BlueChoice HMO Open Access Summary of Benefits

Howard County Public Schools—Retirees

Benefits	CareFirst Open Access HMO
Network Coverage	**Regional Network (MD, Washington, D.C. and Northern Virginia)**
COST SHARING LIFETIME LIMITS	
Calendar Year Deductible Individual Family	 None None
Calendar Year Out-of-Pocket Maximum Individual Family	 $2,000 $6,000
Coinsurance	100%
Lifetime Maximum	None
PROFESSIONAL SERVICES	
Primary Care Office Visit	$10 copay
Gynecology Office Visit	$0 for Well Woman visit or $20 copay for all other visits
Specialist Office Visit	$20 copay
Physical Therapy Office Visit	100% after copay (30 visits per condition per calendar year, combined with ST and OT)
Speech Therapy Office Visit	100% after copay (30 visits per condition per calendar year, combined with PT and OT)
Occupational Therapy Visit	100% after copay (30 visits per condition per calendar year, combined with PT and ST)
Chiropractic Office Visit	100% after copay (limited to 20 visits per benefit period)
Allergy Shots/Other Covered Injections	100% after copay
Allergy Serum	100% after copay
Allergy Testing	Covered as either a PCP or Specialist office visit
Diagnostic tests	100% after copay
Diagnostic tests performed by lab or other testing facility and billed separately from office visit	100%
PREVENTIVE CARE	
Well Child Visit/Immunization	$0 copay
Routine Adult Physical	$0 copay
Routine Gynecological Exam	$0 copay, one exam per calendar year.
Routine Pap Smear	100% when included with routine gynecological exam. One exam per calendar year.
Routine Mammogram	100% unlimited visits
PSA Testing	Covered based on place of service. One per calendar year for males 40 and over
INPATIENT CARE (PREAUTHORIZATION REQUIRED)	
Room and Board	100% Pre-Authorization Required
Physician/Surgical Services	100%
Anesthesia Services	100%
Intensive Care Unit/Critical Care Unit	100%
Maternity/Nursery/Birthing Center	100%
Skilled Nursing/Rehab Facility Care	100% unlimited days
Dialysis/Radiation/Chemotherapy	100%
Hospice (Preauthorization Required)	100%
Physical/Speech/Occupational Therapy	100%

Benefits	CareFirst Open Access HMO
Network Coverage	**Regional Network (MD, Washington, D.C. and Northern Virginia)**
OUTPATIENT HOSPITAL SERVICES	
Surgical/Anesthesia Services	100%
Dialysis/Radiation/Chemotherapy	100%
Outpatient Diagnostic Services	100%
MATERNITY/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 $20 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 Outpatient	 100% $20 copay
Substance Abuse: Inpatient Outpatient	 100% $20 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 $20 copay
Hearing Aids for Children and Adults (limited to one hearing aid/per ear every 36 months)	100% of Allowed Benefit per aid/per hearing impaired ear to a maximum of $1,400; member may be balanced billed up to the total charge.
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

Retiree Plan Participants under age 65 and over age 65: Expenses for non-covered services and charges in excess of reasonable and customary do not apply toward the out-of-pocket limit.

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.

CareFirst BlueChoice

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