

CareFirst
Family of health care plans

Your Health Benefit Options 2027

Retirees

Howard County Public School System

HOWARD COUNTY PUBLIC SCHOOL SYSTEM

Contents

Welcome 1

Take the Call 2

Patient-Centered Medical Home 4

BlueChoice HMO Open Access 5

Away From Home Care 8

BlueChoice HMO Open Access
Summary of Benefits 9

BlueVision Summary of Benefits 11

Selecting a Primary Care Provider (PCP) 13

Know Before You Go 15

Virtual Care Options 17

Manage Your Healthcare with My Account 18

CareFirst WellBeing 20

Mental Health Support 22

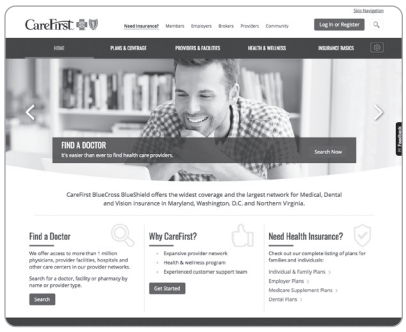
Coordination of Benefits 23

Notice of Nondiscrimination and
Availability of Language Assistance Services 25

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.



Visit **carefirst.com** for up-to-date information on your plan.

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 brings together important information about your plan in one place. Get helpful tips about online resources, accessing care, prescription medications and coverage to make the most of your CareFirst plan .

SUM1816-1P (8/19)

Take the Call

If you're dealing with something health-related—a medical emergency, chronic condition like diabetes, or personal goal such as losing weight—you don't have to go it alone. CareFirst BlueCross BlueShield (CareFirst) is here for you.

As part of your medical benefits, you may receive a call from us (or a letter or postcard in the mail) telling you more about our personal, one-on-one health support programs that can help with whatever you're facing. These programs are confidential, and there's no obligation to participate. But if you decide to take part, you can choose how involved you want to be.

We encourage you to "take the call" so you can take advantage of this personal support.



You don't need to wait for us to contact you. If you would like to learn more about our one-on-one coaching and support programs, visit **carefirst.com/takethecall**.

Confidential, one-on-one support

Below are a few examples of when we might contact you about our personal health programs.

	Program name	Overview	Why it's important	Communication
	**Health & Wellness**	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more.	Letter or phone call from a ***coach***
	**Care Management**	Support for a variety of acute and chronic medical conditions and health care concerns and/or supporting transition from hospital to home	Connecting you with a nurse who works closely with your primary care provider (PCP) or specialist to help you understand your doctor's recommendations, medications and treatment plans. The nurse may provide interventions and resources to help you independently manage your health care or transition safely from the hospital to home.	Introduction by PCP or a phone call from a ***Registered Nurse Care Manager***
	**Behavioral Health and Substance Use Disorder**	Support for mental health and/or addiction issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources.	Phone call from a ***CareFirst behavioral health care coordinator***

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members. CVS Caremark does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the pharmacy benefit management services it provides.

SUM3785-1S (5/23)

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 CareFirst[1] 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 manager, 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.

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

CST1310-1P (8/23)

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.



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).

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.

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.).

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**.

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.

*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association.

Global coverage

If you travel outside of the U.S., access to quality medical coverage is essential to keeping you healthy and productive. With BlueCross BlueShield Global Core* solutions from CareFirst, you receive:

- Access to nearly 170,000 English-speaking providers and more than 11,500 hospitals in nearly 200 countries worldwide
- 24/7 telephone support
- Seamless claims processing/reimbursement designed for occasional or short-term travel, the Core plan connects members with their home plan benefits to provide basic medical coverage outside of the U.S.

For more information on Global Core, please call 800-810-BLUE (2583).

Important terms

ALLOWED BENEFIT: The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the CareFirst BlueChoice network cannot charge our members more than the allowed amount for any covered service.

BALANCE BILLING: Billing a member for the difference between the allowed charge and the actual charge.

COINSURANCE: The percentage of the allowed benefit you pay after you meet your deductible.

COPAY: A fixed-dollar amount you pay when you visit a doctor or other provider.

DEDUCTIBLE: The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst BlueChoice network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network. If you receive non-emergency or urgent services from an out-of-network provider or facility, you will be responsible for paying the entire amount billed.

