

Healthy Rewards Program

**CAREFIRST BLUECROSS BLUESHIELD
ADVANTAGE DUALPRIME (HMO-SNP)**

2026

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Welcome!

At CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP), we believe that preventive care plays an important role in staying healthy. That's why we encourage you to participate in our Healthy Rewards Program for a healthier and happier you!

Earn a total of \$290 in Healthy Rewards when you complete these screenings or exams

- Annual Wellness Visit
- Annual Flu Shot
- At-Home Visit
- Post Hospitalization Visit
- At-Home Colorectal Cancer Screening
- Colonoscopy or Flexible Sigmoidoscopy
- Mammogram (Breast Cancer Screening)
- Diabetes HbA1C Screening Test
- Diabetic Retinal Eye Exam
- Diabetic Kidney Health Evaluation
- Health Risk Assessment



We'd love to help

If you have any questions, please call Member Services at the number on the back of your member ID card. You can reach a customer service representative from 8 a.m.-8 p.m., EST, 7 days a week from October 1-March 31 and Monday-Friday from April 1-September 30.



Start Earning Healthy Rewards!

Follow these steps below:



Call your doctor to schedule the preventive screening, exam, or vaccination you need. We can help you to schedule your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



Tear out any applicable forms starting from page 8. Be sure to write your full name and member identification number on the form (located on the front of your member ID card).



Submit your completed form(s) by email, fax or mail:

CareFirstRewards@carefirst.com

Mail: CareFirst BlueCross
BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915,
Owings Mills, MD 21117

Fax: 410-779-3957

Your Healthy Rewards will be loaded onto a prepaid healthcare benefit type card as shown below.

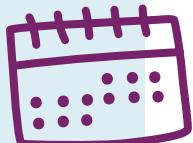
Please keep the card, as it will be reloaded with your reward, every time you complete one of the activities. The card will be reloaded the month following when we receive confirmation of completion. The Healthy Rewards do not roll over to the next year and expire on February 28, 2027.



Complete your screenings today!

To receive eligible rewards, all services must be completed by December 31, 2026 and all completed forms must be submitted to the plan by January 31, 2027.

Any forms received after January 31, 2027 may not be eligible for a Healthy Reward.



Your Healthy Rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form and have verified the services. Healthy Rewards cannot be used to buy tobacco or alcohol. Healthy Rewards cannot be converted to cash. All preventive measures must be completed in the 2026 calendar year. This reward can only be earned once per calendar year.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Card can be used for eligible expenses wherever Mastercard is accepted.

How it Works

Activity	What you need to know	Reward
Annual Wellness Visit	One visit per year	\$30
Annual Flu Shot	One flu shot per year	\$20
CareFirst At-Home clinical support services	One visit per year	\$30
Post-Hospitalization Physician Visit	Complete within 30 days of leaving the hospital (one per year)	\$20
Colorectal Cancer Screening: Colonoscopy or Flexible Sigmoidoscopy	Choose one colorectal cancer screening test between January 1–December 31, 2026. Request your reward by January 31, 2027. You will only receive one Healthy Reward per calendar year regardless of how many tests were performed.	\$50
At-Home Colorectal Cancer Screening (iFOBT)		\$30
Breast Cancer Screening	One mammogram per year	\$50
Diabetes HbA1c Test Diabetic Retinal Exam Diabetic Kidney Health Evaluation	One HbA1c screening per year, one retinal exam per year, and one kidney health evaluation per year	\$20
Health Risk Assessment (HRA)	Complete and return your HRA within 90 days of your enrollment effective date, and/or annually (no greater than 365 days from completing your last HRA) thereafter	\$20

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Annual Wellness Visit

Your plan encourages all members to get an annual wellness visit once every 12 months. During this visit, your doctor will check on your health and work with you to develop a care plan made just for you.

The visit is offered to all Medicare members one time each year at no cost and it must be completed in-person in 2026 in order for you to be eligible for a Healthy Reward.

During your annual wellness visit, remember to:



Ask your provider which screenings you should take.



Ask questions about your health numbers (blood pressure/body mass index).



Talk to your doctor about any over-the-counter drugs you take to see if they are safe to take along with any prescriptions prescribed to you.



Reduce the risk of falls by talking about how to prevent them.



Inform your doctor about any pain you may have or any physical or mental changes you are experiencing.



Discuss advance care planning with your doctor to make decisions about the care you'd want to receive if you become unable to speak for yourself.

