CareFirst

BluePreferred

Welcome

Welcome to your plan for healthy living.

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) is 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.
- *My Care First* wellness website with health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips, and articles on nutrition, physical fitness, and stress management.

Free!

My Account Mobile App

By CareFirst BlueCross BlueShield

Get our free App from your favorite App store by searching for "CareFirst."

Health care information is in the palm of your hand with CareFirst's new mobile App that allows members to manage their care, access claims information, view their ID cards and find a doctor or urgent care center any time of the day or night from their smartphones or tablets.

How your plan works

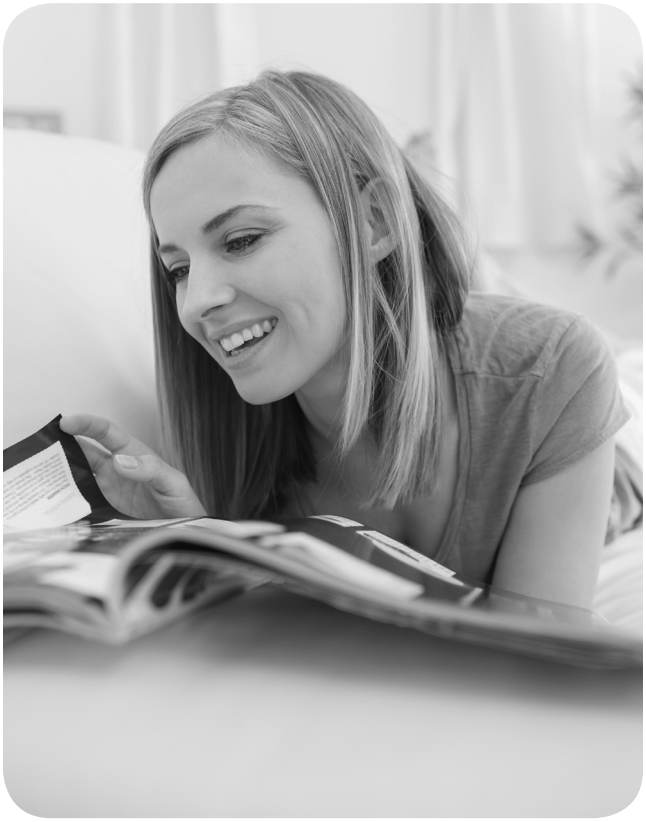
BluePreferred PPO

A Referral-Free Go Anywhere Health Plan

Designed for today's health conscious and busy families, the BluePreferred PPO plan offers one less thing to worry about during your busy day. Your plan gives you the freedom to visit any provider you wish—any time you wish. This means you can receive care from the provider of your choice without ever needing to select a primary care provider (PCP) or obtaining a PCP referral for specialist care.

Benefits of BluePreferred PPO

- Access to our network of more than 43,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- No primary care provider required and no referrals to see a specialist.
- Receive coverage for preventive health care services at no cost.
- Save time—you don't have to file a claim when you receive care from a preferred provider.
- Avoid balance billing when you receive care from a preferred provider.
- Take your health care benefits with you—across the country and around the world.
- Enjoy the freedom to visit providers outside of the BluePreferred network and still be covered but with a higher out-of-pocket cost.



No referrals,
no PCPs,
coverage anywhere.

How your plan works

In-network vs. out-of-network coverage

The amount of coverage your BluePreferred PPO plan offers depends on whether you see a provider in the BluePreferred network (preferred provider). You'll always receive a higher level of benefits when you visit a preferred provider. However, the choice is entirely yours. That's the advantage of a BluePreferred PPO plan.

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you choose a preferred provider. If you're out of the CareFirst BlueCross BlueShield (CareFirst) service area, you have

the freedom to select any provider that participates with a Blue Cross and Blue Shield PPO plan across the country and receive benefits at the in-network level.

Out-of-network benefits provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the BluePreferred network (non-preferred provider), you may have to:

- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

Hospital authorization/Utilization management

Preferred providers will obtain any necessary admission authorizations for in-area covered services. You'll be responsible for obtaining authorization for services provided by non-preferred providers and out-of-area admissions. Call toll-free at (866)—PREAUTH.

Your benefits

Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you'll be responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your coverage will become available to you.

You'll have a different deductible amount for in-network vs. out-of-network benefits. However, any amount applied to your in-network deductible will also count toward your out-of-network deductible and vice versa.

If more than one person is covered under your plan, once the total deductible amount is satisfied, the plan will start to make payments for everyone covered. Deductible requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Certificate or Evidence of Coverage for detailed deductible information.

Step 2: Your BluePreferred PPO plan will start to pay for services

After you satisfy your deductible, your plan will start to pay for covered services. The level of those benefits will depend on whether you see preferred or non-preferred providers.

In general, non-preferred providers don't have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from a non-preferred provider, you may be balance billed based on the provider's actual charge. In addition, you may be required to pay the non-preferred provider's total charges at the time of service and submit a claim to CareFirst for reimbursement.

Depending on your particular plan, you may have to pay a copay or coinsurance when you receive care.

Step 3: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Should you reach your out-of-pocket maximum, CareFirst will then pay 100% of the allowed benefit for most covered services for the remainder of the benefit period. Any amount you pay toward your deductible and most copays and/or coinsurance will count toward your out-of-pocket maximum.

You'll have a different out-of-pocket maximum for in-network vs. out-of-network benefits. However, deductible amounts applied to your in-network out-of-pocket maximum will also count toward your out-of-network out-of-pocket maximum limit and vice versa.

If more than one person is covered under your plan, once the total out-of-pocket maximum is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Certificate or Evidence of Coverage for detailed out-of-pocket maximum information.

BluePreferred PPO
A Referral-Free Go Anywhere Health Plan

Out-of-area coverage PPO®

You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard® PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits while living or traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard® program includes more than 6,000 hospitals and 1 million other professional health care providers nationally.

Important terms

Allowed benefit is the dollar amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

Balance billing is billing a member for the difference between the allowed charge and the actual charge.

Copay is a fixed dollar amount a member must pay for a covered service.

Coinsurance is a percentage of the doctor's charge or allowed benefit a member must pay for a covered service.

These benefits are issued under policy form numbers:

DC: BluePreferred - DC/CF/GC (R. 10/07); DC/CF/BP/EOC (7/14); DC/GHMSI/DOL APPEAL (7/14); DC/CF/BP/DOCS (7/14); DC/CF/BP/SOB (7/14); DC/CF/ATTC (R. 1/08) and any amendments or riders.

MD: BluePreferred - MD/CF/GC (R. 10/07); MD/BP/EOC (7/14); MD/GHMSI/DOL APPEAL (R.6/06); MD/BP/DOCS (7/14); MD/CF/PPO/SOB (7/14); MD/CF/ATTC (R. 1/08); and any amendments or riders.