FOL5088-1P (4/19) ■ 51+_C

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 across the United States

The Away From Home Care program allows eligible members without out-of-area benefits to get coverage for medical care when temporarily living outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). You will have access to participating providers and facilities of an affiliated Blue Cross Blue Shield HMO (Host HMO). 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 team.
- The team 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 team will help you choose a primary care provider (PCP) and complete the application. Once completed, the team 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 that will identify your PCP and information on how to access your benefits while using Away From Home Care.



Always remember to carry your member ID card to access Away From Home Care.

- Simply call your Host HMO primary care provider for an appointment when you need care.

No paperwork or upfront costs

Once you or your covered dependents are enrolled in the program and receive care, you don't have to complete claim forms. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

BRC6389-1P (7/24)

BlueChoice HMO Open Access Summary of Benefits

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%

BlueChoice HMO Open Access Summary of Benefits

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.

BlueVision Summary of Benefits

We're not an eyewear plan. We're an eye care plan.

12-month benefit period

In-Network	You Pay
EYE EXAMINATIONS[1]	
Routine Eye Examination with dilation (per benefit period)	$10
FRAMES[1,2]	
Priced up to $70 retail	$40
Priced above $70 retail	$40, plus 90% of the amount over $70
SPECTACLE LENSES[2]	
Single Vision	$35
Bifocal	$55
Trifocal	$65
Lenticular	$110
LENS OPTIONS[2,3] (add to spectacle lens prices above)	
Standard Progressive Lenses	$75
Premium Progressive Lenses (Varilux®, etc.)	$125
Polarized Lenses	$75
High Index Lenses	$55
Glass Lenses	$18
Polycarbonate Lenses	$30

In-Network	You Pay
LENS OPTIONS[1,2] (add to spectacle lens prices above)	
Blended Invisible Bifocals	$20
Intermediate Vision Lenses	$30
Photochromic Lenses	$35
Scratch-Resistant Coating	$20
Standard Anti-Reflective (AR) Coating	$45
Ultraviolet (UV) Coating	$15
Solid Tint	$10
Gradient Tint	$12
Plastic Photosensitive Lenses	$65
CONTACT LENSES[1]	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
LASER VISION CORRECTION[1]	
Up to 25% off allowed amount or 5% off any advertised special[3]	

[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 mem
4. 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.
5. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
6. Orthoptics, vision training and low vision aids.
7. Glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.
9. 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.

Benefits issued under policy form numbers: MD/BC-OOP/VISION (R. 6/04) • DC/BC-OOP/VISION (R. 6/04) • VA/BC-OOP/VISION (R. 6/04)

BlueVision—a plan for healthy eyes, healthy lives

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

How the plan works?

How do I find a provider

To find a provider, go to **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 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.



Need more information?
Visit **carefirst.com** or call 800-783-5602.

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

Selecting a Primary Care Provider (PCP)

A PCP is a health care practitioner who specializes in your overall health as well as the coordination of your specialty care. Everyone can benefit from having a PCP but only certain CareFirst plans require you to formally select a PCP in the system.

For you to select a practitioner as your PCP, they must display the blue PCP oval **PCP** next to their name.

Before you start

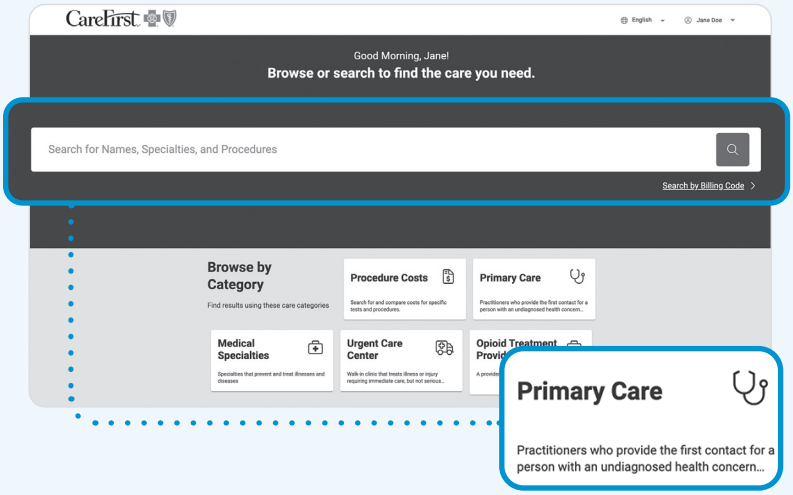
First, you'll need to log in to your My Account page. To do this, visit **member.carefirst.com** and enter your username and password. Then follow these steps.