2026 Annual Wellness Exam Form

We've included a form for you to fill out, sign and date after your Annual Wellness Exam with your provider. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Name:

Member ID (found on Health ID card)

Member Date of Birth

Member Signature

Name of Provider

Date of Visit

Practice Name

Address

Phone Number

Fax Number

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Annual Flu Shot

CareFirst encourages members to get a flu shot. Human immune defenses become weaker with age. The flu can be serious for people age 65 and older or with other health risk factors.

An annual flu shot is offered at no cost to all Medicare members. It must be completed in-person in 2026 in order for you to receive a Healthy Reward.

According to the Centers for Disease Control and Prevention (CDC), it is not possible to predict what any flu season will be like. The timing, severity and length of the flu season usually varies from one year to the next.

Flu vaccines are updated each season because flu viruses are constantly changing. Also, immunity decreases over time. Annual vaccinations helps to ensure the best possible protection against flu.



Get your flu shot today!

Call your doctor today to schedule your flu shot. Be sure to ask if your pharmacy can give you a shot at no cost.



2026 Annual Flu Shot Form

We've included a form for you to fill out, sign and date after you take your Annual Flu Shot. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Name of Healthcare Professional

Practice/Pharmacy Name

Practice/Pharmacy Phone

Practice/Pharmacy Fax

NPI Number

Location/Address

Member Name

Member ID

Member Date of Birth

Date of Flu Shot

Signature

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At-Home Visit

Your plan includes the option for you to have a comprehensive health assessment in the comfort of your own home. This benefit is available at no cost.

During the visit, a licensed practitioner will provide a thorough health evaluation including lab work and screenings for diabetes, colon cancer, and kidney and vascular diseases. They'll review your medical history and medications and answer any questions you may have.

You can opt in to the care coordination. This service provides valuable assistance getting the most out of your care. We can help you schedule appointments, arrange transportation, get lower cost medications or medical equipment, and provide nutrition recommendations to improve your overall health.



What happens at this visit?

Your in-home assessment does not replace your yearly visit with your PCP. Both you and your PCP will receive a Clinical Visit Summary report that summarizes the results of your assessment. This will help you have an informed discussion at your annual check-up or next PCP visit.



2026 At-Home Visit Form

We've included a form for you to fill out, sign and date after your At-Home Visit.
Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none">■ Email: CareFirstRewards@carefirst.com■ Mail: CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117■ Fax: completed form to 410-779-3957	
COMPLETE THE INFORMATION BELOW	
Name	
Member ID (found on Health ID card)	Member Date of Birth
Member Signature	
Name of Healthcare Professional	Date of At-Home Visit
Practice Name	
Provider Address	
Phone Number	Fax Number

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Post-Hospitalization Physician Visit

The post-hospitalization visit is offered at no cost to Medicare members who were admitted for either an observation or an inpatient stay.

If you complete your post-hospitalization visit within 30 days of discharge from the admission, you will be eligible to receive a Healthy Reward. This visit can be completed in-person or via telehealth (on your computer, phone, or tablet) with the provider.

CareFirst understands that it can be tough going home after being in the hospital. You may have left the hospital with multiple follow-up instructions. You may have many medicines to take. You may also want more medical help and support in the weeks following your hospital stay.



What happens at this visit?

This visit may be with a PCP or specialist. During this visit, your doctor will go over the instructions that you got at the hospital. Your doctor will see if you need to adjust any medication, follow-up on test results and discuss future treatments.



2026 Post-Hospitalization Physician Visit Form

We've included a form for you to fill out, sign and date after your visit with your provider. Tear off at the dotted line and complete all fields.

INSTRUCTIONS	
<ul style="list-style-type: none"> ■ Email: CareFirstRewards@carefirst.com ■ Mail: CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117 ■ Fax: completed form to 410-779-3957 	
COMPLETE THE INFORMATION BELOW	
Member Name	
Member ID	Member Date of Birth
Member Signature	
Hospital Admission Date	Hospital Discharge Date
Provider Appointment Date	
Name of Office Staff Member Completing Form	
Practice Name	
Name of Provider	Provider Phone
Provider Address	

Tear off at the dotted line

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Colorectal Cancer Screenings

According to the CDC, regular screening is key to preventing colorectal cancer. Your plan encourages you to talk with your provider about when to begin screening for colorectal cancer, what test to have and how often to have it.

Colorectal cancer screenings can detect problems before any symptoms occur. Your provider will take into account your age, medical history, family history and general health to determine which screening is right for you.

