern Virginia).

Most out-of-network doctors will bill CareFirst directly. We included information in this guide that you can take to your provider if they need more information about your Medicare Advantage plan.



Want to know if your doctor is in-network?



Explore our Medicare Advantage network of doctors and hospitals with our *Find a Doctor* tool. Visit carefirst.com/dcgov and then go to the *Find a Doctor* section, then click *Search Now*. Next, add your City, State or Zip code and then click *Continue* to browse.

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2025

Summary of Benefits

CareFirst BlueCross BlueShield Group Advantage
(PPO)

District of Columbia Government

H7379-801

January 1, 2025 - December 31, 2025

- Call 833-320-2664 (TTY:711)
- 8am-6pm EST Monday - Friday

www.carefirst.com/learngrpma

2025 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, 2025 – December 31, 2025.

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/learngroupma.

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/learngroupma). Or, call us and we will send you a copy of the pharmacy directory.

Want more information?

For more information, please call us at 833-320-2664 (TTY users should call 711) or visit us at www.carefirst.com/learngroupma.

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
Monthly Plan Premium	Please refer to your employer's plan materials for your premium amount.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,000
Inpatient Hospital Coverage	
Medicare-covered Inpatient Hospital Coverage*	\$50 copay
Medicare-covered Inpatient Hospital Psychiatric*	\$0 copay
Outpatient Hospital Coverage	
Medicare-covered Outpatient Hospital, Including Surgery*	\$0 copay
Medicare-covered Outpatient Hospital Observation Services*	\$0 copay
Medicare-covered Ambulatory Surgical Center (ASC)*	\$0 copay
Doctor Visits (Primary Care Providers and Specialists)	
Medicare-covered Primary Care Providers (PCP)	\$5 copay
Medicare-covered Specialist*	\$15 copay
Medicare-covered Preventive Care	\$0 copay
Medicare-covered Emergency Care	\$50 copay
Medicare-covered Urgently Needed Services	\$15 copay

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
Diagnostic Services/Labs/Imaging	
Medicare-covered Tests and Procedures*	\$0 copay
Medicare-covered Lab Services*	\$0 copay
Medicare-covered Diagnostic Radiology Services (e.g. CT, MRI)*	\$15 copay
Medicare-covered Therapeutic Radiology Services*	\$15 copay
Medicare-covered X-Rays*	\$15 copay
Hearing Services	
Medicare-covered Exam to Diagnose and Treat Hearing and Balance Issues	\$15 copay
Routine Hearing Exams	\$0 copay
Hearing Aids	\$500 - \$1,975 copay
Dental Services	
Medicare-covered Comprehensive Dental*	\$15 copay
Vision Services	
Medicare-covered Exam to Diagnose and Treat Diseases and Conditions of the Eye	\$0 copay
Medicare-covered Preventive Glaucoma Screening	\$0 copay
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery*	\$0 copay
Medicare-covered Diabetic Eye Exam	\$0 copay

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
Routine Eye Exam	\$0 copay for each routine eye exam (includes dilation & refraction) from a Davis Vision provider (one per calendar year). Up to \$40 reimbursement out-of-network.
Eyewear Allowance	<p>Additional Eyewear Coverage:</p> <p>In-network:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> ■ Select frames purchased from Davis Vision's exclusive collection will be covered in full through our vendor. ■ \$100 for any other frames annually. ■ Single Vision, Bifocal, Trifocal, and Lenticular lenses have a \$10 copay for each type of lenses annually. <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> ■ If contact lenses are medically necessary they will be covered in full through Davis Vision. ■ \$100 for elective contact lenses annually. ■ Contact lens evaluation and fitting is covered in full for standard and specialty contacts. <p>Out-of-network:</p> <p>Eyewear (Frames and Lenses):</p> <ul style="list-style-type: none"> ■ Our plan covers up to \$100 for any other frames annually. ■ Single Vision, Bifocal, Trifocal, and Lenticular clear plastic lenses have a \$40, \$60, or \$80 copay depending on the type of lenses annually. <p>Contacts (Medical and Elective):</p> <ul style="list-style-type: none"> ■ If contact lenses are medically necessary they will be covered via a \$285 reimbursement. ■ \$100 for elective contact lenses annually. ■ Contact lens evaluation, fitting, and follow-ups are covered up to \$60 reimbursement. <p>Non-Medicare covered / routine services do not count towards your maximum-out-of-pocket (MOOP).</p>
Mental Health Services	
Medicare-covered Outpatient*	\$5 copay

