



BluePreferred

Your Health Benefits



www.carefirst.com

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CUT7094-1S (6/17)

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) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

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

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

How your plan works

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

What's covered

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

Getting the most out of your plan

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

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

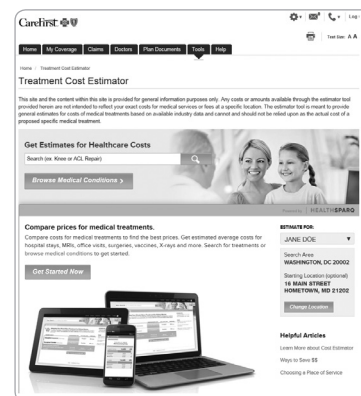


Managing your health care budget just got easier

With CareFirst's Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit carefirst.com to learn more!



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How your plan works

BluePreferred PPO

See any provider

With BluePreferred PPO, you have the freedom to visit any provider you choose. We also offer online tools and resources at [carefirst.com](https://www.carefirst.com) that give you the flexibility to manage your health care and wellness goals wherever you are.



Take advantage of your benefits

- \$0 cost for comprehensive preventive health care visits.
- Choose any provider you want—no referrals required.
- A network of over 43,000 CareFirst Preferred Provider Organization (PPO) providers—primary care providers (PCP), nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers—in Maryland, Washington, D.C. and Northern Virginia.
- If you need care outside CareFirst BlueCross BlueShield's (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to thousands of providers in all 50 states and receive in-network benefits when you see a BlueCard® PPO provider.

Benefits at a glance



Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



Large provider network

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



Specialist services

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



Prescription drug coverage

Your plan covers prescription drugs.



Hospital services

You're covered for overnight hospital stays. You are also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.



Labs, X-rays or specialty imaging

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

BluePreferred PPO



Well-child visits

All well-child visits and immunizations are covered.



Maternity and pregnancy care

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



Mental health and substance use disorder

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

How your plan works

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

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

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

Getting started with your plan

No matter which health plan you have, one of the first things you should do is choose an in-network primary care provider or PCP. By visiting your PCP for routine visits as recommended, he/she will get to know you, your medical history and your habits. Having a PCP who is familiar with your health can make it easier and faster to get the care you need. In addition, when you choose a PCP, you are one step closer to earning a financial reward!

With access to nearly 92 percent of all physicians in the United States, your doctor is likely in the network. To find regional and national providers, visit our *Find a Provider* tool (carefirst.com/doctor) and search by the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan or by your doctor's name.

Your benefits


Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:

- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

CareFirst Preferred Provider Organization (PPO) network or BlueCard® PPO Network (outside of MD, DC, and Northern VA)



Non-participating providers

BluePreferred PPO gives you flexibility and choices when you need care.

In Network you pay: \$

Visit any CareFirst PPO network provider or when receiving care outside MD, DC, and Northern VA, visit any BlueCard® PPO provider. No referrals necessary.

Out-of-network you pay: \$\$

Visit a non-participating provider. No referral required. Balance billing may apply.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.

Step 2: Your plan will start to pay for services

Your full benefits will become available once your deductible is met. However, the level of those benefits will depend on whether you see in-network or out-of-network providers. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

You will have different deductible amounts for in network versus out of network services. For example, when you see in-network providers, your expenses will only count toward your in-network deductible and out-of-network expenses will only apply to your out-of-network deductible. Deductible requirements vary based on your coverage level (e.g. individual, family) therefore if more than one person is covered under your plan, please refer to your certificate of coverage for detailed deductible information.

In general, nonparticipating providers don't have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. This means the provider could bill you based on the actual charge for the service and you would be responsible for paying the balance between what we allow for the benefit and the actual charge.

Remember, you may be required to pay a nonparticipating provider's total charges at the time of service and submit a claim for reimbursement.

Out-of-pocket maximum

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

You will have a different out of-pocket maximum for in-network and out-of-network benefits. Once your out-of-pocket maximum is satisfied, copays or coinsurance amounts will not be required.

Please keep in mind that out-of-pocket requirements also differ if your coverage is either

an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Certificate of Coverage.

Out-of-area coverage

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 traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

Outside the United States, when you have Blue Cross Blue Shield Global Core, you have access to doctors and hospitals in nearly 200 countries and territories. For more information, visit bcbsglobalcore.com.

Important terms

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

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

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

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

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst's regional and national PPO network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in CareFirst's regional and national PPO network.

BluePreferred PPO is underwritten by Group Hospitalization and Medical Services, Inc. or CareFirst of Maryland, Inc.



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BlueVision

A plan for healthy eyes, healthy lives

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

How the plan works

How do I find a provider?

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

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield 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, eyeglasses, and contact lenses at a non-Davis Vision provider. You will be responsible for paying the entire amount of the service fees up-front. Out-of-network benefits are limited to an allowed benefit. After the services, you can submit your claim to Davis Vision for reimbursement. You can find the claim form by going to 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, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price¹.

Mail order replacement contact lenses

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



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

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

Summary of Benefits

(12-month benefit period)

In-Network	You Pay
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	\$10
FRAMES¹	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES¹	
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
Ultra Progressive Lenses (digital)	\$140
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 (AR) Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
CONTACT LENSES¹	
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 CORRECTION¹	
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

- CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.
- Special lens designs, materials, powers and frames may require additional cost.
- Some providers have flat fees that are equivalent to these discounts.

Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- 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.
- Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Glasses, sunglasses or contact lenses.
- 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.