Medicare covers three types of colorectal cancer screenings when ordered by a doctor—Colonoscopy, Flexible Sigmoidoscopy, and an iFOBT at-home stool-based test. There is no age requirement for members to receive a colonoscopy, but you must be over the age of 50 to complete a Flexible Sigmoidoscopy or an iFOBT stool-based test. The screening must be completed within the recommended time frame in order for you to receive a Healthy Reward.

At-Home Colorectal Cancer Screening (iFOBT)

At-home colorectal cancer screenings provide a convenient and non-invasive way for individuals to monitor their colon health.

Utilizing stool samples, the iFOBT screens for early detection of colorectal cancer or precancerous conditions. By collecting a sample at home and sending it for analysis, people can maintain regular screenings, which are crucial for early diagnosis and effective treatment.

While not a substitute for a colonoscopy, they can be a vital first step. In combination with professional medical advice, they enhance early detection efforts and can improve health outcomes.

Screening guidelines

It is recommended that individuals get an iFOBT stool-based test every 12 months, a Flexible Sigmoidoscopy every five years or a Colonoscopy every 10 years.



iFOBT Screening Kit

1. Complete an iFOBT colorectal cancer screening kit before December 31, 2026. Use the kit as instructed.
2. Mail your sample to the lab to be processed. Instructions on how to do this will be included in your kit.
3. Fill out the form in this Healthy Rewards Program booklet.
4. After your visit with your provider, submit your completed form by email, fax or mail:
Email: CareFirstRewards@carefirst.com
Mail: CareFirst BlueCross BlueShield
Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings
Mills, MD 21117
Fax: completed form to 410-779-3957

Colonoscopy or Flexible Sigmoidoscopy

1. Talk with your provider to schedule an appointment for your colorectal cancer screening before December 31, 2026.
2. After you've completed your screening, fill out the form in this Healthy Rewards Program booklet.
3. After your visit with your provider, submit your completed form by email, fax or mail:
Email: CareFirstRewards@carefirst.com
Mail: CareFirst BlueCross BlueShield
Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings
Mills, MD 21117
Fax: completed form to 410-779-3957

Who can earn this reward?

Medicare Advantage members who are eligible for a colorectal screening exam.
One reward per member in 2026.

How can I earn this reward?

You must have a colorectal screening between January 1, 2026, and December 31, 2026. Request your reward by January 31, 2027. You will need to provide the date of visit and the type of test.

2026 Colorectal Cancer Screening Form

Tear off at the dotted line

We've included a form for you to fill out, sign and date after your Colorectal Cancer Screening. Tear off at the dotted line and complete all fields.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

There are three ways to be screened for colorectal cancer. You will only receive one Healthy Reward per calendar year regardless of how many tests were performed. Once completed, you are not eligible to receive another Healthy Reward through the Healthy Rewards Program for any additional colorectal cancer screenings in 2026.

Please indicate which test you completed

Colonoscopy Flexible Sigmoidoscopy iFOBT Kit

Date of test or date screening kit mailed to lab

Member Name

Member ID

Member Date of Birth

Member Signature

Name of Provider

Date of Visit

Provider Phone

Practice/Group Name

Provider Address

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Mammograms (Breast Cancer Screening)

According to the CDC, mammograms can help find breast cancer early, when it is easier to treat. Your plan encourages you to talk with your provider about when to begin screening for breast cancer and how often to have it.

Mammograms check for breast cancer even if a woman does not have any signs or symptoms. During this screening, X-ray images are taken of each breast—the images look for lumps or tumors that cannot be felt.

Mammograms can also see other issues that may indicate breast problems. Some imaging centers may require a referral. Be sure to ask when you call to make your appointment. If a referral is needed, your primary care provider will provide one for you.

Talk with your provider if you have any questions.

Preventative mammograms are offered at no cost to female Medicare members over the age of 40. This screening must be completed between October 1, 2025 and December 31, 2026 in order for you to be eligible to receive a Healthy Reward.



2026 Mammogram (Breast Cancer Screening) Form

We've included a form for you to fill out, sign and date after your Mammogram appointment. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of Mammogram

Today's Date

Name of Mammogram Center

Location Address

Location Phone Number

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Monitoring Your Diabetes

According to the Centers for Medicare and Medicaid Services (CMS), having an annual retinal eye exam, A1c and kidney testing, are essential for individuals living with diabetes. CareFirst encourages you to speak to your provider about these routine screenings to help manage your diabetes effectively.