MD: BluePreferred MSGR - MD/CF/MSGR/GC (7/14); GS-NCA (MSGR) (7/14); MD/CF/MSGR/COC (R. 7/08); MD/GHMSI/DOL APPEAL (R.6/06); MD/CF/MSGR/DOCS (R. 7/07); MD/CF/MSGR/DOCS/RPN (7/14); PPO-HSA DOCS AMEND (MSGR) 9/04; MD/CF/MSGR/SOB/PPO/CORE (R. 7/07); MD/CF/MSGR/SOB/PPO/HSA/ENHANCE (R. 7/07); MD/CF/MSGR/SOB/PPO/HSA/CORE (R. 7/07) and any amendments.

VA: BluePreferred - VA/CF/GC (R. 1/09); VA/CF/BP/EOC (7/14); VA/GHMSI/DOL APPEAL (R. 8/06); VA/CF/BP/DOCS (7/14); VA/CF/BP/SOB (7/14); VA/CF/SOB-CDH (7/14)VA/CF/ATTC (R. 1/08) and any amendments or riders.

CareFirst®
The CareFirst BlueCross BlueShield family of health care plans

FOL5076-9P (7/14) ■ 51+

What's covered

BluePreferred

SMITHSONIAN

Summary of Benefits

Services	Preferred Providers In-Network You Pay[2]	Non-Preferred Providers Out-of-Network You Pay[3]
ANNUAL DEDUCTIBLE (Calendar year)[4]		
Individual	$250	$500
Family	$500	$1,000
ANNUAL OUT-OF-POCKET LIMIT (Calendar year)[5]		
Medical	$1,500 Individual/$3,000 Family	$3,000 Individual/$6,000 Family
Prescription Drug	$4,500 Individual/$9,000 Family	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM	None	
PREVENTIVE SERVICES		
Well-Child Care		
0–24 months	No charge[6]	Plan pays 100% of Allowed Benefit
24 months–13 years (immunization visit)	No charge[6]	Plan pays 100% of Allowed Benefit
24 months–13 years (non-immunization visit)	No charge[6]	Plan pays 100% of Allowed Benefit
14–17 years	No charge[6]	Plan pays 100% of Allowed Benefit
Adult Physical Examination	No charge[6]	Deductible, then 30% of Allowed Benefit
Routine GYN Visits	No charge[6]	Deductible, then 30% of Allowed Benefit
Mammograms	No charge[6]	30% of Allowed Benefit
Cancer Screening	No charge[6]	Deductible, then 30% of Allowed Benefit
Prostate and Colorectal		
Pap Test	No charge[6]	30% of Allowed Benefit
OFFICE VISITS, LABS & TESTING		
Office Visits for Illness	$20 per visit	Deductible, then 30% of Allowed Benefit
Diagnostic Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Surgical Care	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Anesthesia Services (in conjunction with covered procedures)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
X-ray and Lab Tests	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Testing	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Shots	$5 per visit	Deductible, then 30% of Allowed Benefit
Outpatient Physical, Speech and Occupational Therapy (limited to 30 visits/condition/period)	$20 per visit	Deductible, then 30% of Allowed Benefit
Outpatient Chiropractic (limited to 20 visits/benefit period)	$20 per visit	Deductible, then 30% of Allowed Benefit
EMERGENCY CARE AND URGENT CARE		
Physician's Office	$20 per visit	Deductible, then 30% of Allowed Benefit
Urgent Care Center	$20 per visit	Paid as in-network
Hospital Emergency Room (limited to emergency services)	$100 per visit (copay waived if admitted)	Paid as in-network
Ambulance (if medically necessary)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITALIZATION		
Inpatient Facility Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Outpatient Facility Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	No charge[6]	Deductible, then 30% of Allowed Benefit

Services	Preferred Providers In-Network You Pay[2]	Non-Preferred Providers Out-of-Network You Pay[3]
HOSPITAL ALTERNATIVES		
Home Health Care (limited to 90 visits per episode of care)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hospice (limited to a maximum 180 day Hospice eligibility period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days per calendar year)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MATERNITY		
Prenatal and Postnatal Office Visits	No charge[6]	Deductible, then 30% of Allowed Benefit
Delivery and Facility Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Nursery Care of Newborn	No Charge[6]	Deductible, then 30% of Allowed Benefit
Initial Office Consultation(s) for Infertility Services/Procedures	$20 per visit	Deductible, then 30% of Allowed Benefit
Artificial Insemination[1]	Not covered	Not covered
In Vitro Fertilization Procedures[1]	Not covered	Not covered
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Facility Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Outpatient Services	No charge[6]	Deductible, then 30% of Allowed Benefit
Office Visits for Mental Health and Substance Abuse	$20 per visit	Deductible, then 30% of Allowed Benefit
Partial Hospitalization	No charge[6]	Deductible, then 30% of Allowed Benefit
Medication Management Visit	$20 per visit	Deductible, then 30% of Allowed Benefit
MISCELLANEOUS		
Durable Medical Equipment	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Acupuncture	Only when Plan approved for anesthesia	Only when Plan approved for anesthesia
Transplants	Covered as stated in Evidence of Coverage	Covered as stated in Evidence of Coverage
Hearing Aids	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
VISION		
Routine Exam (limited to 1 visit/benefit period)	$10 per visit at participating vision provider	Plan pays $33
Eyeglasses and Contact Lenses	Discounts from participating Vision Centers	Not covered

[1] Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment option for infertility. However, assisted reproduction (AI & IVF) services performed as treatment option for infertility are only available under the terms of the members contract. Preauthorization required.

[2] In-network: When you have care rendered by a provider in the Preferred Provider network. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, an allowance may be established by law.

[3] Out-of-network: When you have care rendered by a provider not in the Preferred Provider network, care is reimbursed as out-of-network. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Participating Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, an allowance may be established by law. When services are rendered by Non-Participating Providers, charges in excess of the Allowed Benefit are the member's responsibility.

[4] For family coverage only: When one family member meets the individual deductible, they can start receiving benefits as indicated above. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

[5] For Family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit.

[6] No copayments or coinsurance.

[7] Plan has separate out-of-pocket maximums for medical and drug expenses which accumulate independently.

Not all services and procedures are covered by your benefits contract. This list is a summary and is not intended to itemize every procedure not covered by CareFirst BlueCross BlueShield. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

The benefits described are issued under form numbers: GC-A/DC-6/95 • GPS-DC -6/95 • DC/CERT-9/96 • DC/PPO-A-8/96 • D-CMM/MM ATTB-8/95 • DC/NCA/ELIG0-C 6/97 and any amendments.

