Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What’s covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

■ Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
■ Online access to quickly find a doctor or search for benefits and claims.
■ Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
■ *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.

Visit carefirst.com for up-to-date information on your plan.
How your plan works
Patient-Centered Medical Home

Supporting the relationship between you and your doctor

Whether you’re trying to get healthy or stay healthy, you need the best care. That’s why CareFirst1 created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

The program is designed to provide your PCP with a more complete view of your health needs. Your PCP will be able to use information to better manage and coordinate your care with all your health care providers including specialists, labs, pharmacies and others to ensure you get access to, and receive the most appropriate care in the most affordable settings.

Extra care for certain health conditions

If you have certain health conditions, your PCMH PCP will partner with a care coordinator, a registered nurse, to:

- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you’re following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)

A PCP is important to your health

By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.

If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.

Even if you are young and healthy, or don’t visit the doctor often, choosing a PCP is key to maintaining good health.

PCPs play a huge role in keeping you healthy for the long run. If you don't already have a relationship with a doctor, you can begin researching one today!

- To find a PCMH PCP, look for the PCMH logo when searching for primary care providers in our Provider Directory or log in to My Account and click Select/Change PCP under Quick Links.

1 All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.
BlueVision

*A plan for healthy eyes, healthy lives*

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

**How the plan works**

**How do I find a provider?**

To find a provider, go to [carefirst.com](http://carefirst.com) and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

**How do I receive care from a network provider?**

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

**Can I get contacts and eyeglasses in the same benefit period?**

With BlueVision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price.¹

**Mail order replacement contact lenses**

[DavisVisionContacts.com](http://DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.

¹ As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.
## Summary of Benefits

(12-month benefit period)

### In-Network You Pay

<table>
<thead>
<tr>
<th>EYE EXAMINATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Examination with dilation (per benefit period)</td>
<td>$10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRAMES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priced up to $70 retail</td>
<td>$40</td>
</tr>
<tr>
<td>Priced above $70 retail</td>
<td>$40, plus 90% of the amount over $70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECTACLE LENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$35</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$55</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$65</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$110</td>
</tr>
</tbody>
</table>

### Lens Options (add to spectacle lens prices above)

<table>
<thead>
<tr>
<th>Lens Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Progressive Lenses</td>
<td>$75</td>
</tr>
<tr>
<td>Premium Progressive Lenses (Varilux®, etc.)</td>
<td>$125</td>
</tr>
<tr>
<td>Ultra Progressive Lenses (digital)</td>
<td>$140</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$75</td>
</tr>
<tr>
<td>High Index Lenses</td>
<td>$55</td>
</tr>
<tr>
<td>Glass Lenses</td>
<td>$18</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$30</td>
</tr>
<tr>
<td>Blended invisible bifocals</td>
<td>$20</td>
</tr>
<tr>
<td>Intermediate Vision Lenses</td>
<td>$30</td>
</tr>
<tr>
<td>Photochromic Lenses</td>
<td>$35</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$20</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$45</td>
</tr>
<tr>
<td>Ultraviolet (UV) Coating</td>
<td>$15</td>
</tr>
<tr>
<td>Solid Tint</td>
<td>$10</td>
</tr>
<tr>
<td>Gradient Tint</td>
<td>$12</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses</td>
<td>$65</td>
</tr>
</tbody>
</table>

### Contact Lenses (add to spectacle lens prices above)

<table>
<thead>
<tr>
<th>Contact Lens Evaluation and Fitting</th>
<th>85% of retail price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>80% of retail price</td>
</tr>
<tr>
<td>Disposable/Planned Replacement</td>
<td>90% of retail price</td>
</tr>
</tbody>
</table>

| DavisVisionContacts.com Mail Order Contact Lens Replacement Online | Discounted prices |

### Laser Vision Correction

Up to 25% off allowed amount or 5% off any advertised special

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1. At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.
2. CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.
3. Special lens designs, materials, powers and frames may require additional cost.
4. Some providers have flat fees that are equivalent to these discounts.

### Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.
8. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

BlueChoice HMO Open Access
No referrals required

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care. This plan also allows you to visit specialists directly—no referrals needed. We also offer online tools and resources at carefirst.com that give you the freedom and flexibility to manage your health care and wellness goals wherever you are.

Benefits at a glance

- **Preventive care and sick office visits**: You are covered for all preventive care as well as sick office visits.