Why A1c Testing Matters

People with diabetes benefit from regular A1c testing to monitor long-term blood glucose control. The A1c test reflects your average blood sugar levels over the past 2-3 months and helps guide treatment decisions to reduce the risk of complications.

Your provider will use your A1c results to assess how well your diabetes is being managed and may adjust your treatment plan accordingly.

What does the A1c test include?

Medicare covers routine testing for individuals with diabetes. This includes Hemoglobin A1c Test, a blood test that measures the percentage of glycated hemoglobin in your blood, indicating your average blood sugar levels.

Screening Guidelines

It is recommended that individuals with diabetes complete an A1c test at least twice a year to monitor blood sugar control and qualify for a healthy reward.

Why Diabetic Eye Exams Matter

Diabetes can lead to damage in the blood vessels of the retina, potentially causing vision loss or blindness. Early detection through annual eye exams can help prevent or slow the progression of diabetic eye disease.

Your provider will assess your eye health and may refer you to an eye care specialist for a comprehensive dilated eye exam.

What does the diabetic eye exam include?

Medicare covers an annual retinal eye exam for individuals with diabetes. This includes:

Dilated Retinal Exam—an eye exam performed by an optometrist or ophthalmologist to check for signs of diabetic retinopathy and other eye conditions.

This exam is typically done once a year and is essential for preserving vision and monitoring eye health.

Screening Guidelines

It is recommended that individuals with diabetes complete a retinal eye exam at least once a year to monitor eye health and qualify for a Healthy Reward.

Why a Kidney Evaluation Matters

People with diabetes are at higher risk for developing chronic kidney disease (CKD). Early detection through routine testing can help slow or prevent the progression of kidney damage.

Your provider will consider your overall health, diabetes management, and medical history to determine the appropriate tests for you.

What does the KED Evaluation include?

Medicare covers an annual kidney evaluation for individuals with diabetes. This includes:

- Urine Albumin-Creatine Ratio (uACR)—a urine test that checks for protein (albumin) in the urine, which can be an early sign of kidney damage.
- Estimated Glomerular Filtration Rate (eGFR)—a blood test that measures how well your kidneys are filtering waste from your blood.

Both tests are typically done once a year and are essential for monitoring kidney function.

Screening Guidelines

It is recommended that individuals with diabetes complete both uACR and eGFR test at least once a year to monitor kidney health and qualify for a Healthy Reward.



2026 Diabetes HbA1C Test Form

Tear off at the dotted line

We've included a form for you to fill out, sign and date after you take the HbA1C blood test. Tear off at the dotted line and complete all fields. In order to qualify for this reward, you must complete all three screening exams.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of HbA1c

Value

Name of Provider/Practice

Location Address

Location Phone Number

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2026 Diabetic Retinal Eye Exam Form

Tear off at the dotted line

We've included a form for you to fill out, sign and date after your eye exam. Tear off at the dotted line and complete all fields.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of Eye Exam

Name of Provider/Practice

Location Address

Location Phone Number

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2026 Diabetic Kidney Health Evaluation Form

Tear off at the dotted line

We've included a form for you to fill out, sign and date after your KED Evaluation.
Tear off at the dotted line and complete all fields.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of eGFR

Value

Name of Provider/Practice

Location Address

Location Phone Number

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Health Risk Assessment

Health Risk Assessments are used to help identify any health risks that could affect your health. After you answer each question, your case manager will use this and other health information to create a care plan personalized to your healthcare needs.

We will mail the care plan to you and your PCP. The care plan will include goals and actions for you to improve your health. We encourage you to talk to your PCP about your care plan at every visit.

To receive this reward, you must complete the HRA within the first 90 days of enrollment with the plan, and/or annually thereafter. CareFirst will reach out to you when you are due for your HRA.

You can complete this assessment in your own home. You don't have to go to the doctor to do it.

Three ways to complete your HRA



Complete it over the phone when we call you! It's quick and confidential.



Send it by mail. Just ask the representative on the phone for a mailed copy. We'll mail it with a postage-paid envelope.



Send it online. Take the assessment at carefirst.com/hraform. It's fast and confidential.

HRAs are offered at no charge to Medicare members

A member of our case management team will call you to discuss your HRA results and develop a personalized care plan shortly after we receive your completed HRA. Conversations with the case management team do not count as a completed HRA. You must complete the brief survey to be eligible for the Healthy Reward.

The HRA must be completed prior to December 31, 2026 for you to be eligible to receive a Healthy Reward.