Patient-Centered Medical Home

Supporting the relationship between you and your doctor

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

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

Extra care for certain health conditions

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

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



A PCP is important to your health


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

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

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

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

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



Patient-Centered Medical Home is a program that focuses on the relationship between you and your doctor. X

Only show me PCMH providers

Show me all providers

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





What's covered

BluePreferred Summary of Benefits

Smithsonian Institution

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
Visit www.carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
BLUE REWARDS		
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$600 for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (Benefit period)⁴		
Individual	\$250	\$500
Family	\$500	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)⁵		
Medical ⁶	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family
Prescription Drug ⁶	\$4,500 Individual/\$9,000 Family	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	CareFirst pays 100% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 30% of Allowed Benefit
Breast Cancer Screening	No charge*	30% of Allowed Benefit
Pap Test	No charge*	30% of Allowed Benefit
Prostate Cancer Screening	No charge*	Deductible, then 30% of Allowed Benefit
Colorectal Cancer Screening	No charge*	Deductible, then 30% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	\$20 per visit	Deductible, then 30% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Lab	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
X-ray	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
Physical, Speech and Occupational Therapy (limited to 30 visits/condition/benefit period)	\$20 per visit	Deductible, then 30% of Allowed Benefit
Chiropractic (limited to 20 visits/benefit period)	\$20 per visit	Deductible, then 30% of Allowed Benefit
Acupuncture	Not covered (except when approved or authorized by Plan for Anesthesia).	Not covered (except when approved or authorized by Plan for Anesthesia).
EMERGENCY SERVICES		
Urgent Care Center	\$20 per visit	\$20 per visit
Emergency Room—Facility Services	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Emergency Room—Physician Services	No charge*	No charge*
Ambulance (if medically necessary)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	No charge*	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 30% of Allowed Benefit
Inpatient Facility Services	No charge*	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 30% of Allowed Benefit

BluePreferred Summary of Benefits

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
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/benefit period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 30% of Allowed Benefit
Delivery and Facility Services	No charge*	Deductible, then 30% of Allowed Benefit
Nursery Care of Newborn	No charge*	Deductible, then 30% of Allowed Benefit
Artificial and Intrauterine Insemination ⁷	Not covered	Not covered
In Vitro Fertilization Procedures ⁷	Not covered	Not covered
MENTAL HEALTH AND SUBSTANCE USE DISORDER (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	No charge*	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 30% of Allowed Benefit
Outpatient Facility Services	No charge*	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 30% of Allowed Benefit
Office Visits	\$20 per visit	Deductible, then 30% of Allowed Benefit
Medication Management	\$20 per visit	Deductible, then 30% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hearing Aids (ages 0-18)	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	CareFirst pays \$33, you pay balance
Eyeglasses and Contact Lenses	Discounts from participating Vision Centers	Not covered

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

* No copayment or coinsurance.

¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

² In-network: When covered services are rendered by a provider in the Preferred Provider network, care is reimbursed at the in-network level. 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, the Allowed Benefit for a Preferred Provider may be established by law.

³ Out-of-network: When covered services are 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 Preferred Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, the Allowed Benefit for an out-of-network provider may be established by law. When services are rendered by Non-Preferred 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. 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 Plan has separate out-of-pocket maximums for medical and drug expenses which accumulate independently.

⁷ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

Not all services and procedures are covered by your benefits contract. This 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: DC/CF/GC (R. 1/13); DC/CF/BP/EOC (R. 11/09); DC/GHMSI/DOL APPEAL (R. 11/11); DC/CF/BP/DOCS (7/08); DC/CF/BP/SOB (7/08); DC/CF/ATTC (R. 1/10); DC/CF/RX3 (R. 1/15); and any amendments.



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Pharmacy Program Summary of Benefits

Smithsonian Institution

Formulary 3 ■ 5-Tier ■ \$100 Deductible ■ \$10/30/55 ■ Specialty 50%/50%

Plan Feature	Amount You Pay	Description
Individual Deductible	\$100	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any deductible are noted below.
Family Deductible	\$200	If your family has met the deductible maximum, all members will pay the copays associated with the drugs prescribed. No one family member may contribute more than the individual deductible amount to the family deductible.
Out-of-Pocket Maximum	See medical summary of benefits for annual out-of-pocket amount	If 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, except balance billed amounts.
Preventive Drugs (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.*
Oral Chemotherapy Drugs and 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 are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Preferred Specialty Drugs (Tier 4) (up to a 34-day supply)	50% up to a \$75 maximum	You pay 50% coinsurance up to a maximum of \$75 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Non-preferred Specialty Drugs (Tier 5) (up to a 34-day supply)	50% up to a \$75 maximum	You pay 50% coinsurance up to a maximum of \$75 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$60 Non-preferred Brand: \$110 Preferred Specialty: 50% up to a \$150 maximum Non-preferred Specialty: 50% up to a \$150 maximum	Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay.
Restricted Generic Substitution	Included	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance 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 copay or coinsurance. 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 or coinsurance.



Visit carefirst.com/rx for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

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. 1/18) • DC/CF/RX3 (R. 1/18)



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CST3683-1P (6/17) ■ DC ■ Drug Option F



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 U.S. Food and Drug Administration (FDA).
- Generic drugs are manufactured in facilities that are required to meet the same FDA standards of good manufacturing practices as brandname products.¹

Save by using generic drugs

- Generic drugs are less expensive than brandname 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	\$398	\$2	\$396
Coumadin (2mg)	Warfarin Sodium	\$55	\$6	\$49
Lipitor (20mg)	Atorvastatin Calcium	\$237	\$5	\$268
Singulair (10mg)	Montelukast Sodium	\$204	\$7	\$197

*Costs based on June 2015 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.