- **Large provider network**: You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.

- **Specialist services**: Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.

- **Prescription drug coverage**: Your plan covers prescription drugs.

- **Hospital services**: You’re covered for overnight hospital stays. You’re also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all hospital services.

- **Labs, X-rays or specialty imaging**: Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).

Take advantage of your benefits

- A network of almost 40,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.

- After-hours care including a free 24-hour nurse advice line, video visits, convenience care clinics and urgent care centers.

- $0 cost for comprehensive preventive health care visits.

- Predictable copays and deductibles (if applicable).

- The Away from Home Care program allows you to take your plan benefits with you if you’re out of the area for at least 90 days.

- Coverage for emergency or urgent care if you are outside CareFirst BlueCross BlueShield’s service area (Maryland, Washington, D.C. and Northern Virginia).
Well-child visits
All well-child visits and immunizations are covered.

Maternity and pregnancy care
You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.

Mental health and substance use disorder
Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

How your plan works
CareFirst BlueCross BlueShield has the region’s largest network for doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you’re familiar with your specific plan’s network.

In-network doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs.

Out-of-network providers and doctors have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed.

Your benefits

Step 1: Select a PCP
Establishing a relationship with one doctor is the best way to receive consistent, quality health care. When you enroll in a BlueChoice HMO Open Access plan, you select a PCP—either a physician or nurse practitioner—to manage your primary medical care. Make sure you select a PCP for yourself and each of your covered family members. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in family practice, general practice, pediatrics or internal medicine.

To ensure that you receive the highest level of benefits and pay the lowest out-of-pocket costs for all services, see your PCP for preventive and routine care.

Step 2: Meet your deductible (if applicable)
If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:
- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

Step 3: Your plan will start to pay for services
Your full benefits will become available once your deductible (if applicable) is met as long as you visit participating CareFirst BlueChoice doctors and facilities. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

Deductible requirements vary based on whether your coverage is an individual or family plan. If more than one person is covered under your plan, please refer to your Certificate of Coverage for detailed information on deductibles.

Step 4: Your out-of-pocket maximum
Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Any amount you pay toward your deductible (if applicable) and most copays and/or coinsurance will count toward your out-of-pocket maximum.

Should you reach your out-of-pocket maximum, CareFirst will then pay 100 percent of the allowed benefit for all covered services for the remainder of the benefit period.

Please keep in mind that out-of-pocket requirements also differ if your coverage is an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Certificate of Coverage.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.
### Labs, X-rays or specialty imaging

To get the most economical use out of your laboratory benefits, you must visit a LabCorp facility for any laboratory services. Services performed at a facility that isn't part of the LabCorp network will not be covered under your plan.

Also, any lab work performed in an out-patient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate a LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit [labcorp.com](http://labcorp.com).

Diagnostic/imaging centers have equipment to produce various types of radiologic and electromagnetic images (such as X-rays, mammograms, CT and PET scans) and a professional staff to interpret the images. If you need X-rays or other specialty imaging services, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology.

### Out-of-area coverage

Out-of-area coverage is limited to emergency or urgent care only. However, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care®.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart.

For more information on Away From Home Care, please call Member Services at the phone number listed on your ID card.

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*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association.
# BlueChoice HMO Open Access Summary of Benefits

*Howard County Public Schools—Active Employees*

## Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>CareFirst Open Access HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Coverage</td>
<td>Regional Network (MD, Washington, D.C. and Northern Virginia)</td>
</tr>
</tbody>
</table>

## COST SHARING LIFETIME LIMITS

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Calendar Year Out-of-Pocket Maximum</td>
<td>$2,000</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

## PROFESSIONAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Office Visit</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Gynecology Office Visit</td>
<td>$0 for Well Woman visit or $15 copay for all other visits</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Physical Therapy Office Visit</td>
<td>100% after copay (30 visits per condition per calendar year)</td>
</tr>
<tr>
<td>Speech Therapy Office Visit</td>
<td>100% after copay (30 visits per condition per calendar year)</td>
</tr>
<tr>
<td>Occupational Therapy Visit</td>
<td>100% after copay (30 visits per condition per calendar year)</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>100% after copay (limited to 20 visits per benefit period)</td>
</tr>
<tr>
<td>Allergy Shots/Other Covered Injections</td>
<td>100% after copay</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>100% after copay</td>
</tr>
<tr>
<td>Allergy Testing</td>
<td>Covered as either a PCP or Specialist office visit</td>
</tr>
<tr>
<td>Diagnostic tests</td>
<td>100% after copay</td>
</tr>
<tr>
<td>Diagnostic tests performed by lab or other testing facility and billed separately from office visit</td>
<td>100%</td>
</tr>
</tbody>
</table>

## PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Child Visit/Immunization</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Routine Adult Physical</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Routine Gynecological Exam</td>
<td>$0 copay, one exam per calendar year.</td>
</tr>
<tr>
<td>Routine Pap Smear</td>
<td>100% when included with routine gynecological exam. One exam per calendar year.</td>
</tr>
<tr>
<td>Routine Mammogram</td>
<td>100% unlimited visits</td>
</tr>
<tr>
<td>PSA Testing</td>
<td>Covered based on place of service. One per calendar year for males 40 and over</td>
</tr>
</tbody>
</table>

## INPATIENT CARE (PREAUTHORIZATION REQUIRED)

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board</td>
<td>100% Pre-Authorization Required</td>
</tr>
<tr>
<td>Physician/Surgical Services</td>
<td>100%</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>100%</td>
</tr>
<tr>
<td>Intensive Care Unit/Critical Care Unit</td>
<td>100%</td>
</tr>
<tr>
<td>Maternity/Nursery/Birthing Center</td>
<td>100%</td>
</tr>
<tr>
<td>Skilled Nursing/Rehab Facility Care</td>
<td>100% unlimited days</td>
</tr>
<tr>
<td>Dialysis/Radiation/Chemotherapy</td>
<td>100%</td>
</tr>
<tr>
<td>Hospice (Preauthorization Required)</td>
<td>100%</td>
</tr>
<tr>
<td>Physical/Speech/Occupational Therapy</td>
<td>100%</td>
</tr>
</tbody>
</table>

## OUTPATIENT HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical/Anesthesia Services</td>
<td>100%</td>
</tr>
<tr>
<td>Dialysis/Radiation/Chemotherapy</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Diagnostic Services</td>
<td>100%</td>
</tr>
<tr>
<td>Benefits</td>
<td>CareFirst Open Access HMO</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Network Coverage</td>
<td>Regional Network (MD, Washington, D.C. and Northern Virginia)</td>
</tr>
</tbody>
</table>

**MATURENITY/INFERTILITY SERVICES**

- Pre-and Postnatal care and delivery: 100%
- Routine nursery care: 100%
- Sterilization/Reverse Sterilization requires preauthorization: 100% Reverse Sterilization is not covered
- Artificial Insemination (AI): 50% of Allowed Benefit limited to 6 courses of treatment per lifetime
- In Vitro Fertilization (IVF)*: maximum of 3 IVF attempts/lifetime (Preauthorization Required) 50% of Allowed Benefit

**MEDICAL EMERGENCIES (USE OF ER)**

- Emergency Room: 100% after $50 copay (waived if admitted)
- Urgent Care Center: 100% after $15 copay

**MEDICAL EQUIPMENT/SUPPLIES**

- Durable Medical Equipment: 100%
- Prosthetic Devices (Pre-authorization required): 100%
- Orthopedic Devices: 100%
- Foot Orthotics (Subject to medical necessity): 100%

**MENTAL HEALTH AND SUBSTANCE USE DISORDER (PREAUTHORIZATION REQUIRED FOR INPATIENT ONLY)**

- Mental Health: Inpatient: 100%
  - Outpatient: $15 copay
- Substance Abuse: Inpatient: 100%
  - Outpatient: $15 copay

**OTHER SERVICES**

- Ambulance: Ground: 100% non-emergency not covered
  - Air: Covered 100% non-emergency not covered
- Kidney, Cornea Bone Marrow Transplants: 100%
- Heart, Heart-Lung, Lung, Pancreas, Liver Transplants: 100%
- Cardiac Rehabilitation: 100% after $15 copay
- Hearing Aids: 100% to a maximum of $1,400 per ear during any 36 month period for a child up to the age of 18.
- Habilitative Services (for children up to age 19): 100% after copay for Physical, Speech and Occupational Therapy.
  - Pre-authorization required.
- Acupuncture: 100% of Allowed Benefit, no copay
- Vision (Routine eye exam): Routine eye exam covered at 100% after a $10 copay.
  - One exam per calendar year

The purpose of this Open Enrollment chart is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.
Getting the most from your plan
Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It’s important to understand your options so you can make the best decision when you or your family members need care.*

**Primary care provider (PCP)**
Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

**FirstHelp—free 24-hour nurse advice line**
Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

**CareFirst Video Visit**
See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit carefirst.com/needcare for more information.