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Medical Information

Name:

Date of Birth:

Phone:

PRIMARY CARE PROVIDER

Name:

Phone:

OTHER DOCTORS

Name:

Specialty:

Name:

Specialty:

Name:

Specialty:

Name:

Specialty:

PHARMACY

Name:

Phone:

EMERGENCY CONTACT

Name:

Relationship

Phone Number

ALLERGIES

MEDICAL CONDITIONS

Medication Record

Use these two pages to keep track of all medications you take. This includes prescription drugs, over-the-counter medications, herbal supplements and vitamins. Share this information with your provider and pharmacist during all visits. Remember to use a pencil so you can make any changes if necessary.

You should review this record when starting or stopping a new medication, changing your dosage or during visits with your provider.

MEDICATION RECORD		
Name of medication		
Form (pill, patch, injection, etc.)	Dosage	How often
Start/Stop date or Ongoing	Reason for use	
Name of medication		
Form (pill, patch, injection, etc.)	Dosage	How often
Start/Stop date or Ongoing	Reason for use	
Name of medication		
Form (pill, patch, injection, etc.)	Dosage	How often
Start/Stop date or Ongoing	Reason for use	
Name of medication		
Form (pill, patch, injection, etc.)	Dosage	How often
Start/Stop date or Ongoing	Reason for use	

MEDICATION RECORD (CONTINUED)

Name of medication

Form (pill, patch, injection, etc.)	Dosage	How often
-------------------------------------	--------	-----------

Start/Stop date or Ongoing	Reason for use
----------------------------	----------------

Name of medication

Form (pill, patch, injection, etc.)	Dosage	How often
-------------------------------------	--------	-----------

Start/Stop date or Ongoing	Reason for use
----------------------------	----------------

Name of medication

Form (pill, patch, injection, etc.)	Dosage	How often
-------------------------------------	--------	-----------

Start/Stop date or Ongoing	Reason for use
----------------------------	----------------

Name of medication

Form (pill, patch, injection, etc.)	Dosage	How often
-------------------------------------	--------	-----------

Start/Stop date or Ongoing	Reason for use
----------------------------	----------------

Name of medication

Form (pill, patch, injection, etc.)	Dosage	How often
-------------------------------------	--------	-----------

Start/Stop date or Ongoing	Reason for use
----------------------------	----------------

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/1/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

Provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 14858
 Lexington, KY 40512

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820
Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطية التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهاية معينة لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكالفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 5618-258-855 وانتظار طوال الحوار حتى يطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسitem توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হ্যাত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা প্রাপ্তির অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং ০ চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده در پشت کارت شناسایی اضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره ۰۵۱۸-۲۵۸-۸۵۵۵ تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد ۰ را فشار دهند. هنگامی که یک نماندنه پاسخ داد، زبان موردنیاز خود را اعلام کنید تا به یک متوجه متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ókwà a nwere ozi bànyéré mkpuchi megide ihe mberede gi. O nwere ike inwe ụbóchị ndi dí óké m̄kpà ma o nwekwara ike idí mkpa ka imee ihe tupu oge ụfodụ agafee. Inwere ike inweta ozi a ya na enyemaka na asusụ gi n'akwughị ụgwọ ọbụla. Ndi òtù ga akpo ọnụogugụ ekwenti dí na àzú Káàdị njirimara ndi òtù ha. Ndi ọzó nile nwere íke ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara, kwuo asusụ ichorọ, a ga ejikota gi na onye ntughari asusụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ágh naa'nil bee nik'é asti'í bódahólñíhgo bee baa dahane'í biyi'. Dayoolkáá dóó bee ida'ii' aahí háídíí shíí t'aá bich'íjí' ha'át'ííshíí ádadiilíílígíí biyi'. Díí bee baa dahane'í dóó t'aá jiik'eh nizaad bee nika'e' eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahózíní bąągh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yálti'í biba' asdáago niléí ó bił adílchííd hodoo'niidjí'. Naalmishí haadzíí'go, saad nínízinígíí bee bił hodíilnih dóó ata' yálti'í bich'í' ni'doolnih.

ध्यान दिनुहोस (Nepali): यस सूचनामा तपाईंको बीमा कमरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помочь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaioiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atoluina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćeete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoći na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر نئے گئے فون نمبر پر کال کرنی چاہئے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبائے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئے۔ جب کوئی ایجنت حواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کارابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhở số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

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The Healthy Rewards Program is offered to all DualPrime members at no cost. For assistance in scheduling a screening or test or if you have questions about the program, please call a Member Services representative for assistance.



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