CareFirst BlueCross BlueShield

www.carefirst.com

CUT7177-1P (11/14)

Pharmacy Program

$0 Deductible ■ $10/30/55 Retail Copays
50% Injectables Coinsurance

SMITHSONIAN INSTITUTION

Summary of Benefits

Plan Feature	Amount	Description
Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Annual Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	Once you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance, and other eligible out-of-pocket costs count toward your out-of-pocket maximum. Keep in mind that balance billed amounts do not count toward your annual out-of-pocket maximum.
Preventive Drugs (Affordable Care Act) (up to a 34-day supply)	$0 (not subject to deductible)	A Preventive Drug is a prescribed medication or item on CareFirst's Preventive Drug List (ACA)*. (Examples: Folic Acid, Fluoride and FDA approved contraceptives for women.)
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	$0 (not subject to deductible)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) (up to a 34-day supply)	$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	$30	All Preferred Brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	$55	All Non-preferred Brand drugs on this copay level and are not on the Preferred Drug List.*
Self-Administered Injectables (excluding insulin) **(Tier 4)** (up to a 34-day supply)	50% coinsurance up to a maximum payment of $75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Copays (up to a 90-day supply)	Generic: $20 Preferred Brand: $60 Non-preferred Brand: $110 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of $150	Maintenance drugs of up to a 90-day supply are available for twice the copay through the mail service or retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of $150.
Restricted Generic Substitution	Yes	If a provider prescribes a Non-preferred Brand drug when a Generic is available, you will pay the Non-preferred Brand copay PLUS the cost difference between the Generic and Brand drug up to the cost of the prescription. If a Generic version is not available, you will only pay the Brand copay. Also, if your prescription is written for a Brand Name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay.

Access the drug search tool at* **www.carefirst.com/rx *for the most up-to-date Preferred Drug List, Preventive Drug List (ACA) and care management criteria. Care management criteria are applied so that some medications can be used in limited quantities; others require that your doctor obtain prior authorization from CareFirst before they can be filled.*

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: DC/CFBC/RX3 (R. 1/04) • DC/CF/RX3 (R. 1/04)

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

Rx Specialty Support

Personalized Care for Managing Your Chronic Condition

Do you have a chronic condition that requires specialty medication? With Rx Specialty Support you can achieve the best possible results from your medication therapy through the personalized care, support and services designed to help manage your condition.

What medications are covered?

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. member, you receive coverage for a variety of medications used to treat complex health conditions. Many specialty medications work to alter the course of a disease, rather than simply providing relief of symptoms. Usually injectable or oral, these medications may also require specialized handling (such as refrigeration), can potentially have dangerous side effects and are very expensive.

Rx Specialty Support includes the following categories:

- Hepatitis C
- Multiple Sclerosis
- Infertility Treatment Management*
- Growth Hormones*
- Cancer (oral medications)
- Crohn's Disease
- Rheumatoid Arthritis
- Ulcerative Colitis

* Please review your policy for details on what coverage is available under your plan.

What services and programs are available?

Through Rx Specialty Support, you can access a full array of services tailored to meet your specific needs. In order to successfully manage your chronic condition, the following personalized services are available:

- Ongoing one-on-one therapy support
- Care coordinators who work collaboratively with your doctors, case managers and health plans
- Delivery of medications to your home or office
- Assistance available 24/7
- Condition-specific educational materials
- Side-effect monitoring, education and management
- Refill reminders
- Tools to help reduce out-of-pocket prescription costs

Rx Specialty support also includes condition specific programs

Infertility Program—Coordinates Prior Authorizations (PA) to ensure new infertility patients meet the necessary criteria to be eligible for treatment. As additional treatments are scheduled, home inventory management is used to evaluate the amount of medication available from previous cycles, in comparison to what is prescribed by a physician.

MS Treatment Optimization Program—Proactively monitors your response to therapy through ongoing assessments and data collection. By measuring indicators of disease activity specific to MS—including relapse, tolerability and progression rates — pharmacists can work directly with your physician to determine appropriate medication changes.

Chemotherapy Program—Helps address most of the challenges associated with chemotherapy. You will be asked about your medical history, including adverse medication reactions and compliance with previously prescribed medications, to ensure adherence to prescribed therapies. Based on the assessed risk, you and your physician may receive follow-up calls throughout therapy to evaluate the need for additional intervention, especially with self-administered chemotherapies.

Who should I contact?

To receive more information about the specific programs offered through Rx Specialty Support, you should contact the appropriate preferred specialty pharmacy based on your condition.

Health Condition	Contact
■ Hepatitis C ■ Multiple Sclerosis ■ Infertility Treatment Management ■ Growth Hormones	CVS Caremark Phone: 1-855-264-3237 Fax: 1-800-323-2445 **www.CVSCaremarkSpecialtyRx.com** Hours of operation: 7:30 a.m. to 9:00 p.m. ET (M-F)
■ Cancer ■ Crohn's Disease ■ Rheumatoid Arthritis ■ Ulcerative Colitis	OncoSource Rx Phone: 1-888-662-6779 Fax: 1-877-800-4791 **www.oncosourcerx.com** Hours of operation: 8:30 a.m. to 5:00 p.m. ET (M-F)

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

CUT9152-1P (7/14)

Ways to Save with Generic Drugs

Take Control & Save on Your Drug Costs

You can save money on prescription drugs by switching to generics. Generic drugs are proven to be just as safe and effective as their brand-name counterparts. The difference? Name and price.

What are generics?

- Generics work the same as brand-name drugs, but cost much less.
- A generic drug is essentially a copy of a brand-name drug. It contains the same active ingredients and is identical in dosage, safety, strength, how it's taken, quality, performance and intended use.
- Generic drugs are approved by the Food and Drug Administration (FDA).
- Generic drugs are manufactured in facilities that are required to meet the same FDA standard of good manufacturing practices as brand-name products.[1]

Save by using generic drugs

- Generic drugs are less expensive than brand-name medications.
- On average a member can potentially save around $200 to $360 per year by using generic drugs.[2]
- A study by the FDA concluded that consumers who are able to replace all their branded prescriptions with generics can save up to 52 percent on their daily drug costs.[1]

Here's an example of how much you could save by switching to a generic alternative.

Brand name	Generic name	Average monthly cost* of brand	Average monthly cost* of generic	Monthly savings if using generic
Ambien (10mg)	Zolpidem Tartrate	$329	$2	$327
Coumadin (2mg)	Warfarin Sodium	$50	$3	$47
Lipitor (20mg)	Atorvastatin Calcium	$239	$5	$234
Singulair (10mg)	Montelukast Sodium	$177	$7	$170

**Costs based on August 2014 prices at CVS pharmacies and rounded to the nearest dollar.*

[1] *FDA, Savings from Generic Drugs Purchased at Retail Pharmacies, June 26, 2009.*

[2] *Annual savings estimate based on 2009 data from CVS Caremark Industry Analytics and Finance.*

Ways to Save with Generic Drugs
Take Control and Save on Your Drug Costs

How do I switch to a generic drug?

You can ask your doctor if any of the prescription medications you are currently taking can be filled with a generic alternative. To find out if there are lower cost drugs available, including generics, which can be used to treat your condition:

- Visit the Drug Search section of **www.carefirst.com/rx** to view the CareFirst Preferred Drug List.
- Print the list and take it with you to your doctor.
- Ask your doctor if a generic drug could work for you.

How we help you save

To help you get the most savings, our pharmacy benefit manager, CVS/caremark* notifies members by mail about opportunities to save with generic drugs.

- If you fill a prescription for a non-preferred brand drug you will receive a personalized letter from CVS/caremark with available lower-cost generic alternative options plus steps for changing to a generic alternative.
- Plus, a letter will be enclosed that you can take to your doctor on your next visit.