1. Click on *Doctors* in the main navigation bar.
2. Select *Find a Doctor* from the drop-down menu.
3. On the following page, click *Proceed*.

Step 1: Start your PCP search

To start searching for a PCP, select the *Primary Care* tile.

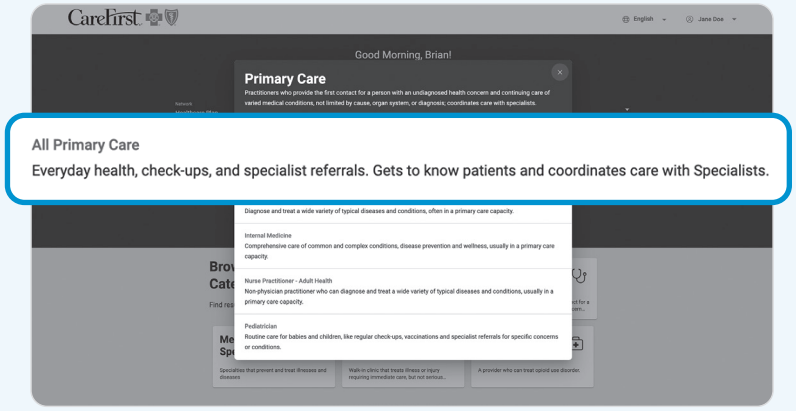
If you already have the name of a primary care provider and would like to see if they're in our network, you can enter their name in the search bar.



Step 2: Focus your search

It's best to begin a new search by selecting *All Primary Care*.

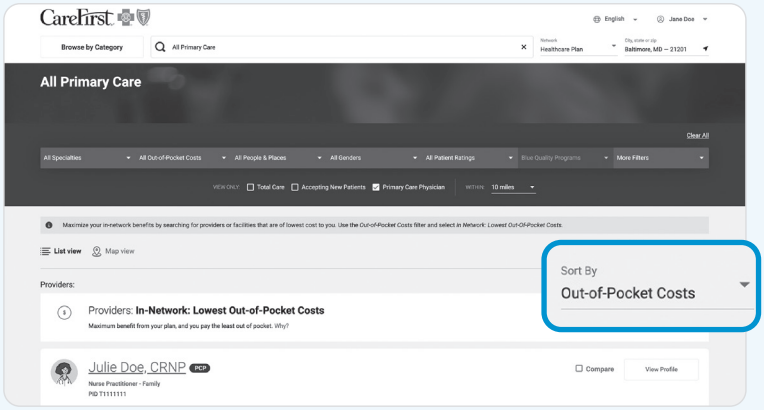
If you know you need a specific type of PCP, you can choose it from the list.



Step 3: Review your results

A list of providers will be displayed. In-network doctors will appear at the top of the list, with those closest to your zip code shown first.

You can change how the results are sorted by clicking on the *Sort By* menu. You can also change the area you're searching by clicking *City, State or Zip.*

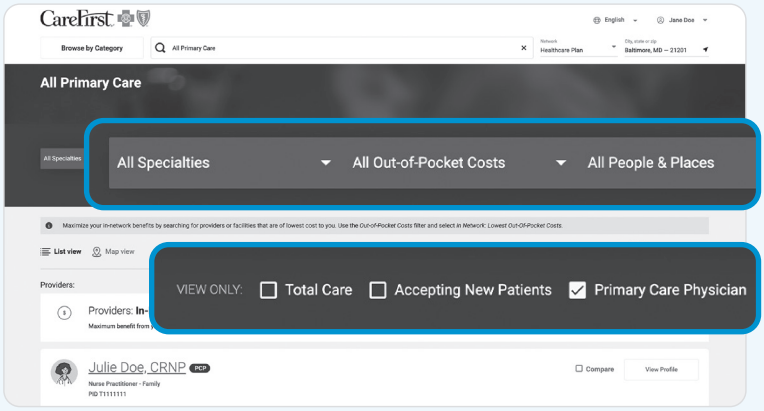


Step 4: Refine your results

You can refine your search results in two places:

- Filter bar
- View Only bar

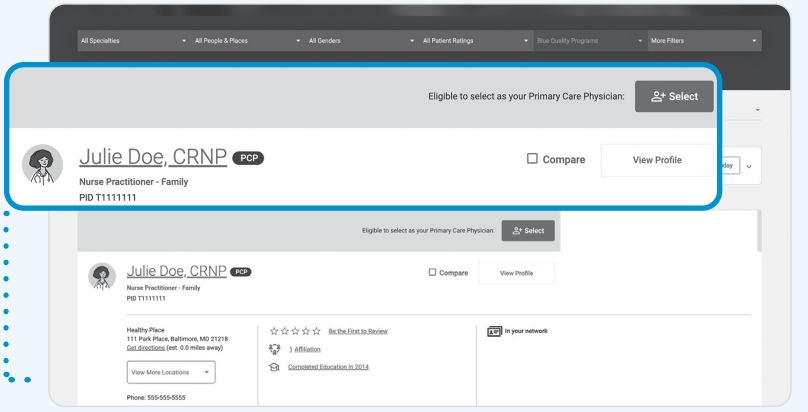
When you make a selection from either of the two bars, the Find a Doctor tool will automatically refresh your search results.



Step 5: Make your selection

Once you've found a PCP that fits your needs, click the blue *Select* button above their profile. This will return you to your My Account page. Just follow the prompts to confirm your selection.

Remember: The blue PCP oval indicates that a provider meets the requirements to serve as your primary care provider. You cannot select a provider that doesn't display this oval.



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)

The best place to get consistent, quality healthcare is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

CloseKnit Virtual Care

Our virtual-first practice, CloseKnit, offers 24/7/365 advanced primary care, urgent care, behavioral health services, nutrition services and new parent support.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

Urgent care centers

Urgent care centers provide treatment for injuries and illnesses that require prompt medical attention but are not life-threatening (sprains, minor cuts, flu, rashes, minor burns). These centers have doctors on staff and offer weekend/after-hours care.

Emergency room (ER)

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing or head trauma. Prior authorization is not needed for emergency room services.



Did you know that *where* you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings or ambulatory surgery centers.

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.*

	Sample Cost	Needs or Symptoms	24/7	Rx
24-Hour Nurse Advice Line	$0	If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse.		
CloseKnit Primary Care *(Primary care available to members and dependents ages 18+; Virtual urgent care available to members and dependents ages 2+)*	$0	▪ Preventive health visits ▪ Same- or next-day sick visits ▪ Behavioral health care	✓	✓
Convenience Care *(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)*	$15	▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain	✗	✓
Urgent Care *(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)*	$50	▪ Sprains ▪ Cut requiring stitches ▪ Minor burns	✗	✓
Emergency Room *(Life-threatening illness or injury)*	$275	▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain	✓	✓

* 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.
- 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**.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

SUM3424-1P (7/25)

Virtual Care Options

Get the care you need wherever and whenever you need it through your smartphone, tablet or computer. All from the comfort of your home—not a crowded waiting room. We offer two convenient ways for you to access providers virtually.

CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more* through your desktop or the convenient CloseKnit mobile app.

CloseKnit offers:

Advanced Primary Care: Dedicated Care Team of medical professionals to provide well care and preventive care to maintain and improve health, including support for chronic conditions such as high blood pressure or diabetes.
For adults age 18+.

Urgent Care: Same-day care to treat minor injuries and common illnesses fast. Average wait time is 30 minutes or less.
For adults and children (age 2+).



Download the CloseKnit app from your phone's app store or visit closeknithealth.com.

CloseKnit™

Behavioral Health Services: Expert help from licensed therapists and psychiatrists, including short- and long-therapy for depression, anxiety, or other behavioral health diagnoses, as well as medication management and support.
For adults and children (age 2+).

New Parent Support: Lactation services for nursing mothers and support for parents including prenatal risk assessments and education and post-natal feeding education and weaning programs.

Nutrition Services: Tailored counseling and nutrition plans to meet health needs, goals, and lifestyle including programs to support chronic illnesses and weight loss and management.
For adults and children (age 5+).