2025 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Group Advantage
Medicare-covered Individual and Group Office Visits	\$10 copay for Individual or \$5 copay for Group mental health sessions
Medicare-covered Skilled Nursing Facility (SNF)*	\$0 copay
Medicare-covered Physical Therapy*	\$15 copay
Medicare-covered Ambulance - Ground*	\$15 copay
Medicare-covered Ambulance - Air*	\$15 copay
Routine Transportation	Not Covered
Medicare-covered Part B Prescription Drugs* <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

*Prior authorization may be required

Part D

Prescription Drug Benefits	
Annual Prescription Deductible	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage Stage.
Initial Coverage Stage	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 \$2,000. Then you move to the Catastrophic Stage.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D or enhanced drugs.
Long Term Care Facility Resident Coverage	If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same copays as a 30-day retail pharmacy prescriptions.

2025 Summary of Benefits

Prescription Drug Benefits		
Tier	Standard retail cost sharing (30-day supply)	Mail-order cost sharing (30-day supply)
Tier 1—Preferred Generic	\$5 copay	\$5 copay
Tier 2—Generic	\$10 copay	\$10 copay
Tier 3—Preferred Brand	\$20 copay	\$20 copay
Tier 4—Non-Preferred Drug	\$40 copay	\$40 copay
Tier 5—Specialty	25% coinsurance	25% coinsurance
Tier	Standard retail cost sharing (60-day supply)	Mail-order cost sharing (60-day supply)
Tier 1—Preferred Generic	\$10 copay	\$10 copay
Tier 2—Generic	\$20 copay	\$20 copay
Tier 3—Preferred Brand	\$40 copay	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay	\$80 copay
Tier	Standard retail cost sharing (90-day supply)	Mail-order cost sharing (90-day supply)
Tier 1—Preferred Generic	\$10 copay	\$10 copay
Tier 2—Generic	\$20 copay	\$20 copay
Tier 3—Preferred Brand	\$40 copay	\$40 copay
Tier 4—Non-Preferred Drug	\$80 copay	\$80 copay

2025 Summary of Benefits

Additional Benefits	CareFirst BlueCross BlueShield Group Advantage
24-Hour Nurse Advice Hotline	\$0 copay
Routine Acupuncture	\$15 copay for no more than 20 visits
Annual Physical	\$0 copay
Routine Chiropractic Care	\$15 copay for no more than 20 visits
Fitness (SilverSneakers)	\$0 copay
Routine Foot Care	\$15 copay for no more than 20 visits
Wigs for Chemotherapy Patients	\$350 Annual Allowance for Wigs for Chemotherapy Patients.
In Home Assessment	\$0 copay
Rewards Program and Value Added Items and Services	
Blue365	If you join the plan, you will get access as a member to Blue365 - discounts and deals locally and nationwide on wellness, fitness, travel, apparel and other items and services.

**Prior authorization may be required*



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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.

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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.

Your extra hearing benefits

Your hearing benefits are provided by NationsHearing®. They offer excellent hearing solutions at the best price. They can help you select the most comfortable and effective hearing aid. Financing options are available. Plus, NationsHearing® makes it easy to get a hearing test from home at no cost.

Your benefits include:



An annual, no-cost hearing test



Hearing aids



Three-year manufacturer's repair warranty on hearing aids



Access to a network of 8,000+ providers



Low copays



One-time replacement coverage for lost, stolen or damaged hearing aids



Find a provider near you

Visit carefirst.com/findadocmappo and select the Medicare Advantage Hearing (PPO) network. You can also call NationsHearing® at 877-246-1666 (TTY: 711).

Your extra vision benefits

Good vision improves or strengthens your quality of life. Your CareFirst plan combines a great network with outstanding coverage.