**CVS/caremark is an independent company that provides pharmacy benefit management services.*

Generic drugs are a great alternative. Take control of your prescriptions and save money by talking to your doctor today about switching to a generic drug.

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

CUT9192-1P (10/14)

Rx Drug Program–4 Tier

A Total Prescription for Health

In order to receive the best possible health care, your employer is offering both medical and pharmacy benefits. By working with your doctor and pharmacist, you can focus on your overall health and make the right decisions when it comes to your prescriptions.

Your Rx benefits

Safe and cost-effective with a large network of pharmacies to choose from—that's your prescription plan. As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (collectively, CareFirst) member, you have access to:

- A network with more than 60,000 participating pharmacies located nationwide.
- Mail Service Pharmacy, our convenient, fast and accurate mail order drug program.
- Rx Specialty Support, a program designed for members who take specialty medications.
- Rx Authorize to monitor your prescription drug use.
- Educational tools and resources to help you save money, understand your plan and manage your prescriptions, at **www.carefirst.com/rx**.

Making a difference in your health

By having both your medical and prescription benefits with CareFirst, our team of health care professionals can look at total patient care to better manage your health care costs and the quality of service you receive.

Having access to pharmacy and medical claims information allows CareFirst to develop cost-effective programs in order to improve the consistency of your care. We can more accurately identify those members who will benefit from our care management programs based on early detection. It's all in an effort to provide you with the best possible care to help you maintain your overall health.

Saving money with your 4 Tier plan

The prescription drugs in your plan will fall into 1 of 4 Tiers. Tiers 1 and 2 are part of CareFirst's Preferred Drug List and have been selected for their effectiveness and price. Even though Tier 3 and 4 drugs are not part of the Preferred Drug List, they're still covered by your benefits, but at the highest copay or cost-sharing level. And remember, if the cost of your medication is less than your copay, you only pay the cost of the medication.

Once you meet your deductible (if applicable to your plan), you may pay a different copay amount for drugs depending on if you use Generic, Preferred Brand, or Non-preferred Brand drugs. Should you have questions about your benefits, please call CareFirst Pharmacy Member Services at (800) 241-3371.

Tier 1* You Pay: Lowest Copay ($)	Generic Drugs	All Generic drugs on the Preferred Drug List will be in Tier 1.
Tier 2* You Pay: Higher Copay ($$)	Preferred Brand Drugs	If a Generic version of a Tier 2 drug is released then: ■ The Generic drug is added to Tier 1. ■ The Brand drug moves to Tier 3 and becomes a Non-preferred Brand drug.
Tier 3** You Pay: Highest Copay ($$$)	Non-preferred Brand Drugs	Some plans require members who choose a Tier 3 drug over the Generic version to: ■ Pay the highest copay, and ■ Pay the cost difference between the Preferred Brand drug and its Generic.
Tier 4 You Pay: Cost Share (50%)	Self-Injectable Drugs (excluding insulin)	Some Tier 4 designs require a coinsurance payment (up to a maximum limit) for certain self-administered injectable drugs.

** Part of CareFirst's Preferred Drug List.*

Filling your prescriptions

Your Rx drug benefits can be used for both maintenance and non-maintenance prescriptions. As a CareFirst member, you can receive up to a 34-day supply of medication from a retail pharmacy or Mail Service Pharmacy (home delivery service). You may also request a 90-day supply of your maintenance medication and pay 2x the appropriate copay amount,[1] depending on the tier level of your medication, through your retail pharmacy or Mail Service Pharmacy.

Retail pharmacies

Simply present your prescription and member ID card at a participating pharmacy and pay a copay[1] for your medication. And with access to over 60,000 pharmacies nationwide, you can use the *Pharmacy Finder* tool located in the *Drug Tools* section on **www.carefirst.com**/rx to choose a location that's convenient for you.

Mail Service Pharmacy

Mail Service Pharmacy gives you an easy way to order medications by phone, mail or online. Your prescriptions will be reviewed and filled by registered pharmacists and mailed directly to your home. Convenient, fast and accurate, Mail Service Pharmacy also allows you to:

- Consult with pharmacists over the phone, 24 hours a day.
- Check account balances and make payments using automated phone systems.
- Receive e-mail notifications about your order status.

Talk to your doctor to make sure you are using drugs on CareFirst's Preferred Drug List. Remember, you'll save the most money when using Tier 1 or Tier 2 drugs.

Maximizing your benefits

Take advantage of the free programs and resources available with your CareFirst Rx drug plan.

Comprehensive Medication Review

As part of the Medication Therapy Management program, members are eligible to participate in a free annual Comprehensive Medication Review. During the Comprehensive Medication Review participating pharmacies provide individualized, in-person consultations, medication monitoring and education; interfacing with both the member and the physician to ensure the appropriate use of medications and to reduce drug costs. To find a participating Pharmacy, click on *Medication Therapy Management* located in the *Manage Your Medications* section on **www.carefirst.com/rx.**

[1] *Please note that you must meet your annual deductible (if applicable to your plan) before paying only a copay for any of your prescription medications. Self-administered injectables (excluding insulin) require coinsurance, up to a maximum payment.*

Generic drug education

Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.

To begin saving money, ask your doctor or pharmacist if any of the drugs you're currently taking can be filled with a Generic alternative. You can also visit **www.carefirst.com/rx** to learn more about Generic drugs and use our Preferred Drug List to see if a Generic is available to treat your condition.

Rx Specialty support

When you need specialty medications we will provide you with personalized care to successfully manage your condition, including one-on-one therapy support, 24/7 patient assistance, refill reminders and more.

You may receive coverage for a variety of drugs used to treat the following health conditions:

- Cancer
- Crohn's Disease
- Growth Hormones Deficiencies[2]
- Hepatitis C
- Infertility Treatment Management[2]
- Multiple Sclerosis
- Ulcerative Colitis
- Rheumatoid Arthritis

[2] *Please review your policy for details on what coverage is available under your plan.*

Online tools and resources

To get the most from your Rx drug plan, you need to stay informed. At **www.carefirst.com/rx** you will find the tools and resources you need to understand your benefits, including drug recalls, cost saving opportunities and more.

- **Preferred Drug List—**Rest easy knowing that medications on our Preferred Drug List have been reviewed for quality, effectiveness, safety and cost by our Pharmacy & Therapeutics Committee and medical staff.
- **Prescription Drug Information—**Our easy-to-use, interactive tools are available 24 hours a day, 7 days a week:
  - ☐ Printable Preferred Drug List
  - ☐ Pharmacy Finder
  - ☐ Drug Pricing Tool[3]
  - ☐ Refill and Mail Order Information[3]
  - ☐ Drug Reference and Interactions[3]
  - ☐ Drug Information
  - ☐ Claims History Tool[3]
  - ☐ Identify a Medication

[3] *Available to members only through My Account.*

- **Rx Authorize—**Some medications are only intended to be used in limited quantities, while others require advanced approval. With Rx Authorize, you have access to a program that can help monitor your drug therapy, while promoting the use of clinically approved and cost effective prescription medications.
  - ☐ **Quantity Limits**—Look at our quantity limit list to see if your medication can only be prescribed in limited quantities.
  - ☐ **Step Therapy/Prior Authorization**—Use our prior authorization list to determine if your prescription requires advanced approval before it can be filled.
- **Maintenance Medications**—Access the most up-to-date list of maintenance medications, usually taken for 6 months or more to treat chronic conditions.