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 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.



Prescription Drug Program

A total prescription for health

Prescription drugs are an integral part of high-quality health care. The prescription benefits your employer is offering give you an affordable and convenient way to make the best decisions when it comes to your prescriptions.

Your prescription benefits

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, you'll have access to:

- A nationwide network of more than 69,000 participating pharmacies
- Nearly 5,000 covered drugs
- Mail Service Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs

Keeping you informed

Together with our pharmacy benefit manager, CVS Caremark[®],* we keep you informed about your prescription drug coverage and provide you with periodic updates about your plan through targeted mailings and phone calls. Take the call and/or review your mailed notices to learn about lower-cost drug alternatives, possible safety concerns, drug tier changes and more.

Online tools and resources

To get the most from your prescription drug plan, you need to stay informed. Our easy-to-use, interactive tools and resources are available 24/7. Visit [carefirst.com/rx](https://www.carefirst.com/rx) to see if a drug is covered, find a pharmacy, learn how drugs interact with each other and get more information about medications. You can access even more tools and resources once you're a member through *My Account* by selecting *Drug and Pharmacy Resources* under *Quick Links*.



* CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

Prescription Drug Program

Understanding your formulary

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective. The prescription drugs found on the CareFirst Formulary (drug list) are divided into tiers. These tiers include zero-dollar cost share, generics, preferred brand and non-preferred brand drugs. Your cost share is determined by the tier the drug falls into.

Drug tier	Description
Tier 0: \$0 Drugs	<ul style="list-style-type: none">Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none">Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none">Preferred brand drugs are brand-name medications that do not have a generic equivalent.They are chosen for their cost-effectiveness to alternatives.Your cost share will be more than generic drugs but less than non-preferred brand drugs.If a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand tier.
Tier 3: Non-Preferred Brand Drugs \$\$\$	<ul style="list-style-type: none">Non-preferred brand drugs often have a generic or preferred brand drug option where your cost share will be lower.

Note: If the cost of your drug is less than your copay or coinsurance, you only pay the cost of the drug. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance for drugs depending on the drug tier. Some drugs may not be covered based on your plan. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Check your benefit summary or enrollment materials for specific plan information. Once you are a member, you can view specific cost-share information in *My Account*.

Preferred Drug List

CareFirst's Preferred Drug List includes generic and preferred brand drugs selected for their quality, effectiveness and safety by the CVS Caremark national Pharmacy and Therapeutics (P&T) committee. By using the CareFirst Preferred Drug List, you can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your health care and out-of-pocket costs.

Non-preferred drugs aren't included on the Preferred Drug List; they are still covered but at the highest cost share. Also, some drugs on the Preferred Drug List may not be covered based on your plan. To see your full formulary, go to [carefirst.com/rx](https://www.carefirst.com/rx).

Prescription Drug Program

Prescription guidelines

Some medications are only intended to be used in limited quantities; others require that your doctor obtain prior authorization through CareFirst before they can be filled. These drug guidelines are indicated on the formulary found at [carefirst.com/rx](https://www.carefirst.com/rx).

- **Quantity limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time.
- **Prior authorization** is required before you fill prescriptions for certain drugs. Your doctor must obtain approval from CareFirst before these drugs are covered.
- **Step therapy** asks that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Prior to getting the higher-cost alternative, your doctor must receive approval from CareFirst.

Two ways to fill

Retail pharmacies

With access to more than 69,000 pharmacies across the country, you can visit [carefirst.com/rx](https://www.carefirst.com/rx) and use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card with you when filling prescriptions.

Mail Service Pharmacy

Mail Service Pharmacy is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently. You can register three ways—online through *My Account*, by phone or by mail. Once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Schedule automatic refills
- Receive email notification of order status
- Choose from multiple payment options

Ways to save

Here are some ways to help you save on your prescription drug costs.

- **Use generic drugs**—generic drugs can cost up to 80 percent less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use maintenance medications**—maintenance medications are drugs you take regularly for ongoing conditions such as diabetes, high blood pressure or asthma. You can get up to a three-month supply of your maintenance medications for the cost of two copays through any pharmacy in the network, including through mail order.
- **Use mail order**—by using our Mail Service Pharmacy you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.

Prescription Drug Program

Care management programs

Together with CVS Caremark, our pharmacy benefit manager, we offer care management programs and tools designed to improve your health while lowering your overall health care costs.

Specialty Pharmacy Coordination Program

The Specialty Pharmacy Coordination Program provides personalized care for our members with certain chronic conditions, like rheumatoid arthritis or cancer, requiring the use of specialty drugs. For certain chronic conditions, you will receive enhanced one-on-one support with a registered nurse and dedicated clinical team who will coordinate care with your doctor.

The program provides:

- 24-hour pharmacist assistance
- Injection training coordination
- Educational materials for your specific condition
- Drug interaction monitoring and review
- Drugs mailed to your home or office, or available for pick up at any CVS retail pharmacy
- Refill reminders

Comprehensive Medication Review

When you are taking multiple drugs to treat a medical condition, it can be overwhelming. The Comprehensive Medication Review program can connect you with a CVS Caremark pharmacist who will review your drugs and talk to your doctor about dosages, duration and any other pertinent issues. The pharmacist will work with your doctor to evaluate opportunities to:

- Identify possible drug interactions
- Improve drug adherence
- Reduce gaps in care
- Eliminate duplications in drug therapy

The program works with your doctor to ensure that you are not only taking the best drugs to manage your conditions, but you are also able to take your drugs as prescribed.