CareFirst's 24-Hour Nurse Advice Line allows you to talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling 800-535-9700.

* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

CST6463-1P (5/24)

Manage Your Healthcare with My Account

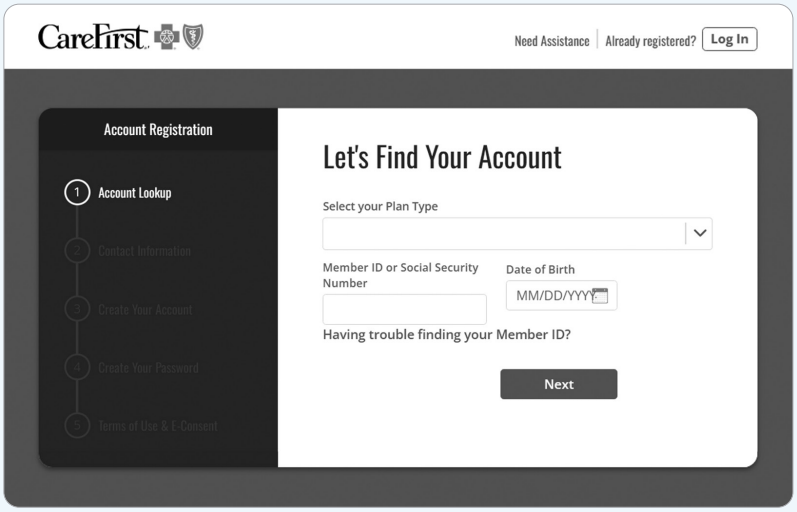
As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID card and more. Plus, you'll also be able to quickly locate in-network providers and facilities nationwide.

Scan the QR code or visit carefirst.com/myaccount to register.

Get started

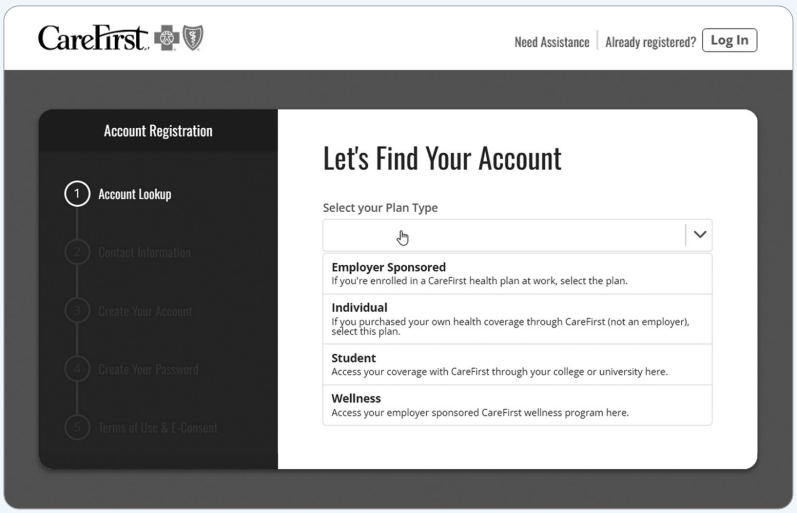
Members 12 years of age and older may register for My Account. Have your member ID or, the last four digits of your social security number. Signing up is easy and only takes a few minutes.

Complete a few more steps and you're ready to access your personalized member portal.