Visit **www.carefirst.com/rx** for more information and to access the most up-to-date Preferred Drug List.

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

SUM1610-1P (7/14)

Preventive Drug List

(Affordable Care Act)
$0 Copays

Under the Affordable Care Act, also known as health care reform, certain categories of drugs and other products were identified as preventive and are available to members at no cost. The following list of drugs and other products are not subject to any copay or deductible when a prescription is written by a provider for members meeting the eligibility criteria below. This list is subject to change, so please check **www.carefirst.com/rx** regularly for the most up-to-date list.

Aspirin Drugs	Eligibility Criteria
Aspirin	Men and women who are 45 and over and who are at risk for cardiovascular disease
Aspirin Buffered	
Aspirin EC	
Children's Aspirin	
Low Dose Aspirin	

FDA Approved Contraceptives	Eligibility Criteria
Female Condom (OTC*)	Females ages 10-65 years
Diaphragm (P) with Spermicide (OTC*)	
Sponge (OTC*) with Spermicide (OTC*)	
Cervical Cap (P) with Spermicide (OTC*)	
Spermicide (OTC*)	
Oral Contraceptive (generics) (P)	
Oral Contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider). Pre-authorization and medical review of brand oral contraceptives is required.	
Contraceptive Patch (P)	
Contraceptive Ring (P)	
Shot/Injection (generic only, except includes brand-name Depo-SubQ Provera 104 injection) (P)	
Morning After Pill (generic only) (OTC*)	
IUD (inserted by doctor)	
Contraceptive Implant System (inserted by doctor)	
Sterilization Implant	
Sterilization Surgery	

Folic Acid Drugs	Eligibility Criteria
Biocel	Women planning to become, or capable of becoming pregnant
Maxinate	
Protect Natal	
Triveen-Ten	
Urosex	
Vitacel	
VitaMedMD	

Preventive Drug List (Affordable Care Act)

$0 Copays

Iron Supplementation Drugs	Eligibility Criteria
Carbonyl Iron Oral Suspension	Asymptomatic children who are 2 years old or younger and who are at increased risk for iron deficiency anemia
Ferrous Sulfate Drops	
Ferrous Sulfate Oral Suspension	

Oral Fluoride Drugs	Eligibility Criteria
Multivitamins with Fluoride	Children 6 years old or younger whose primary water source is deficient in fluoride
Multivitamins with Fluoride & Iron	
Polyvitamin with Iron & Fluoride	
Sodium Fluoride	
Tri-Vit with Fluoride & Iron	
Tri-Vitamin with Fluoride	

Smoking Cessation Products	Eligibility Criteria
Chantix	Tobacco users who want to quit smoking
Nicotine Gum	
Nicotine Lozenges	
Nicotine Patch	
Nicotine Spray	
Zyban	

Vitamin D Drugs	Eligibility Criteria
Ergocalciferol	Adults age 65 years and older
Cholecalciferol	

Your coverage may not include these benefits. Refer to your Evidence of Coverage for details.
(P) Prescription Required
(OTC) Over the Counter
** Requires a prescription from a physician and must be purchased at a pharmacy to obtain the zero-cost share.*

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

SUM1864-1P (7/14)

Preferred Drug List–4 Tiers

Manage Your Prescriptions and Save

We understand that the cost of prescriptions can really add up during the year. However, by using the Preferred Drug List, you can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your health care.

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) we want you to know what the Preferred Drug List is, and how to use it, so you can make informed choices about your prescription drugs.

What is a Preferred Drug List?

This is a list of covered Preferred Brand and Generic prescription drugs. With your plan, drugs will fall into 1 of 4 Tiers. Tiers 1 and 2 are part of CareFirst's Preferred Drug List and have been selected for their price and effectiveness. Even though Tier 3 and 4 drugs aren't part of the Preferred Drug List, they're still covered by your benefits, but at the highest copay or cost sharing level.

Talk to your doctor to make sure you're using drugs on CareFirst's Preferred Drug List. Remember, you'll save the most money when you use Tier 1 or Tier 2 drugs. To view CareFirst's Preferred Drug List, please visit **www.carefirst.com/rx.**

How do drugs get on the Preferred Drug List?

You can rest easy knowing your medications have been reviewed for quality, effectiveness, safety and cost by a committee of doctors and pharmacists who serve the CareFirst region. The Preferred Drug List changes frequently in response to Food and Drug Administration (FDA) requirements and is also adjusted when a Generic drug is introduced for a Brand drug. When that happens, the Generic drug will be added to Tier 1 and the Brand drug will automatically move from Tier 2 to Tier 3.

Tier 1* You Pay: Lowest Copay ($)	Generic Drugs	All Generic drugs on the Preferred Drug List will be in Tier 1.
Tier 2* You Pay: Higher Copay ($$)	Preferred Brand Drugs	If a Generic version of a Tier 2 drug is released then: ■ The Generic drug is added to Tier 1. ■ The Brand drug moves to Tier 3 and becomes a Non-preferred Brand drug.
Tier 3** You Pay: Highest Copay ($$$)	Non-preferred Brand Drugs	Some plans require members who choose a Tier 3 drug over the Generic version to: ■ Pay the highest copay, and ■ Pay the cost difference between the Brand drug and its Generic.
Tier 4 You Pay: Cost Share (50%)	Self-Injectable Drugs (excluding insulin)	Some Tier 4 designs require a coinsurance payment (up to a maximum limit) for certain self-administered injectable drugs.

** Part of CareFirst's Preferred Drug List.*

Rx Authorize

Some medications are only intended to be used in limited quantities, while others require advanced approval. With Rx Authorize, you have access to a program that can help monitor your drug therapy, while promoting the use of clinically approved and cost effective prescription medications.

- **Step Therapy/Prior Authorization**—Step Therapy is used to ensure that you meet the necessary medical criteria to obtain a particular drug. To find out if any of your prescriptions require advance approval (prior authorization) before they can be filled, visit our pharmacy website at **www.carefirst.com/rx**. Please note this list is subject to your benefit plan and may change periodically.

  If you require a prescription for one of these drugs, you or your pharmacist should explain to your doctor that prior authorization is needed before benefits will be available to you and that they must call to begin the process. Without proper authorization, you'll pay the full price of the prescription, rather than only your copay or coinsurance amount.

- **Quantity Limits**—Certain prescription drugs can only be prescribed in limited quantities. These limits are set to ensure that alternative drugs are regularly reconsidered by your doctor. For the most up-to-date list of drugs with quantity limits, visit our pharmacy website at **www.carefirst.com/rx**. This list is subject to change and will be periodically updated.