Medication Therapy Management Program

Taking medications as prescribed not only helps improve your health but can also reduce your health care costs. CareFirst's Medication Therapy Management program is designed to help you get the best results from your drug therapy.

We review pharmacy claims for opportunities to:

- Save you money
- Support compliance with medications
- Improve your care
- Ensure safe use of high-risk medications

When opportunities are identified, "Drug Advisories" will be communicated to either you and/or your doctor regarding your drug therapy. Through our Pharmacy Advisor program, you may also have the opportunity to speak one-to-one with a pharmacist, who can answer questions and help you manage your prescription drugs.

Should you have any questions about your prescription benefits, please contact CareFirst Pharmacy Services at 800-241-3371.



CareFirst Specialty Pharmacy Coordination Program

Personalized care for managing your chronic medical condition

Do you have a chronic condition that requires specialty medications? Our CareFirst Specialty Pharmacy Coordination Program can help you achieve better results from your medication therapy through personalized care, support and services designed to help manage your condition.

Through this program CareFirst addresses the unique clinical needs of members who take high-cost specialty drugs for certain conditions like multiple sclerosis, hepatitis C and hemophilia. We recognize that members taking specialty drugs require high-touch, high-quality care coordination and support to assure the best possible outcomes. With this program you have access to the following services:

- Comprehensive assessment of the patient at program initiation
- Coordination between the specialty care coordination team and the patient's primary care provider (PCP)
- Drug interaction review
- Drug and condition-specific education and counseling on medication adherence, side effects and safety
- Refill reminders and inventory coordination to reduce drug waste
- On call pharmacists 24 hours a day, seven days a week for assistance
- Specialty drug care coordination with a registered nurse specializing in select disease states (multiple sclerosis, hemophilia, hepatitis C and select intravenous immunoglobulin conditions)

In order to maximize the effectiveness of the Specialty Pharmacy Coordination Program, your specialty medications must be filled through CVS/caremark Specialty Pharmacy.

By using the CareFirst Exclusive Specialty Pharmacy network, you get specialty medications and personalized pharmacy care management services from a team of clinical experts specially trained in your health condition as well as access to:

- Drug and condition-specific education and counseling
- Confidential, professional and personal care
- On-call pharmacist 24 hours a day, seven days a week
- Insurance and financial coordination assistance
- Online support and resources

Our Specialty Customer Care Team addresses your unique clinical needs, and helps improve adherence, persistency to prescribed therapies and safety, thereby improving your overall health and costs.



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SUM2653-1P (6/17) ■ Not applicable to VA risk plans ■ For Non-risk: all jurisdictions; all 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 be able to:

- Refill prescriptions online, by phone or by email
- Schedule automatic refills for certain maintenance medications through ReadyFill at Mail®
- Choose from home or office delivery service
- Consult with pharmacies by phone 24/7
- Use our automated phone system to check account balances and make payments 24/7
- Receive email notifications of order status
- Choose from multiple payment options

It's easy to register for mail service

Choose one of the following three ways:



Online

Go to **carefirst.com** and log in to *My Account*. Under the *My Coverage* tab, select *Drug and Pharmacy Resources*, click on *My Drug Home* and select *Order Prescriptions* to set up an account.



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.



By mail

If you already have your prescription, you can send it to us with a completed *Mail Service Pharmacy Order Form*. You can download the form by selecting *My Drug Forms* in the *Drug and Pharmacy Resources* section in *My Account*.

* 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.



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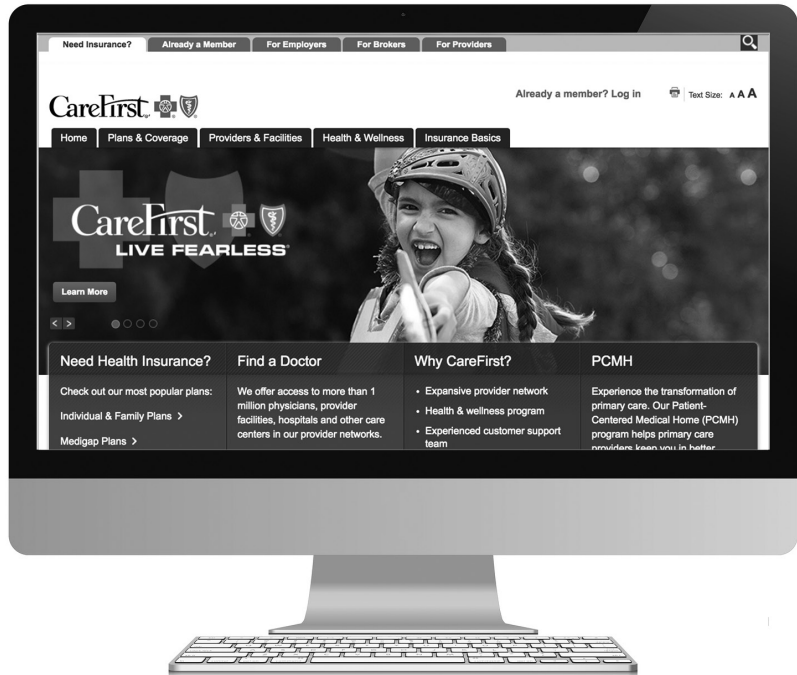
Getting the most
from your plan

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 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 *Health and Wellness* section of our website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.



