

CareFirst BlueCross BlueShield Advantage DualPrime Healthy Rewards Program

2024

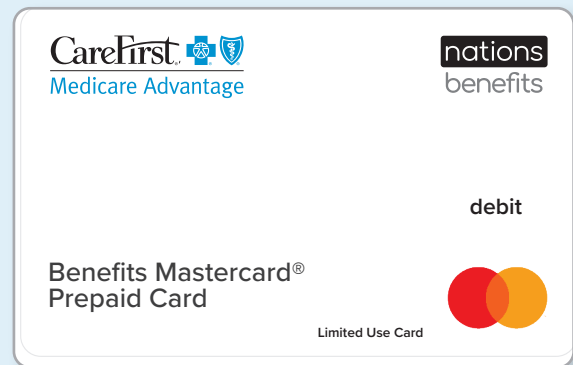
The Start to a Healthier and Happier You

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!

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, 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.

Earn \$15 in healthy rewards when you complete any one (1) of these screenings or exams

- Health Risk Assessment
- Annual Wellness Visit
- Annual Flu Shot
- Post-Hospitalization Physician Visit
- Colorectal Cancer Screening
- Mammogram (Breast Cancer Screening)
- Diabetes HbA1c Screening Test
- Diabetic Retinal Eye Exam



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Earning Your Healthy Rewards Is Easy!

1

Call your doctor to schedule the preventive screening, exam, or vaccination you need. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.

2

Take this booklet with you to your appointment.

3

Write your full name and member identification number (located on the front of your member ID card) on the form.

4

Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office.

To receive eligible rewards, all services must be completed by December 31, 2024 and all completed forms must be submitted to the plan by January 31, 2025.

Any forms received after January 31, 2025 may not be eligible for a healthy reward.

MEMBER SERVICES:

- 410-779-9932 (TTY: 711) or toll free 1-844-386-6762
- 8 a.m.–8 p.m., EST, 7 days a week, October 1–March 31
8 a.m.–8 p.m., EST, Monday–Friday, April 1–September 30

Health Risk Assessment

Health Risk Assessments (HRAs) are used to help identify any health risks that could affect your health. After you answer each question, your case manager at CareFirst BlueCross BlueShield Advantage DualPrime will use this and other health information to create a care plan personalized to your health care needs.

CareFirst BlueCross BlueShield Advantage DualPrime will mail the care plan to you and your Primary Care Provider (PCP). The care plan will include goals and actions for you to improve your health. CareFirst BlueCross BlueShield Advantage DualPrime encourages you to talk to your PCP about your care plan at every visit.

To receive this reward, members must complete the HRA within the first 90 days of their enrollment with the plan, and/or annually thereafter. CareFirst BlueCross BlueShield Advantage DualPrime 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. There are two (2) ways to take the assessment:



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



**If you prefer to take the HRA at
home, ask the representative on
the phone for a mailed copy.**
**We'll mail it to you with a postage-
paid envelope.**

All HRA results are confidential. Every HRA is 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, 2024 for you to be eligible to receive a healthy reward. Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive your HRA. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

Annual Wellness Exam

CareFirst BlueCross BlueShield Advantage DualPrime encourages all members to get an annual wellness exam once every 12 months. The visit is offered to all Medicare members one (1) time each year at no cost. This visit must be completed in-person during 2024 in order for you to be eligible for a healthy reward. During this visit, your doctor will check on your health. The doctor will work with you to develop a care plan made just for you.

During your annual wellness exam, remember to:

- Educate yourself about the screenings you may need.
- Ask questions about your health numbers (blood pressure/body mass index).
- Share information with your doctor about any pain you may have.
- Inform your doctor about any physical or mental changes you are experiencing.
- Talk to your doctor about any over-the-counter drugs you take to see if they are safe to take along with any prescription medicine prescribed to you.
- Reduce the risk of falls by talking about how to prevent them.
- Discuss advance care planning with your doctor. Advance care planning is making decisions about the care you would want to receive if you become unable to speak for yourself.