Maintenance drugs

A maintenance drug is a prescription drug anticipated to be required for 6 months or more to treat a chronic condition. Maintenance drugs can be ordered up to a 90-day supply through retail or Mail Service Pharmacy. The most up-to-date list of maintenance medications can be found on our pharmacy website at **www.carefirst.com/rx.**

Need more information?

Pharmacy tools and resources are available at **www.carefirst.com/rx** so you can take control of your prescription drug costs. You can get the latest information about the 3 Tier pharmacy program, changes to the Preferred Drug List, and more!

Or call CareFirst Pharmacy Member Services at **800-241-3371** for pharmacy coverage or Preferred Drug List questions.

Questions about drug types, interactions, storage or side effects should be answered by your doctor or pharmacist.

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

Mail Service Pharmacy

Reliable. Fast. Convenient.

Take advantage of Mail Service Pharmacy, a fast and accurate home delivery service that offers a way for you to save both time and money on your long-term (maintenance) prescriptions.*

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, once you register for Mail Service Pharmacy you'll have access to:

- Convenient, dependable delivery service to your home or location of choice at no additional cost
- Consulting pharmacists available by phone 24 hours a day, seven days a week when you have questions about your prescription
- Refill options online, by phone or by email
- An automated phone system to check account balances and make payments
- Email notifications of your order status
- Automatic refills with our ReadyFill at Mail® program
- Multiple payment option — credit or debit card, check, electronic check, Bill Me Later®, or money order (CASH is not accepted)

Benefit from ReadyFill at Mail®

Save more time when you sign up for our ReadyFill at Mail® program. With this program you can have your refills automatically sent to you at the appropriate time for no additional cost. We do the refill ordering for you, so you don't have to spend time online, on the phone or filling out a form. If your prescription is about to expire or the last refill has been used we will contact your doctor for you.

This automatic refill option helps you stay on track with your medication therapy regimen so there is less risk of a missed dose of your maintenance medications.

It's easy to start using mail service

Choose one of the following three ways:

Online

Go to **www.carefirst.com** and log in to *My Account*, click on *Manage My Health*, select *Drug and Pharmacy Resources*, click on *My Drug Home* and select *Order Prescriptions* to set up an account. **Once your account is set up we'll contact your doctor for a prescription.**

By phone

Call the toll-free phone number on the back of your member ID card. Our Customer Care representatives can walk you through the process. **We can contact your doctor directly for a prescription and mail your medications directly to you.**

By mail

If you already have your prescription, you can send it to us with a completed *Mail Service Order Form*. You can download the form by visiting the *Control Your Drug Costs* section of **www.carefirst.com/rx.**

** Long-term or maintenance medications are prescription drugs anticipated to be required for 6 months or more to treat a chronic or ongoing condition such as diabetes, high blood pressure or asthma.*

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

BRC6500-1P (9/14)

BlueVision

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield (CareFirst) and 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 **www.carefirst.com** and utilize the *Find a Doctor* 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 or 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.

What if I go out-of-network?

BlueVision offers an allowance for a routine eye exam at a non-Davis Vision provider. You will be responsible for paying the entire amount of services up-front. After the services, you can submit your claim to Davis Vision for reimbursement of your eye exam up to the allowed benefit. You can find the claim form by going to **www.carefirst.com,** locate *For Members,* then click on *Forms, Vision, Davis Vision.*

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

With BlueVision, you receive 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?
Please visit
www.carefirst.com or
call **(800) 783-5602.**

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

BlueVision
A plan for healthy eyes, healthy lives

Summary of Benefits *(12-month benefit period)*

In-Network	You Pay
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	$10
FRAMES[1]	
Priced up to $70 retail	$40
Priced above $70 retail	$40, plus 90% of the amount over $70
SPECTACLE LENSES[1]	
Single Vision	$35
Bifocal	$55
Trifocal	$65
Lenticular	$110
LENS OPTIONS[1,2] *(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
Blended Invisible Bifocals	$20
Intermediate Vision Lenses	$30
Photochromic Lenses	$35
Scratch-Resistant Coating	$20
Standard Anti-Reflective 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]

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays $33, you pay balance

[1] *CareFirst BlueCross BlueShield 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 may no longer provide these discounts.*

[2] *Special lens designs, materials, powers and frames may require additional cost.*

[3] *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.

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/CF/VISION (R. 10/11) • DC/CF/VISION (R. 1/06) • VA/CF/VISION (R. 1/06) • CFMI/Vision Rider (10/11) • MD/BCOO/VISION (R. 10/11) • DC/BCOO/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) and any amendments.

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

Getting the most from your plan

Getting the Most from Your Plan

There's More to Your Health Plan Than You Might Think

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at **www.carefirst.com** to learn more about the following member benefits.

Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan online, day or night.

Compare plans

Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

Get discounts

Access wellness discounts on fitness gear, gym memberships, healthy eating options, and more.

Read up about your health

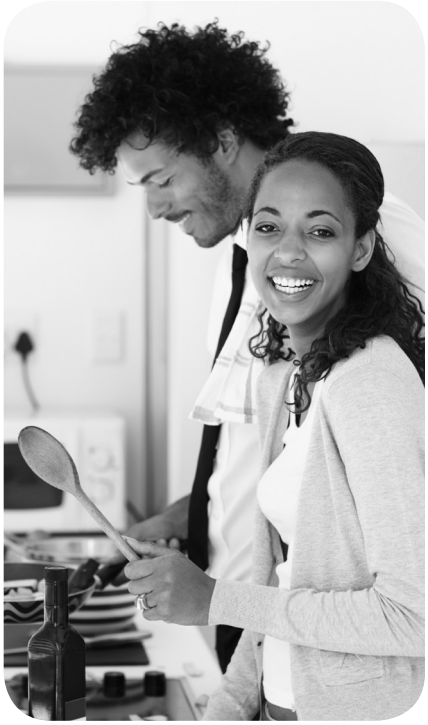
Find a variety of health education articles, nutritious recipes, interactive health tools and more on the My Care First website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.

health+wellness
take charge.

Whether you're looking for health and wellness tips, discounts on health-related services, or support to manage a health condition, we have the resources to help you get on the path to good health.

With our Health + Wellness Program you can

- Identify habits that could put your health at risk.
- Improve your health with programs that target your specific health or lifestyle issues.
- Manage a chronic condition or deal with unexpected health issues and medical emergencies with the support of a coordinated health care team.
- Access online tools and services to help you get healthy and stay healthy.



Don't forget to take your Health Assessment to get an immediate picture of your health.

15 minutes can help improve your health

When it comes to your health, it's important to know where you stand. You can get an immediate picture of your health status with our confidential, online questionnaire. Immediately after you complete the survey, you'll receive recommendations for improving your health based on your individual health status.

Take our Health Assessment today—these may be the most important questions you'll ever answer! Get started by:

1. Logging into *My Account* at **www.carefirst.com**;
2. Clicking on the *Manage My Health* tab; and then
3. Clicking on *Health Assessment and Coaching*.

Getting healthy

Health advising

After completing the Health Assessment, a Health Advisor may contact you to discuss your results. The Health Advisor will refer you to the appropriate resources, tools, and programs that can guide you toward better health.