Your plan covers:



Routine eye exams



Access to 200+ free frames from Davis Vision



Access to Exclusive Collection frames



Allowances for frames or elective contact lenses



Low copays for all eyeglass lenses



Discounts on upgraded lens options and coatings



The Davis Vision network

You'll have access to a large network of local private practices as well as national retailers like Visionworks, Target, Costco and more. To find a provider near you, visit carefirst.com/findadocmappo and select the Medicare Advantage Vision (PPO) network. You can also call Davis Vision at 888-573-2990.

About the provider network

What is an in-network doctor?

An in-network doctor or healthcare provider is one who contracts with CareFirst to provide services to Medicare-eligible members.

What do I have to pay for?

You pay your copay or coinsurance according to your plan benefits. Your doctor or healthcare provider will bill CareFirst for the remaining cost of your service(s).

How can I find a network provider?

Visit carefirst.com/findadocmappo and select the Medicare Advantage (PPO) network.

Can an in-network doctor refuse to see me?

If you're an existing patient, the doctor or healthcare provider must continue to see you. A network doctor may choose not to see you if they haven't seen you before and they aren't accepting new Medicare patients.

What is an out-of-network doctor?

An out-of-network doctor or healthcare provider doesn't have a contract with CareFirst.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or healthcare provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor's willing to treat you and bill your health insurance plan.

What do I do if my provider is not in the CareFirst provider directory?

Contact your provider to make sure they participate in Medicare. Ask if they're willing to bill CareFirst or a BlueCross BlueShield entity.



What will I pay if my provider is out-of-network?

If your out-of-network provider accepts your plan, you'll pay your plan's copay or coinsurance. CareFirst will pay for the rest of your covered service(s). This includes any excess charges up to the limit set by Medicare.

What if my doctor will not accept the plan?

We'll be happy to talk to your doctor to explain how the plan works. Usually, that's all that's needed.

Will my out-of-network doctor bill CareFirst?

Yes. Medicare providers shouldn't bill members directly if they're a part of Original Medicare or a Medicare Advantage plan. Please share the next page with your provider and ask them to call us to discuss our payments. They'll be the same as Original Medicare for Medicare covered services.

A message for your provider

We've included information that you can take to your provider. Tear off and give it to your provider at your next visit.

CareFirst BlueCross BlueShield Group Advantage (PPO) will provide coverage for this retiree under a group or employer-sponsored Medicare preferred provider organization (PPO) plan.

Provider information	
Contracted healthcare providers:	If you're a CareFirst BlueCross BlueShield (CareFirst) Group Advantage PPO contracted healthcare provider, you'll receive your contracted rate.
Out-of-network healthcare providers:	If you're a Medicare provider, you can treat and receive payment for CareFirst covered patients. CareFirst pays providers according to the Original Medicare fee schedule less any member responsibility.
Healthcare providers in MD, DC and Northern VA:	If you want information about our claims processes or becoming a CareFirst contracted provider, you can call provider services at 833-320-2664. NOTE: This number is not for patient use. Patients should call the Member Services number on the back of their CareFirst member ID card.
Healthcare providers outside the CareFirst BlueCross BlueShield Service area:	If you want information about claims processes, you can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard Eligibility at 1-800-676-BLUE (2583) and provide the member's prefix located on their ID card once they are enrolled. The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.
<p>This retiree's in-network and out-of-network benefits and cost shares are the same. You can provide services to this retiree or any member of their plan if you are a Medicare provider. There will not be a large out-of-network deductible or cost share.</p>	

Enrollment checklist

Navigating a new healthcare plan can be overwhelming. There's a lot to read and understand about your new benefits. But you have the right to feel comfortable (and even excited!) about this change. We've prepared this checklist to help you along your journey. We'll go over what steps you need to take before you enroll, once you enroll and to stay enrolled in a CareFirst Medicare Advantage plan.

Follow these steps for peace of mind. They'll set you up for success as you enroll. If you have questions along the way, we're here to support you. Contact CareFirst Member Services at the number provided in your enrollment materials.