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Blue Rewards

Healthy habits can earn you money





Blue Rewards is our exclusive incentive program that rewards you for taking steps to get and stay healthy. When you complete the required steps and achieve certain health goals, you can earn up to **\$600**.

How Blue Rewards works

Blue Rewards gives you the opportunity to be rewarded twice! First, you can earn a participation-based reward for completing four important steps. After completing all the steps, you earn an additional results-based reward when you reach certain health goals.

Get started by logging in to *My Account* at carefirst.com/myaccount and clicking on *Blue Rewards*. You have 120 days from the date your health coverage begins to complete these steps to earn your reward.

Steps to earn your participation-based reward:

			
Select a primary care provider (PCP)	Consent to receive wellness emails	Answer an online health assessment	Complete a health screening

Did you know?

You can visit your PCP or a CVS MinuteClinic to complete your health screening!

Be sure to choose a PCP who participates in our Patient-Centered Medical Home (PCMH) program to earn your reward. They have access to additional resources like electronic medical records and a large network of nurses to help them better coordinate your overall health.

Tip: Earn a greater reward by selecting a PCMH **Plus** PCP. These PCPs have demonstrated high quality and efficiency and belong to a practice that has participated in our PCMH program for at least three years.

Results-based reward

The results from your health screening will be measured against recommended health goals.

Measure	Goals
Body mass index (BMI)	BMI between 19 and less than 30
Flu vaccine	Received within the last 12 months
Tobacco use	Never smoked/used tobacco or quit for more than 30 days
Blood pressure	Less than 140/90 (ages <60) or Less than 150/90 (ages 60+)
Blood glucose	Fasting blood glucose less than 126 or Non-fasting blood glucose less than 200

If you fall within the ranges, you earn an additional reward.

Don't worry if your health measures fall outside the desired ranges. You can still earn your results-based reward by working with your PCP to establish an action plan to reach your personalized goals. Once you reach those goals, you must submit your updated results in *My Account* at carefirst.com/myaccount before the end of your benefit period.

Here's how much you can earn

Participation-based Reward		+	Results-based Reward		=	Total Reward Amount	
PCMH PCP	\$100		PCMH PCP	\$200		PCMH PCP	\$300
PCMH Plus PCP	\$200		PCMH Plus PCP	\$400		PCMH Plus PCP	\$600

Note: If you have a PPO or Advantage plan, and you live outside MD, DC or Northern VA, you can select a provider from the BlueCard® PPO network who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics. When you select a PCP in the BlueCard® network, you and your covered spouse/domestic partner can each earn up to \$300.

CareFirst Blue Rewards Visa® Incentive Card

Incentive cards are issued 10-14 days¹ after you complete the four participation-based steps. Only one card is issued to the policyholder but it can be used by everyone covered under your policy (including dependent children). If a reward was earned last year, that incentive card will be reloaded with your most recent earned reward. Additional amounts earned during your benefit period will be automatically added to your card, so make sure to keep your card as long as you remain a CareFirst member.

You have until the end of your benefit period to use your reward, and an additional 90 days to reimburse yourself for any expense that occurred within the benefit period. Your incentive card can be used toward your annual deductible or other out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan. You should always save your receipts as proof of your expense.

Get started now by logging in to *My Account* at carefirst.com/myaccount.

¹ If you have a plan with a health savings account (HSA) option, you will typically receive your incentive card after meeting the Internal Revenue Service minimum deductible for an HSA plan—\$1,300 for an individual or \$2,600 for a family. In some circumstances, you may be able to receive your card right away. If you have an HSA plan, log in to *My Account* at carefirst.com/myaccount to check whether you are eligible to receive your incentive card right away.



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CVS MinuteClinic is an independent company that provides medical services to CareFirst members.

The CareFirst Blue Rewards Visa Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC.



Know Before You Go

Your money, your health, your decision

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

Primary care provider (PCP)

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

FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit

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

Convenience care centers (retail health clinics)

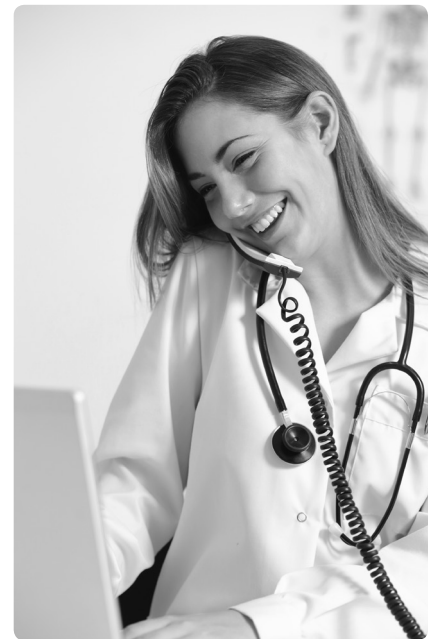
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

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

Emergency room (ER)

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



For more information, visit [carefirst.com/needcare](https://www.carefirst.com/needcare).

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

Know Before You Go

When you need care

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

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<ul style="list-style-type: none">▪ Cough, cold and flu▪ Pink eye▪ Ear infection	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none">▪ Cough, cold and flu▪ Pink eye▪ Ear infection	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none">▪ Sprains▪ Cut requiring stitches▪ Minor burns	✗	✓
Emergency Room	\$200	<ul style="list-style-type: none">▪ Chest pain▪ Difficulty breathing▪ Abdominal pain	✓	✓

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

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/needcare.