Online and telephonic health coaching

Participate in a variety of free, confidential Health Coaching programs to help improve your health. Connect with your coach through a private, secure

Web-based message board or by phone and work together to develop a personal health action plan. Your coach will monitor your progress and provide guidance and support with programs that help with:

- Weight management
- Stress management
- Smoking cessation
- Physical activity
- Blood pressure management
- Cholesterol management

Living with a condition

Patient-Centered Medical Home (PCMH)

Living with a chronic illness can be challenging. Understanding more about your condition, and how to manage it, can help you take health challenges in stride and feel better.

PCMH was designed to provide your primary care provider with a more complete view of your health needs, as well as the care you receive from other providers. When you participate in this program, you are the focus of an entire health care team whose goal is to better manage and coordinate your care and improve your health. Talk to your doctor about PCMH to determine if it is right for you!

Dealing with the unexpected

Case Management

If you have a serious illness or injury, our Case Management program can help you navigate through the health care system and provide support along the way. Our Case Managers are registered nurses who will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Answer any of your questions.

Our Case Management program is voluntary and confidential. For more information, or to enroll, call (888) 264-8648.

Health and wellness tools

Health education

Find a wide variety of health education articles, nutritious recipes and cooking videos, interactive health-related tools, and more at **www.mycarefirst.com.**

FirstHelp™

Registered nurses are available 24 hours a day to answer your health care questions. Call (800) 535-9700 with your health questions or for help choosing the best source of care.

Vitality magazine

Vitality provides updates to your health care plan and a variety of health and wellness topics, including food and nutrition, physical fitness, and preventive health. All issues are available online at **www.carefirst.com/vitality.**

Support during your pregnancy

Help keep yourself and your baby healthy during pregnancy. Once enrolled, Case Managers provide education and information on prenatal care and pregnancy. For more information call (888) 264-8648.

Wellness discount program

Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more. Visit **www.carefirst.com/wellnessdiscounts.**

Health news

Get the latest information to help you, and your family, maintain a healthy lifestyle. To sign up for our monthly electronic member newsletter, visit **www.carefirst.com/healthnews**.

Pedometer app

Count your steps, distance traveled and calories burned for each workout with the free CareFirst Ready, Step, Go! app. The app is available for iPhone™, iPod Touch™, or Android™ smartphones—visit your app store and search for "Ready, Step, Go!"

CareFirst

CUT7071-1P (7/14)

My Account

Online Access to Your Claims

View personalized information on your claims and out-of-pocket costs online with *My Account.* Simply log on to **www.carefirst.com/myaccount** for real-time information about your plan.

Features of *My Account*

- View your deductible status and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims—total charges, benefits paid and costs for a specific date range
- Request an ID card
- Sign up for electronic communications and get your information faster and more securely

Signing up is easy

Visit **www.carefirst.com/myaccount,** click on *Register Now* and set up your User ID and Password. You'll just need information from your member ID card.

Additional tools

Depending on your specific health plan, you may have access to the following services through *My Account:*

- Find out the exact dollar amount you'll pay at a particular pharmacy
- View a side-by-side comparison of costs at local pharmacies
- Download claim forms
- Find in-network providers

Mobile access

View the most-visited information in *My Account* on your smartphone or tablet.

Our mobile site is available from any browser-equipped mobile device. To try out the app, visit your favorite app store, search for "CareFirst" and install the CareFirst app on your device.

Enjoy access to:

- Find A Provider
- Search for nearby urgent care and ER facilities, based on your current location (as determined by your device's GPS).
- Searchable claims information
- Who's eligible and covered under your policy
- View your ID cards (App users can also print and email ID cards)
- Register for *My Account* and maintain your security and notification preferences.

For more information on our mobile site and app, visit **www.carefirst.com/mobileaccess.**

CareFirst

The CareFirst BlueCross BlueShield family of health care plans

BRC6499-1P (7/14)

BlueCard®

Wherever You Go, Your Health Care Coverage Goes with You

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home.

As always, go directly to the nearest hospital in an emergency.

Your membership gives you a world of choices. More than 85% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at **www.bcbs.com**, or call BlueCard Access at (800) 810-BLUE.
3. Call Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it's different from the BlueCard Access number listed in Step 2.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

BlueCard®

Wherever You Go, Your Health Care Coverage Goes with You

Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The BlueCard Worldwide program provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At BlueCard Worldwide hospitals, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At non-BlueCard Worldwide hospitals, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BlueCard Worldwide Service Center. The claim form is available online at **www.bcbs.com**.
- To find a BlueCard provider outside of the U.S. visit **www.bcbs.com**, select *Find a Doctor or Hospital*.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.

Call (800) 810-BLUE toll-free or (804) 673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.

Visit **www.bcbs.com** to find providers within the U.S. and around the world.

CareFirst

The CareFirst BlueCross BlueShield family of health care plans

BRC6290-9P (7/14)

FirstHelp™

24-Hour Health Care Advice Line

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

How FirstHelp™ works

Simply call (800) 535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

When to call FirstHelp™

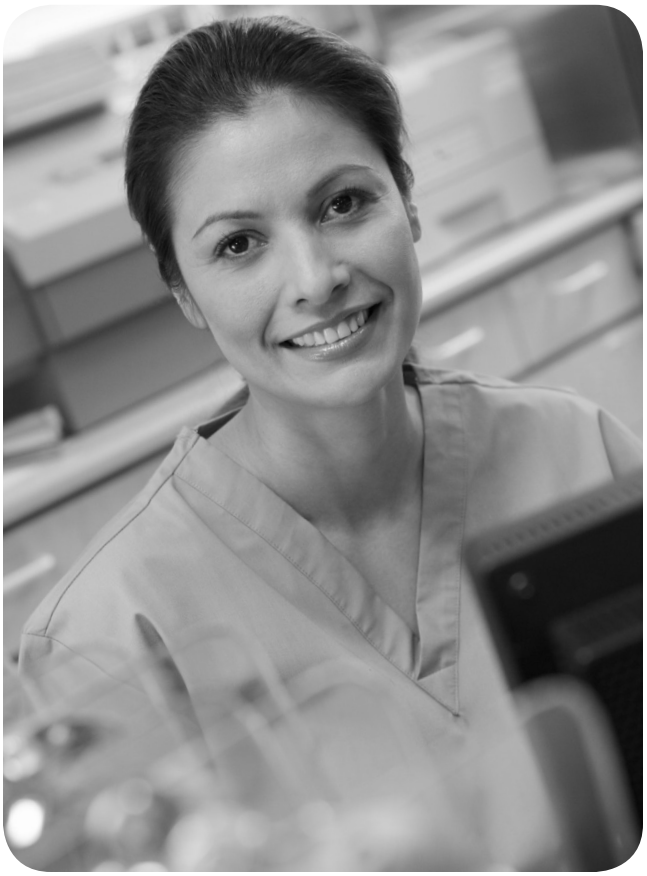
First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp™ nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.