Before you enroll

- Confirm you are enrolled in Medicare Part A and Part B. Check your Medicare card to make sure Parts A and B are listed.
- Make sure your employer has a physical address on file, not just a P.O. Box. Medicare requires a physical address to enroll.
- Confirm your providers are in network at carefirst.com/dcgov. If they are not in network, notify them of the plan change. Confirm they participate in Medicare and are willing to bill CareFirst or their local Blues plan. Let them know they will be reimbursed at the Medicare rate. And that your copays are the same for out-of-network providers.
- Search the list of covered drugs (called a formulary) for the prescriptions you take at carefirst.com/dcgov. You should do this to make sure your drugs are covered, to review the drug tier and check for any prior authorization requirements. This will let you know what to expect as far as prescription costs and drug coverage.
- If any of your prescriptions require a prior authorization, a new authorization will be needed. Call **888-970-0917** for information about required forms.
- Read this enrollment guide including the Summary of Benefits. Note that your copays may be different than your previous plan.

Once you enroll

- Read your member welcome kit. Note anything you have questions about.
- Check your member ID card to make sure your name is correct.
- Register for My Account at carefirst.com/myaccount. This personalized portal lets you access your benefits and claims information.
- Sign up for an extended supply of your prescriptions through mail order with CVS Caremark Mail Service Pharmacy. Call **888-970-0917**, 24 hours a day, 7 days a week.
- Sign up for the SilverSneakers® fitness program. Get free virtual workouts plus the option to work out at a participating gym. To register, visit SilverSneakers.com/StartHere.

Staying enrolled

- Stay enrolled in Medicare Parts A and B. Pay your Medicare premiums (i.e., Part B monthly premiums).
- If applicable, continue to pay any Medicare late enrollment penalties.
- If applicable, continue to pay any income-related Part B and Part D premium adjustments to Social Security.
- Continue to reside in the service area. That means the 50 United States and its territories.
- DO NOT** enroll in another Medicare Advantage or Part D prescription drug plan. If you do, Medicare will automatically terminate you from your group retiree plan. You can only be enrolled in one Medicare Advantage or Part D plan at a time.



Here's what to expect next

- Once your open enrollment period has concluded, we'll let Medicare know that you're joining one of our Medicare Advantage PPO plans.
- We'll tell you when we receive Medicare's approval. You'll receive a letter in the mail confirming your enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO Plan.
- Next, we'll mail your new member welcome packet and your ID card. The packet will help you get the most from your new plan and will have instructions for accessing your CareFirst Evidence of Coverage, also known as your member contract.
- After your new coverage begins, you won't have to show your Medicare card at the doctor or pharmacy. All you'll need is your CareFirst Medicare Advantage card.



We're here for you

If you have questions or need more information, call 833-320-2664 (TTY: 711), Monday–Friday, 8 a.m. to 6 p.m. ET.



Important enrollment information

Medicare requires us to communicate this important information to you upon enrollment in the CareFirst BlueCross BlueShield Group Advantage PPO plan. Please take a moment to read and understand the following statements.

As required by Medicare, upon enrollment in the plan, you understand the following:

- You must keep both Hospital (Part A) and Medical (Part B) to stay in CareFirst BlueCross BlueShield Group Medicare Advantage.
- You can be enrolled in only one Medicare Advantage plan at a time and your enrollment in this plan will automatically end your enrollment in another Medicare Advantage health plan (exceptions apply for MA PFFS, MA MSA).
- You understand that when your CareFirst BlueCross BlueShield Group Medicare Advantage coverage begins, you must get all of your medical and prescription drug benefits from CareFirst BlueCross BlueShield Group Medicare Advantage.
- Benefits and services provided by CareFirst BlueCross BlueShield Group Medicare Advantage and contained in your CareFirst BlueCross BlueShield Group Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered.
- Neither Medicare nor CareFirst BlueCross BlueShield Group Medicare Advantage will pay for benefits or services that are not covered.

- By joining this Group Medicare Advantage Plan, you acknowledge that CareFirst BlueCross BlueShield Group Medicare Advantage will share your information with Medicare, who may use it to track your enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information.

Privacy act statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Notes

Thank you

We know that health insurance is one of the most important decisions you can make for yourself and your family. We're grateful you've chosen CareFirst and we look forward to helping you get the care you need to live your healthiest life.



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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.

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