**Convenience care centers (retail health clinics)**
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

**Urgent care centers**
Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

**Emergency room (ER)**
An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.*
When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

<table>
<thead>
<tr>
<th>Sample cost</th>
<th>Sample symptoms</th>
<th>Available 24/7</th>
<th>Prescriptions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20</td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20</td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</td>
<td>$20</td>
<td>Cough, cold and flu</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care (e.g., Patient First or ExpressCare)</td>
<td>$60</td>
<td>Sprains</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Cut requiring stitches</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200</td>
<td>Chest pain</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:
- Log in to My Account at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/needcare.
Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Find providers
carefirst.com/doctor

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst’s Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit carefirst.com/doctor today!
Mental Health Support
Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

■ Help you find the right mental health provider(s) and schedule appointments
■ Connect you with a care coordinator who will work with your doctor to create a tailored action plan
■ Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mentalhealth.

If you are in crisis, help is available 24/7 at 800-245-7013.
My Account
Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to carefirst.com/myaccount to create a username and password.

My Account at a glance

1 Home
- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the Message Center
- Check Alerts for important notifications

2 Coverage
- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)

Signing up is easy
Information included on your member ID card will be needed to set up your account.
- Visit carefirst.com/myaccount
- Select Register Now
- Create your username and password

1 Only if offered by your plan.
Claims
- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

Doctors
- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

My Health
- Access health and wellness discounts through Blue365
- Learn about your wellness program options
- Track your Blue Rewards progress

Documents
- Look up plan forms and documentation
- Download Vitality, your annual member resource guide

Tools
- Access the Treatment Cost Estimator to calculate costs for services and procedures

Help
- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

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1 Only if offered by your plan.
2 Only available when using a computer.
3 The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.
Away From Home Care®
Your HMO coverage goes with you

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you're away
You’re covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you’re considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you’re in the CareFirst BlueChoice service area. You’ll be responsible for any copays under that plan.

Enrolling in Away From Home Care
To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. If there are no participating affiliated HMOs in the area, the program will not be available to you.
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.
- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs
Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you’re only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

Always remember to carry your ID card to access Away From Home Care.
Coordination of Benefits

If you’re covered by more than one health plan

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you’re insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

What is Coordination of Benefits (COB)?

It’s a way of organizing or managing benefits when you’re covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer’s plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you’re covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The primary plan has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn’t have another plan.

The secondary plan then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would’ve been if you only had one insurance carrier.
What if I have other coverage?
Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You’re covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

How do I submit claims?

When CareFirst is the primary plan
You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

When CareFirst is the secondary plan
Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

When CareFirst is the primary and secondary plan
You don’t need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under Other Health Insurance. In most cases, we’ll automatically process a second claim to consider any balances.

Which health plan is primary?
There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It’s important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn’t have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you’re the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse’s plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
- For example, if your birthday is May 3 and your spouse’s is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
- When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
- For dependent coverage only, if none of the above rules apply, the plan that’s covered the dependent longer is primary.
Health & Wellness

*Putting the power of health in your hands*

Improving your health just got easier! CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.* to bring you a new, highly personalized wellness program. Catering to your unique health and wellness goals, our program offers motivating digital resources—accessible anytime—to help you live a healthier life.

**Ready to take charge of your health?**

Want to find out if your healthy habits are truly making an impact? Take the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body versus your calendar age. You’ll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

**Exclusive features**

Our wellness program is full of tailored resources and tools that reflect your own preferences and interests. You get:

- **A personalized health newsfeed:** Receive insights, content and services.
- **Trackers:** Connect your wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges:** Having trouble staying motivated? Join a challenge to make achieving your health goals more entertaining.
- **A health profile:** Access your important health data like biometric information, vaccine history, lab results and medications all in one place.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.*
Specialized programs
The following programs can help you focus on specific wellness goals.

Health coaching
You may receive a call or email inviting you to participate in health coaching. Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program
If you are age 18 or older, have a body mass index (BMI) of 30 or greater and are looking to lose weight, our weight management program offers a personalized solution for long-term weight loss.