Getting your healthy reward is easy



Call your doctor to schedule the preventive screening, exam, or vaccination you need. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office.

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 during the 2024 calendar year. This reward can only be earned once per calendar year.

2024 Annual Wellness Exam



Provider: Please complete all fields and fax this form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 or mail to CareFirst BlueCross BlueShield Advantage DualPrime, Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117

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:	Fax:

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Annual Flu Shot

An annual flu shot is offered at no cost to all Medicare members. It must be completed in-person during 2024 in order for you to be eligible to receive a healthy reward.

According to the Centers for Disease Control and Prevention, 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.

CareFirst BlueCross BlueShield Advantage DualPrime 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.

Call your doctor today to schedule your flu shot. Some pharmacies can also give members a flu shot at no cost to the member. Be sure to ask if your pharmacy can give you a shot at no cost.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Annual Flu Shot

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

COMPLETE THE INFORMATION BELOW
Name of Healthcare Professional:
Practice/Pharmacy Name:
Practice/Pharmacy Phone:
Practice/Pharmacy Fax:
NPI:
Location/Address:
Member Name:
Member ID:
Member Date of Birth:
Date of Flu Shot:
Signature

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Getting your healthy reward is easy



Call your doctor or your pharmacy to schedule an annual flu shot. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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

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 BlueCross BlueShield Advantage DualPrime 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.

This visit may be with a primary care provider 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.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Post-Hospitalization Physician Visit

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

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:

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Getting your healthy reward is easy



Call your doctor to schedule your posthospitalization visit. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment or have it available to fill out the form with the provider to confirm your visit was completed.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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

Colorectal Cancer Screening

Colorectal Cancer Screenings (iFOBT, Colonoscopy, or Flex Sigmoidoscopy):

Medicare covers 3 colorectal cancer screenings when ordered by a doctor—Colonoscopy, Flexible Sigmoidoscopy, and an iFOBT 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.

According to the Centers for Disease Control and Prevention, regular screening is key to preventing colorectal cancer. CareFirst BlueCross BlueShield Advantage DualPrime 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. It is recommended that individuals get an iFOBT stool-based test every 12 months, a Flexible Sigmoidoscopy every five (5) years, or a Colonoscopy every 10 years.

Note: Members will only earn a healthy reward for completing one (1) of three (3) tests.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

Y0154_H8854_MA01740_C

2024 Colorectal Cancer Screening

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

IFOBT, COLONOSCOPY, OR FLEXIBLE SIGMOIDOSCOPY

There are three (3) ways to be screened for colorectal cancer: You will only receive one (1) 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 during 2024.

Please check off which ONE test you used for screening:

- iFOBT kit (test for blood in stool)
Date mailed kit to lab: _____
- Colonoscopy
Date of test: _____
- Flexible Sigmoidoscopy
Date of test: _____

Member Name: _____

Member ID: _____

Member Date of Birth: _____

Member Signature: _____

Date of Visit: _____

Name of Provider: _____

Provider Phone: _____

Practice/Group Name: _____

Provider Address: _____

Colorectal Cancer Screening (iFOBT)

1. Complete an iFOBT colorectal cancer screening kit before December 31, 2024. 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. Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

CareFirst BlueCross BlueShield
Advantage DualPrime
Attn: Quality Department
P.O. Box 915
Owings Mills, MD 21117

Colorectal Cancer Screening (Colonoscopy or Flexible Sigmoidoscopy)

1. Talk with your provider to schedule an appointment for your colorectal cancer screening before December 31, 2024.
2. After you've completed your screening, fill out the form in this Healthy Rewards booklet.
3. Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

CareFirst BlueCross BlueShield
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Attn: Quality Department
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Owings Mills, MD 21117

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Mammogram (Breast Cancer Screening)

Mammograms are offered at no cost to all female Medicare members over the age of 40. This screening must be completed between October 1, 2023 and December 31, 2024 in order for you to be eligible to receive a healthy reward.