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

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



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Health & Wellness

Take charge

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

With our Health & Wellness program you can:

- Become aware of unhealthy habits.
- Improve your health with programs that address your specific goals or concerns.
- Access online tools to help you get and stay healthy.

15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment.

After you complete your health assessment, you'll unlock access to additional health and wellness support. Whether you want to eat healthier, lose weight, or stop using tobacco, you will have the tools needed to meet your personal health goals. These resources and the health assessment are available by logging into *My Account* at carefirst.com/myaccount and selecting *Health Assessment and Online Coaching* under *Quick Links*.

Health coaching

As part of your health coverage, you may receive a call from an engagement specialist inviting you to participate in health coaching. We encourage you to take advantage of this voluntary and confidential phone-based program that can help you achieve your best possible health. Coaches are registered nurses and trained professionals who provide motivating support to help you reach your wellness goals. You can also choose to participate in health coaching by calling 800-783-4582 and pressing option 6.



“ One thing that attracted me to the program was the individual counseling. I like the one-on-one attention. ”

—Lucia, Innergy® Healthier Weight participant

To access these wellness programs, log in to *My Account* at carefirst.com/myaccount

Innergy® Healthier Weight program

If you are age 18 or older, have a BMI of 30 or greater and are looking to lose weight, the Innergy program can help. Innergy offers a personalized solution for long-term weight loss and helps participants reach a healthier weight. To get started, select the Innergy icon and complete the registration process.

QuitNet® Tobacco Cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. QuitNet's expert guidance, support and wealth of tools make quitting easier than you might think. To get started, simply click on the QuitNet icon and complete the registration process.

Financial Well-Being™, powered by Dave Ramsey

Financial expert Dave Ramsey will show you how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, the Financial Well-Being program can help. To get started, select the Financial Well-Being icon and complete the registration process.

Additional wellness offerings

- **Wellness discount program**—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Health news**—Register for our seasonal newsletter at carefirst.com/healthnews and receive healthy recipes, videos and articles delivered to your email box.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To learn more about any of these wellness programs, log in to *My Account* at carefirst.com/myaccount or call 800-783-4582 between 8:30 a.m.–8:30 p.m., Monday–Friday, or Saturday from 8:30 a.m.–5:30 p.m. Eastern Time.



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This wellness program is administered by Healthways, an independent company that provides health improvement management services to CareFirst members.

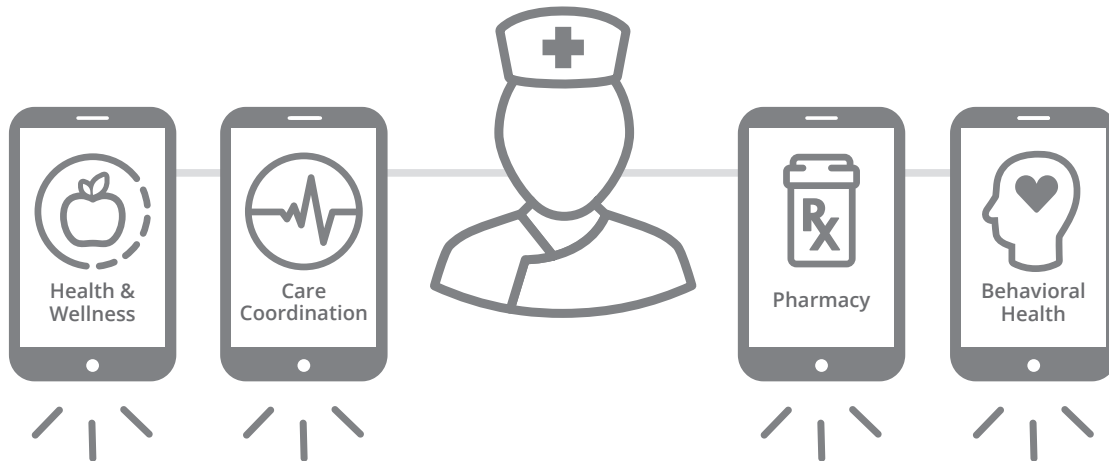


Take the Call

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

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

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







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

carefirst.com/takethecall

Take the Call

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

	Program name	Overview	Why it's important	Communication
	Health & Wellness	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more	Letter or phone call from a <i>Health Fitness or Healthways coach</i>
	Complex Case Management	Managing treatment for a serious illness or injury	Specialized nurses help navigate the health care system by talking with your doctors, setting up appointments, identifying resources and helping you better understand your health	Phone call from a <i>CareFirst case manager (nurse)</i>
	Chronic Care Coordination	Managing multiple chronic conditions (e.g., diabetes, congestive heart failure)	Connecting you with a nurse who works closely with your primary care physician (PCP) to help you understand your doctor's recommendations, medications and treatment regimens	Introduction by your PCP or a phone call from a <i>CareFirst care coordinator (nurse)</i>
	Hospital Transition of Care	Supporting transition from hospital to home	Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services	Onsite visit or phone call from a <i>CareFirst nurse</i>
	Pharmacy Advisor	Managing medications for specific conditions	Understanding your condition and staying on track with appropriate medications is crucial to successfully managing your health	Letter or a phone call from a <i>CVS Caremark pharmacy specialist</i>
	Comprehensive Medication Review	Managing multiple medications	Talking to a pharmacist who understands your medication history can help identify any possible side effects or harmful interactions	Phone call from a <i>CVS Caremark pharmacist</i>
	Specialty Pharmacy Coordination	Managing specialty medications for chronic conditions	Connecting with a nurse who specializes in your condition provides additional support so you can adhere to your treatment plan for better health	Letter or phone call from a <i>CVS Caremark specialty nurse</i>
	Behavioral Health and Substance Abuse	Support for mental health and/or substance abuse issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources	Phone call from a <i>Magellan behavioral health coordinator</i>

These services are administered by Health Fitness, Healthways or Business Health Services, all independent companies which provide health improvement management services to CareFirst members.