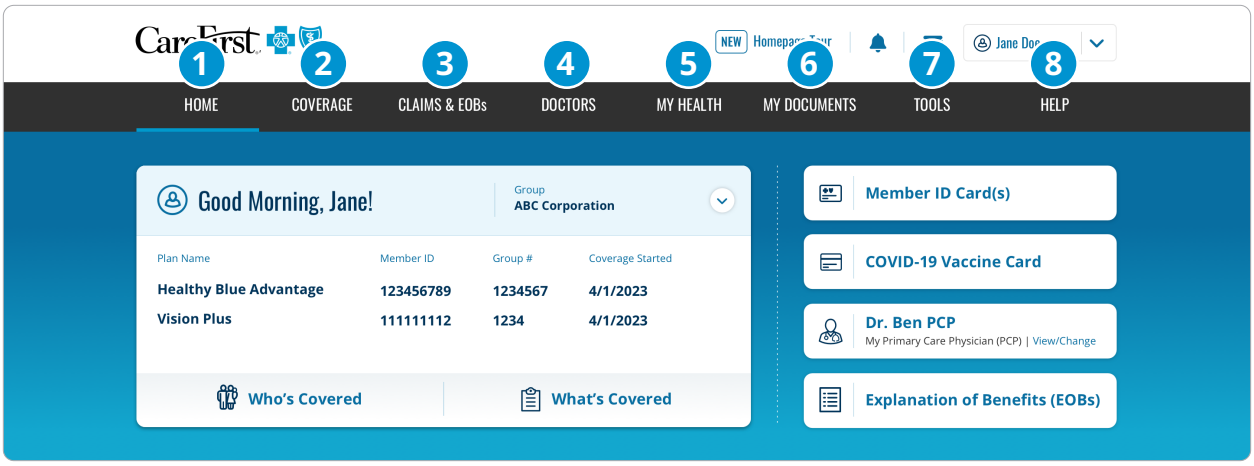


Already registered?

Explore the features My Account offers on the next page.



Manage Your Healthcare with My Account



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)[1]

3 Claims & EOBs

- 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

4 Doctors

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

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options[1]
- Track your Blue Rewards progress[1]

6 My Documents

- Look up plan forms and documents[2]
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures[3]

8 Help

- Find answers to many frequently asked questions
- Send a secure message
- Locate important phone numbers

[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.

CareFirst WellBeing

Putting the power of health in your hands

Welcome to CareFirst WellBeing℠—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body compared to 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 well-being program is full of resources and tools that reflect your own preferences and interests. You get:

- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content and programs tailored to you.
- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

Specialized programs

The following programs can help you focus on specific wellness goals.

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 interested in health coaching or 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

We offer two weight management programs in our WellBeing collection. If eligible, you can choose either psychology-based program to help you achieve and sustain a healthier weight, as well as reduce your risk for type 2 diabetes.

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 online tools make quitting easier than you might think.

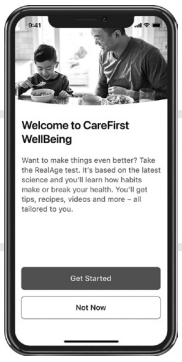
Financial well-being program

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 explore or register for the program, visit carefirst.com/wellbeing or download the CareFirst WellBeing app.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

SUM6174-1P (6/25)

Mental Health Support

Well-being for mind and body

Living your best life means taking care of your body *and* your mind. Emotional well-being is important at every stage in life, from adolescence through adulthood.

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

CareFirst BlueCross BlueShield (CareFirst) is here to help. Members have access to specialized services and programs for depression, anxiety, substance use disorders, and more. Our support team is made up of specially trained service representatives, registered nurses, licensed clinicians and care managers 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



To find help, call us at **800-245-7013.**

988
SUICIDE & CRISIS
LIFELINE

SUM7151-1P (8/26)

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.

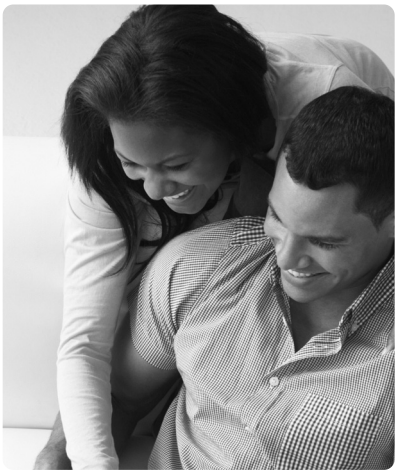
How does COB work?

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.



Covered by more than one health plan? Contact Member Services at the number listed on your ID card.

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.

BRC5823-1P (8/17)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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.

Foreign Language Assistance

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

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

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

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

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

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

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

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

Notice of Nondiscrimination and Availability of Language Assistance Services

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

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkpariịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

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

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

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchííd hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

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

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

Notice of Nondiscrimination and Availability of Language Assistance Services

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

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

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

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

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

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

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

Notes

Notes

Health benefits administered by:

CareFirst®

Family of health care plans

CONNECT WITH US:

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst MedPlus is the business name of First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., The Dental Network, Inc., First Care, Inc., CareFirst BlueChoice, Inc., and CareFirst Advantage, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CST4669-1N (8/26)