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 x-ray 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.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Mammogram (Breast Cancer Screening)

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

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:

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Getting your healthy reward is easy



Make an appointment for your mammogram breast cancer screening at a mammogram screening center. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



You or a staff member at the mammogram screening center can fill out the form after you get your mammogram.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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

Diabetic Screening

HbA1c laboratory tests are recommended for members who have a diagnosis of diabetes.

These tests are offered at no cost to Medicare members who need them. Tests must be completed in-person during 2024 in order for you to be eligible to receive a healthy reward.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Diabetic Screening

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

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:

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Getting your healthy reward is easy



Call your provider to schedule your diabetic screenings. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment or have it available to fill out the form with the provider to confirm your visit was completed.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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Advantage DualPrime
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P.O. Box 915
Owings Mills, MD 21117

Diabetic Retinal Eye Exam

It is recommended that members with diabetes have a retinal eye exam once a year. According to the National Institute of Health, between 40 and 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy.

This eye exam is offered at no cost to Medicare members who need it. It must be completed in-person during 2024 in order for you to be eligible to receive a healthy reward.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Diabetic Retinal Eye Exam

Please complete this form, sign and date and fax to 410-779-3957 or mail to

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

COMPLETE THE INFORMATION BELOW
Member Name:
Member ID:
Member Date of Birth:
Member Signature:
Date of Eye Exam:
Result:
Name of Provider/Practice:
Location Address:
Location Phone:

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Getting your healthy reward is easy



Call the ophthalmologist or optometrist to schedule your retinal eye exam. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment or have it available to fill out the form with the provider to confirm your visit was completed.



During your appointment, ask the eye care professional to complete the form, sign, and date it.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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

Medical Information

Name:
Date of Birth:
Phone:

PRIMARY CARE PROVIDER
Name:
Phone:

EMERGENCY CONTACT
Name:
Relationship:
Phone:

OTHER DOCTORS
Name:
Specialty:
Phone:
Name:
Specialty:
Phone:
Name:
Specialty:
Phone:

ALLERGIES

PHARMACY
Name:
Phone:

MEDICAL CONDITIONS

Medication Record

Use this page 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 visiting with your provider.

Name of medication	Form (pill, patch, injection, etc.)	Dosage	How much and when	Use (regularly or occasionally)	Start/Stop Date or Ongoing Ex: 1/1/23–5/1/24 Ex: 1/1/24–ongoing	Notes, directions, reasons for use

The Healthy Rewards Program is offered to all CareFirst BlueCross BlueShield Advantage 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.



410-779-9932 (TTY: 711)

1-844-386-6762

Monday–Friday

8 am– 8 pm ET, 7 days a week, October 1–March 31

8 am– 8 pm ET, Monday–Friday, April 1–September 30

Remember to register for CareFirst BlueCross BlueShield Advantage DualPrime’s online and secure member portal at **carefirst.com/mddsnp**.

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NationsOTC is not a product or service of The Bancorp Bank, N.A. or Mastercard. The Bancorp Bank, N.A., is issuer of the card only and not responsible for the other products, information, or recommendations provided on this site. Please visit CareFirst.NationsBenefits.com for more information.

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Notice of Nondiscrimination and Multi-Language Insert

(Updated 8/5/19)

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 1-844-386-6762.

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 8894 Baltimore, Maryland 21224
Email Address	civilrightscordinator@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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CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-386-6762. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-386-6762. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-386-6762。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-386-6762。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-386-6762. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-386-6762. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-386-6762 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-386-6762. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-386-6762 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-386-6762. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-386-6762 سيقوم شخص ما يتحدث العربية 1. بمساعدتك. هذه خدمة مجانية

Hindi: हमारे सवास य या दवा की योजना के बारे में आपकी भी पर न केजवाब देने के लिए हमारे पास मुफत दुभाषिया सेवाएँ उपलब्ध है . एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-386-6762 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफत सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-386-6762. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-386-6762. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-386-6762. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-386-6762. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-386-6762 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。