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

Magellan Healthcare is an independent company that provides behavioral health services to CareFirst members.



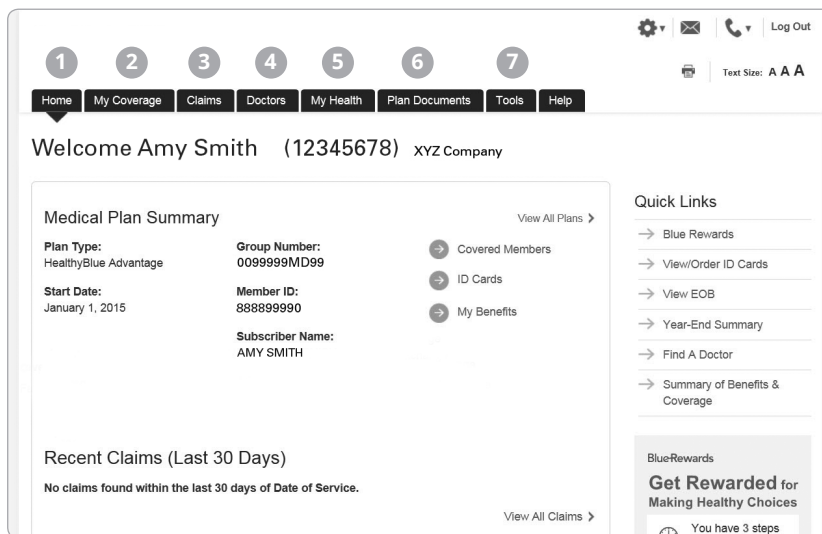
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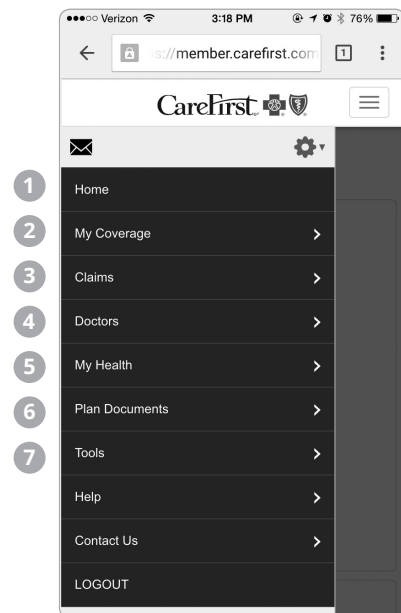
My Account

Online access to your health care information

View your personalized health insurance information online with *My Account*. Simply log on to **carefirst.com** from your computer, tablet or smartphone for real-time information about your plan.





As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1 Home

- Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
- Use *Settings*  to manage your password and communications preferences
- Access the Message Center 

2 My Coverage

- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Order and refill prescriptions^{1,2}
- View prescription drug claims^{1,2}
- Find a pharmacy¹
- Oversee your BlueFund account

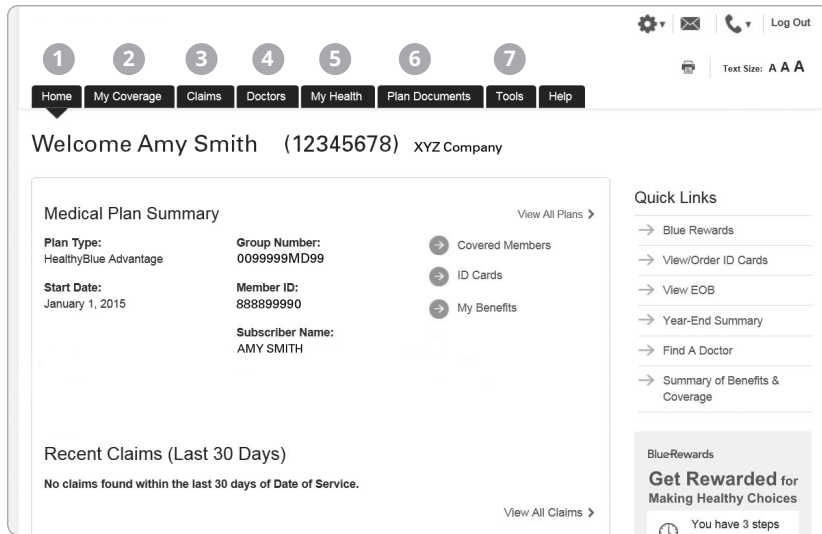


Signing up is easy

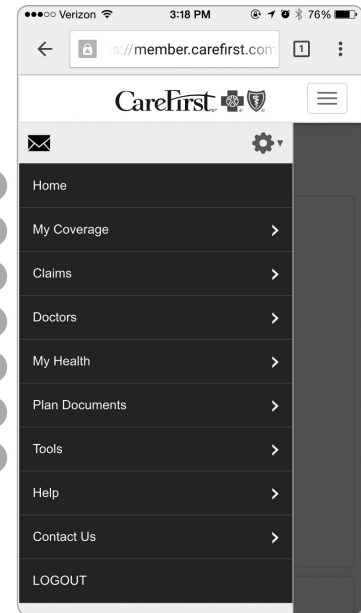
Information included on your member ID card will be needed to set up your account.