Tobacco cessation program
Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program’s expert guidance, support and wealth of tools make quitting easier than you might think.

Financial well-being program
Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings
- Wellness discount program—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- Vitality magazine—Read our member magazine which includes important plan information at carefirst.com/vitality.
- Health education—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To get started, visit carefirst.com/sharecare. You’ll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

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., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.
Take the Call

You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that’s not all we do. We’re there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse or health coach explaining the programs and inviting you to participate.

These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.

CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination or Behavioral Health

carefirst.com/takethecall
Take the Call

Here are a few examples of when we may contact you about these programs. Visit carefirst.com/takethecall to learn more.

<table>
<thead>
<tr>
<th>Program name</th>
<th>Overview</th>
<th>Why it’s important</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellness</td>
<td>Personal coaching support to help you achieve your health goals</td>
<td>Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more</td>
<td>Letter or phone call from a Sharecare coach</td>
</tr>
<tr>
<td>Complex Care Coordination</td>
<td>Support for a variety of critical health concerns or chronic conditions</td>
<td>Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor’s recommendations, medications and treatment plans</td>
<td>Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)</td>
</tr>
<tr>
<td>Hospital Transition of Care</td>
<td>Supporting transition from hospital to home</td>
<td>Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services</td>
<td>Onsite visit or phone call from a CareFirst nurse</td>
</tr>
<tr>
<td>Behavioral Health and Substance Use Disorder</td>
<td>Support for mental health and/or addiction issues</td>
<td>Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources</td>
<td>Phone call from a CareFirst behavioral health care coordinator</td>
</tr>
</tbody>
</table>

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.
Compensation and Premium Disclosure Statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your identification card, or write to:

CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, DC 20065
Attention: Member Services

A. Methods of paying physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services with a simple example of how each payment mechanism works.

The examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.

**Salary:** A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones’ salary is unchanged. Although Mrs. Smith’s baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones’ salary.

**Capitation:** A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

*Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.*

**Fee-for-Service:** A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

*Dr. Jones’ contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith’s baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones’ bill.*

**Discounted Fee-for-Service:** Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.
Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.

**Bonus**: A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

**Case Rate**: The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by both the physician (or other provider) and the hospital for an episode of care.

This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

**B. Percentage of provider payment methods**

CareFirst BlueChoice, Inc. is a network model HMO and contracts directly with the primary care and specialty care providers. According to this type of arrangement, CareFirst BlueChoice, Inc. reimburses providers primarily on a discounted fee-for-service payment method. The provider payment method percentages for CareFirst BlueChoice, Inc. are approximately 99% discounted fee-for-service with less than 1% capitated.

**C. Distribution of premium dollars**

The bar graph below illustrates the proportion of every $100 in premium used by CareFirst BlueChoice, Inc. to pay providers (or other providers) for medical care expenses, and the proportion used to pay for plan administration.

These numbers represent an average for all HMO accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.
Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual’s rights and CareFirst’s responsibility for protecting the member’s health information.

To obtain a copy of our Notice of Privacy Practices, go to www.carefirst.com and click on Privacy Statement at the bottom of the page, click on Health Information then click on Notice of Privacy Practices. Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don’t know whether your employer is self-insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here’s what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.

CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
  - Send an email to: quality.care.complaints@carefirst.com
  - Fax a written complaint to: 301-470-5866
  - Write to:
    CareFirst BlueCross BlueShield
    Quality of Care Department
    P.O. Box 17636
    Baltimore, MD 21297

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.
If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

**VIRGINIA:**
Complaint Intake, Office of Licensure and Certification, Virginia Department of Health, 9960 Maryland Drive, Suite 401, Richmond, VA 23233-1463
Phone #: 800-955-1819 or 804-367-2106
Fax #: 804-527-4503
Office of the Managed Care Ombudsman, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218
Phone #: 1-877-310-6560 or 804-371-9032

**DISTRICT OF COLUMBIA:**
Department of Insurance, Securities and Banking, 801 1st Street, NE, Suite 701, Washington, DC 20002
Phone #: 202-727-8000

**MARYLAND:**
Maryland Insurance Administration, Inquiry and Investigation, Life and Health, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202
Phone #: 800-492-6116 or 410-468-2244
Office of Health Care Quality, Spring Grove Center, Bland-Bryant Building, 55 Wade Avenue, Catonsville, MD 21228
Phone #: 410-402-8016 or 877-402-8218

Hearing impaired
To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance
Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

**Confidentiality of subscriber/member information**
All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

**Our responsibilities**
We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use
and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights
You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints
If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members’ rights and responsibilities statement
Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals’ rights statement wellness and health promotion services
Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.
Habilitative services
CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services
CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for mothers, newborns
Under the Newborns’ and Mothers’ Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.
Notice of Nondiscrimination and Availability of Language Assistance Services

(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 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 8894  
Baltimore, Maryland 21224

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)

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 member identification card. All others may call 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.

Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. У вас есть право бесплатно получить настоящие сведения и сопутствующую помощь на удобном для вас языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.
हिन्दी(Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तथ्यों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में नि:शुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिये गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी नंबर 855-258-6518 पर कॉल कर सकते हैं और जब तक नहीं जाए तब तक संवाद की प्रतीक्षा करे। कोई एजेंट उत्तर देते हैं तो उसे अपनी भाषा बताएँ और आपको व्यक्तियाँ से कनेक्ट कर दिया जाएगा।

Básît-wùdù (Bassa) Tô Düu Cáo! Bô nià bê nôc bê kô nô gbo kpà bô ni fùà-fùà-tiîn nuye jë dyì. Bô nià ke bêdje wé jëb bê bê m kô dë wà mô m nô cyùue nyu hwè bê wë bê kô zë. À më ni kpé bê m bô nià ke bê gbo-kpà-kpà m mëe dyë dë nì biï-ùdù gu mú bê m kô dë wë biï kô nôbô mòa 0 kee dyi pàjûn hwè. Dë jë ke nô cyù dëy mën gô jûn, po wûçu m tô poe dyë, kë nô dë mo bô ni àn bê cô ni wùçu mû zà.

বাংলা(Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিবেচনা করে সম্পর্ক তথ্য রয়েছে। এর মধ্যে প্রকৃতপক্ষে তাত্ত্বিক থাকতে পারে এবং নিঃস্বাধীন তাত্ত্বিক মধ্যে আপনাকে পদক্ষেপ নিতে হবে। বিবেচনা নিজের ভাষায় এই তথ্য পাওয়ার এবং নিয়মানুসারে পাওয়ার অধিকার আপনার আছে। সমস্তেরকে জানান পরিলক্ষিত যে তথ্য কে মজবুত করতে হবে। জানান 855-258-6518 নম্বরে কথা হলে আপনি তথ্য আপনার নিজের ভাষায় নাম করুন।

زبان(Urdu) توجه: یہ نوشت آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخی ہو سکتی ہے اور ممکن ہے کہ آپ کو مخصوص معلومات جمع کرنے کی ضرورت پڑ جس کو اپنا پاس ہو سکتا ہے۔ یہ معلومات حاصل کریں اور بھیجیں۔ کیونکہ اب یہ معلومات سطح بارہ میں موجود ہیں اور کل کریں جاپنی۔ سپھی دیگر لوگوں کی مدد کے لئے 855-258-6518 کا کال سکتی ہے اور 0 دیکھ کر گاتے کئے جاگے اگر انتظام کرنے کی چیزات ہو۔ اب ابتدائی جوابی سرکاری معلومات یہ ہیں۔

فارسی(Transitional Chinese) 注意：本聲明包含有关您的保险给付相关資訊。本声明可能包含重要日期及您在特定时期之前需要採取的行动。您有权利免费獲得这份資訊，以及透過您的母语提供的协助服务。会员请拨打在身分識別卡背面的電話号码。其他人可拨打電話 855-258-6518，並等候直到对話提示按下按键 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。
Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ụbọchị ndị dị mkpa, ị nwere ike ime ihe tupu ufọdu ụbọchi njedebe. Ị nwere iike nwere ozi na enyemaka a n’asụsụ gị na akwụghị ugwọ ọ bụla. Ndị otu kwesiị jkpọ akara ekwenti jị n’azu nke kaadi njiirimara ha. Ndị ọzọ niile nwere ike jkpọ 855-258-6518 wee chere ụbọcha hu ruo mgbe amanyere iji 0. Mgbe ọnye nnọchite anya zara, kwuo asusu i chọrọ, a ga-ekikọ ị na onye ọkwọ ọkwu.


Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l’arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.