FirstHelp™ 24 Hours
(800) 535-9700

CareFirst
The CareFirst BlueCross BlueShield family of health care plans

BRC5286-9P (7/14)

Find a Doctor, Hospital or Urgent Care

www.carefirst.com/doctor

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor or a facility, **www.carefirst.com** can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at **www.carefirst.com**. The site is updated weekly, so you always have the most up-to-date information available.

The most up-to-date information

Go to **www.carefirst.com/doctor**. From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.
- Select a Primary Care Physician.

Click "Find Providers" tab on **www.carefirst.com** to:

- Learn more about our Directory.
- Change your PCP.
- Research a Doctor or Hospital.
- Learn about Specialists.

CareFirst

The CareFirst BlueCross BlueShield family of health care plans

CUT5766-2P (7/14)

Find a Doctor, Hospital or Urgent Care

Nationwide – www.bcbs.com

It's easy to find the most up-to-date information on health care providers who participate within the Blue Cross Blue Shield Association. Go to **www.bcbs.com** to locate doctors, hospitals or urgent care nationwide.

Whether you need a doctor or facility, the National Doctor & Hospital Finder can help you find what you're looking for based on your specific needs.

The National Doctor & Hospital Finder can also be used to locate doctors or facilities in Puerto Rico, U.S. Virgin Islands, and outside of the U.S.

1. Go to **www.bcbs.com**.
2. Select *"Find a Doctor or Hospital"* in the upper right hand corner.
3. Enter the first 3 letters (prefix) of the identification number on your ID card. Click on *"Find Providers"*.
4. Search for a doctor or facility by Plan, or by Name, Location, Specialty and even more options based on your preferences.
5. Click *"Search"* and you have the option to *"Print"* your results.

Let your mobile device be your guide for Blue Cross and/or Blue Shield participating health care provider information.

- Find urgent care.
- Locate physicians, hospitals or other health care providers nationwide.
- Take advantage of GPS navigation search.
- View results on a map, email or SMS text.

CareFirst

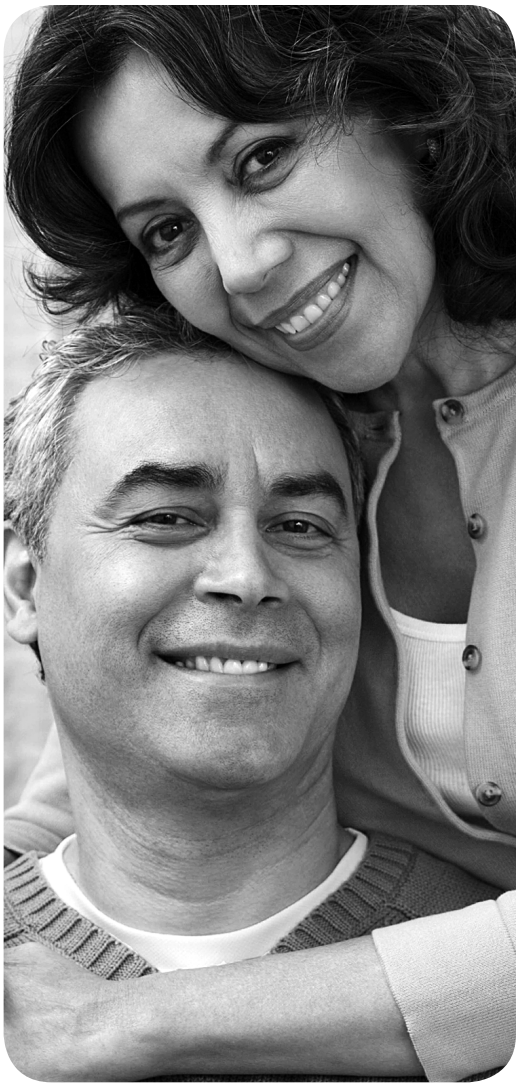
The CareFirst BlueCross BlueShield family of health care plans

CUT5651-2P (5/14)

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.

Coordination of Benefits

If You're Covered by More Than One Health Plan

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.

CareFirst

From the CareFirst BlueCross BlueShield family of health care plans.

BRC5823-9P (9/12)

Rights & 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.

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.

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.
- 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. Please include your daytime telephone number so that we may contact you directly if we need additional information. 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

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.

CareFirst

The CareFirst BlueCross BlueShield family of health care plans

How to enroll

CareFirst BlueChoice

CareFirst BlueCross BlueShield

Waiver of Enrollment Form

Employee Name _____ Social Security Number _____

Group Name _____ Group Number _____

Employment date _____

I certify that the health protection plan of CareFirst BlueCross BlueShield/CareFirst BlueChoice has been explained to me and at this time I choose:

❑ Not to enroll or, FOR ❑ myself and my dependents, (if any)

❑ If enrolled, to cancel coverage ❑ my dependents only

The other coverage is (select one):

❑ Commercial Insurance Policy (employer sponsored only)
❑ Spouse's group health benefit plan
❑ CHAMPUS
❑ Medicare as primary under TEFRA
❑ COBRA

Note that coverage through an individual policy is not considered a valid reason for waiver.

Please check which benefits you and/or your dependents have with the other carrier.

❑ Medical
❑ Dental
❑ Vision

I understand that if I decide later to enroll myself and/or dependents, all such late enrollees will be subject to the special enrollment requirements, as detailed on the next page. I declare that the information I have furnished above, to the best of my information and belief, is true, correct and complete.

Signature of Employee_____ Date_____

CUT6529-1S (6/04)

You or your dependent(s) are not considered Late Enrollees when you or your dependent(s) are covered under your spouse's or parent's coverage through another group and:

a) You and/or your dependent(s) are not longer eligible under your spouse's coverage because your spouse's employment or his or her group has been terminated;

b) You are no longer eligible or included under your spouse's coverage due to legal separation or divorce;

c) Your dependent is no longer eligible or included under your spouse's coverage due to legal separation or divorce or the dependent's age;

d) You and/or your dependent(s) are no longer eligible under your spouse's coverage due to the death of your spouse;

e) You are no longer eligible under your parent's coverage;

f) You and/or your dependent(s) have coverage through another group but later become ineligible for coverage through that group (including COBRA participants).

In the above situations, you will not be treated as a Late Enrollee, provided you and/or your eligible dependent(s) enroll within 31 days of the termination date of your prior coverage and submit, as necessary, a letter from your spouse's former employer. This letter must indicate when the spouse's employment terminated, whether the spouse's employment terminated, when the spouse's coverage terminated, whether the spouse was enrolled under individual or family coverage, and a statement indicating that the employer contributed toward the cost of coverage. A similar letter is also required for dependents that are no longer eligible under their parent's coverage. Please contact your Group Administrator if you have any questions about these enrollment requirements.

Please return this form to:

CareFirst BlueCross BlueShield / CareFirst BlueChoice, Inc.
Enrollment & Billing
10455 Mill Run Circle
Owings Mills, MD 21117
Mail Stop 02-330

The CareFirst BlueCross BlueShield
family of health care plans

www.carefirst.com

CUT7094-1S (6/14)