- Visit **carefirst.com**
- Select *Register Now*
- Create your User ID and Password

My Account



As viewed on a computer.



As viewed on a smartphone.

3 Claims

- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary

4 Doctors

- Select or change your primary care provider (PCP)
- Search for a specialist

5 My Health

- Learn about your wellness program options²
- Locate an online wellness coach²
- Track your Blue Rewards progress

6 Plan Documents

- Look up your forms and other plan documentation²
- Review your member handbook²

7 Tools

- Treatment Cost Estimator
- Drug pricing tool^{1,2}
- Hospital comparison tool²

¹ These features are available only if your drug benefits are provided by CareFirst.

² These features are available only when using a computer at this time.



BlueCard[®] & Global Core

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, from coast to coast. And with Blue Cross Blue Shield Global Core (Global Core) you have access to care outside of the U.S.



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

Your membership gives you a world of choices. More than 93% 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 (2583).
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.

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 hospitals in the Global Core Network, 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 hospitals outside the Global Core Network, 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 Global Core Service Center. The claim form is available online at bcbs.globalcore.com.
- To find a BlueCard provider outside of the U.S. visit 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 (2583) 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 bcbs.com to find providers within the U.S. and around the world.



Find a Doctor, Hospital or Urgent Care

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, nurse practitioner or health care facility, carefirst.com/doctor can help you find what you're looking for based on your specific needs.

You can search and filter results by:






- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Gender
- Accepting new patients
- Language
- Group affiliations



To view personalized information on which doctors are in your network, log in to *My Account* on your computer, tablet or smartphone and click *Find a Doctor* from the Doctors tab or the Quick Links.

Find a Doctor

What type of care are you looking for?

 <p>Medical</p> <p>Search for a doctor or facility by name or provider type</p>	 <p>Mental Health</p> <p>Search for a behavioral health/substance abuse provider or facility</p>	 <p>Dental</p> <p>Search for a dentist or facility for dental care</p>	 <p>Vision</p> <p>Search for a provider or facility for vision care</p>	 <p>Pharmacy</p> <p>Locate a pharmacy near you home or office</p>
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CareFirst 
Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.



Find a Doctor, Hospital or Urgent Care

Nationwide—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 **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 **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.
4. Search for a doctor or facility by Plan, or by Name, Location, Specialty and even more options based on your preferences.
5. Click *Go*.



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.

The screenshot shows the 'Find a Doctor or Hospital' search interface. At the top, it says 'BlueCross BlueShield National Doctor and Hospital Finder' with a language selector for 'Español' and text size options. The main search area has two tabs: 'Search by Keyword' (selected) and 'Search by Specialty'. Below this, there are two sections: 'Already A Member' with a 'First 3 letters' input field, and 'Choose Your Network' with a dropdown menu. A 'Search by:' field is also present. The 'Location:' section includes a distance dropdown set to 'Within 25 miles' and a location input field with 'Washington, DC' entered, and a 'GO' button. There is an 'Add Filter' button below. A 'Popular Searches' section lists various medical services like 'Back Pain, Pregnancy, Mental Health, etc.'. On the right side, there are two promotional banners: one for seeing search results for coverage by entering the first 3 letters of a member ID, and another for shopping for health insurance.



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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

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.



Notice of Nondiscrimination and Availability of Language Assistance Services

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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

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

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

SUM3735-1P (8/17)

Foreign Language Assistance

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

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ́lẹ́kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà léyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ ke bá nyɔ̀ bě́ ké m̀ gbo kpá bó̀ nì fùà-fùá-tì̀n nyɛɛ̀ jè dyí. Bǎ̀ nǎ̀ ke bédé wé jéé bě́ bḗ m̀ ké dɛ wa m̀ m̀ ké nyuɛɛ̀ nyu hwè bḗ wé bḗa ké zi. ɔ̀ m̀ nì kpé bḗ m̀ ké bǎ̀ nǎ̀ ke kè gbo-kpá-kpá m̀ m̀ óɛɛ̀ dyé dè nì bídí-wùdù mú bḗ m̀ ké se wídí d̀ pèdè. Kpoò nyɔ̀ bḗ m̀ é dá fù̀n-nò̀bà nǎ̀ dè waà I.D. káà̀ dèín nyɛ. Nyɔ̀ t̀ò̀ sèín m̀ é dá nò̀bà nǎ̀ ke: 855-258-6518, ké m̀ m̀ fò tee bḗ wa kée m̀ gbo cè bḗ m̀ ké nò̀bà m̀ò̀ 0 kèe dyi pàdà̀n hwè. ɔ̀ jù ké nyɔ̀ d̀ d̀ d̀ m̀ gǎ̀ jù̀n, po wuɔ̀ m̀ m̀ ó poe dyi, ké nyɔ̀ d̀ mu bó̀ nì n bḗ ɔ̀ ké nì wuɔ̀ m̀ mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nruḅama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

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

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

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq̄q̄ doo íiyisíí yoolkáálígíí dóó t'áádoó le'é ádadoolyííllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot' t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'ííł yatl'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.

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.

Member satisfaction

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

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

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

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

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. 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.

Rights & Responsibilities

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.

Rights & Responsibilities

- 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.

