

Accessing Your Doctors

Smithsonian Institution Out-of-Area Members

CareFirst BlueCross BlueShield (CareFirst) offers the PPO plan for Smithsonian employees living outside of the CareFirst service area. Members of the PPO plan have three options when visiting doctors.

OPTIONS	BENEFITS	HOW TO FIND A DOCTOR
<p>Option 1 In-network Preferred PPO doctors</p> <p>Please Note:</p> <ul style="list-style-type: none"> All BCBS of MA providers who are in the PPO network are considered in-network providers. All providers must submit claims to the local BCBS plan. For example, if the provider is an BCBS of MA provider, they must submit claims to BCBS of MA. Claims filing instructions are located on the back of your identification card. 	<ul style="list-style-type: none"> You pay a \$20 copay for office visits. No need to file claim forms: <ul style="list-style-type: none"> When you arrive at the doctor's office or hospital, present your current CareFirst ID with the in-network logo and the preferred doctor or hospital will verify your membership and coverage. After you receive medical attention, your provider should electronically route your claim (using the XIL prefix and 9-digit member identification number) to the local Blue Cross and Blue Shield (BCBS) plan (e.g. BCBS of MA). The local BCBS plan will verify the provider's status (preferred or participating) and the claim will then be forwarded to CareFirst. All preferred and participating doctors and hospitals are paid directly, relieving you of any hassle or worry. You are only responsible for any out-of-pocket expenses (copays for Option 1 and coinsurance for Option 2). CareFirst will send you a detailed Explanation of Benefits advising you of the payments that were made and your liability to the provider of care. 	<p>Call BlueCard Access at (800) 810-BLUE (2583) to locate the nearest Blue Cross and Blue Shield preferred doctors and hospitals.</p> <p>or</p> <ul style="list-style-type: none"> Visit www.bcbs.com, Click on "Find a Doctor" in the upper right hand corner, Enter "XIL" as your Identification Prefix, Enter the address of the area in which you need a PPO provider, Select Provider Type and Specialty, Click on "Continue" to view a list of in-network Preferred PPO doctors.
<p>Option 2 Out-of-Network participating doctors</p>	<ul style="list-style-type: none"> After you meet your annual deductible, you are responsible for paying 30% of the allowed benefit¹ for covered services. No need to file claim forms. (see Option 1 for claims process) 	<p>These doctors do not participate in a PPO with the local BCBS plan (e.g. the local BCBS plan in Massachusetts is BlueCross BlueShield of MA). However, they do participate in another network with the local plan.</p> <p>To find doctors that participate in a network with the local BCBS plan,</p> <ul style="list-style-type: none"> Visit www.bcbs.com, Click on "Find a Doctor" in the upper right hand corner, Click on "Guest", Choose "Traditional" as Product Type, Enter the address of the area in which you need a participating provider, Select Provider Type and Specialty, Click on "Continue" to view a list of doctors that participate with your local BCBS plan.
<p>Option 3 Out-of-Network non-participating doctors</p>	<ul style="list-style-type: none"> After you meet your annual deductible, you are responsible for paying 30% of the allowed benefit for covered services. You may be subject to balance billing². You will need to file a claim³. 	<p>These doctors have no relationship with your local BCBS plan.</p>

¹ The Allowed Benefit is the dollar amount allowed for services covered, regardless of the provider's actual charge. A provider who participates in the PPO network cannot charge the member more than this amount for any covered service.

² Billing the member the difference between the allowed benefit and the provider's actual charge. Doctors who have no relationship with your local BCBS plan may balance bill.

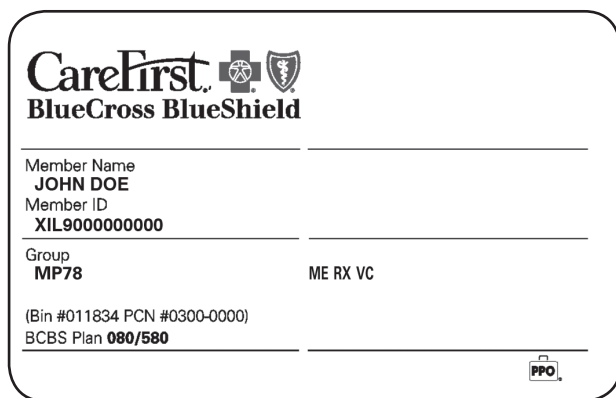
³ In most cases, you will need to file a claim form after visiting a non-participating provider. However, some of these providers may choose to submit a claim form and have you authorize assignment of benefits in order for CareFirst to pay them directly. You can authorize assignment of benefits for a non-participating provider by completing the lower right hand section of the CareFirst BlueCross BlueShield Health Benefits Claim Form. You will need to speak with your specific non-participating provider to determine how the claim form will be submitted.

Claims Filing Process for Members using PPO Providers

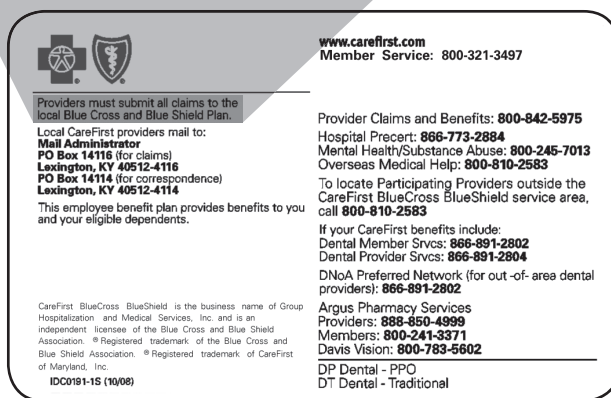
When you arrive at the doctor's office or hospital, present your current CareFirst member ID card with the in-network logo and the preferred doctor or hospital will verify your membership and coverage.

After you receive medical attention, your provider should electronically route your claim (using the XIL prefix and 9-digit member identification number) to the local Blue Cross and Blue Shield (BCBS) plan (e.g. BCBS of MA). The local BCBS plan will verify the provider's status (preferred or participating) and the claim will then be forwarded to CareFirst.

Below is an example of your identification card:



Providers must submit all claims to the local Blue Cross and Blue Shield Plan.



As the highlighted text on the ID card indicates above, "Providers must submit all claims to the local Blue Cross and Blue Shield Plan." All BlueCross BlueShield of MA providers must submit claims to:

Massachusetts
 Blue Cross and Blue Shield of MA
 Attn: BlueCard Claims Department
 P.O. Box 986030
 Boston, MA 02298

All preferred and participating doctors and hospitals are paid directly, relieving you of any hassle or worry. You are only responsible for any out-of-pocket expenses (copays for Option 1 and coinsurance for Option 2).

CareFirst will send you a detailed Explanation of Benefits advising you of the payments that were made and your liability to the provider of care.