



Health Benefit Options

*Preferred Provider Organization
July 1, 2018–June 30, 2019*

COUNTY COMMISSIONERS OF ALLEGANY COUNTY—ACTIVES

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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.

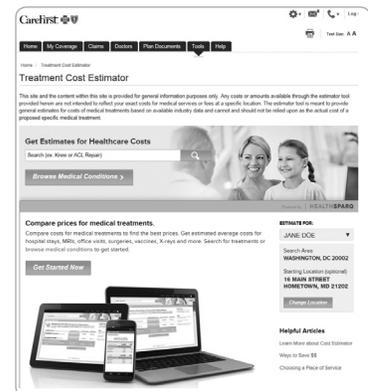


Managing your health care budget just got easier

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!



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, Complex 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](https://www.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 Healthways coach
	Care Coordination	Support for a variety of critical health concerns or chronic conditions	Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor's recommendations, medications and treatment plans	Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)
	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 CareFirst nurse
	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 CVS Caremark pharmacy specialist
	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 CVS Caremark pharmacist
	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 CVS Caremark specialty nurse
	Behavioral Health and Substance Use Disorder	Support for mental health and/or addiction issues.	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources	Phone call from a CareFirst behavioral health care coordinator

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

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

Preferred Provider Organization

See any provider

With PPO, you have the freedom to visit any provider you choose. We also offer online tools and resources at **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.).

Preferred Provider Organization



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 PPO provider 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

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.

Preferred Provider Organization

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.

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

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.

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.

Preferred Provider Organization Summary of Benefits

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
Visit carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit 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.	
ANNUAL DEDUCTIBLE (BENEFIT PERIOD)⁴		
Individual	None	\$300
Family	None	\$600
ANNUAL OUT-OF-POCKET MAXIMUM (BENEFIT PERIOD)⁵		
Medical ⁶	\$2,000 Individual/\$4,000 Family	\$2,000 Individual/\$4,000 Family
Prescription Drug ⁶	\$3,500 Individual/\$7,000 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*	Deductible, then 20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 20% of Allowed Benefit
Breast Cancer Screening	No charge*	Deductible, then 20% of Allowed Benefit
Pap Test	No charge*	Deductible, then 20% of Allowed Benefit
Prostate Cancer Screening	No charge*	Deductible, then 20% of Allowed Benefit
Colorectal Cancer Screening	No charge*	Deductible, then 20% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	\$25 PCP/\$40 Specialist /\$40 Facility per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans)	\$25 Office per visit	Deductible, then 20% of Allowed Benefit
Lab	No charge*	Deductible, then 20% of Allowed Benefit
X-ray	No charge*	Deductible, then 20% of Allowed Benefit
Allergy Testing	No charge*	Deductible, then 20% of Allowed Benefit
Allergy Shots	No charge*	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy	\$20 PCP/\$30 Specialist /\$40 Facility per visit	Deductible, then 20% of Allowed Benefit
Chiropractic (limited to 15 visits/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit
Acupuncture (limited to 15 visits/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit
EMERGENCY SERVICES		
Urgent Care Center	\$25 per visit	\$25 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)	No charge*	No charge*
HOSPITALIZATION (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Facility Services	\$40 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$40 per visit	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit

Preferred Provider Organization 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 benefit period)	No charge*	20% of Allowed Benefit
Hospice (Inpatient—limited to 14 days; Outpatient—unlimited during Hospice eligibility period)	No charge*	20% of Allowed Benefit
Skilled Nursing Facility	No charge*	Deductible, then 20% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge*	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ⁷ (limited to 6 attempts per live birth up to \$35,000 lifetime maximum)	No charge*	Deductible, then 20% of Allowed Benefit
In Vitro Fertilization Procedures ⁷ (limited to 3 attempts per live birth up to \$35,000 lifetime maximum)	No charge*	Deductible, then 20% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE DISORDER (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	\$30 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$30 per visit	Deductible, then 20% of Allowed Benefit
Office Visits	\$25 per visit	Deductible, then 20% of Allowed Benefit
Medication Management	\$25 per visit	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	No charge*	Deductible, then 20% of Allowed Benefit
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	100% of Allowed Benefit	Deductible, then 30% of Allowed Benefit

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 a separate out-of-pocket maximum 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: CFMI/51+/GC (R. 1/13); CFMI/51+/EOC (4/09); CFMI/DOL APPEAL (R. 9/11); CFMI/51+/DOCS (4/09); CFMI/51+/PPO SOB (4/09); CFMI/VISION RIDER (10/11); CFMI/51+/RX (R. 7/12); CFMI/51+/ELIG (R. 1/10) and any amendments. MD/CF/GC (R. 1/13); MD/BP/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BP/DOCS (10/07); MD/CF/BP/SOB (R. 4/08); MD/CF/ATTC (R. 7/09); MD/CF/RX (R. 7/12) and any amendments.

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.

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.
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.

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.

Pharmacy Program Summary of Benefits—Actives

Formulary 1 ■ 3-Tier ■ \$0 Deductible ■ \$10/35/50

Plan Feature	Amount You Pay	Description
Individual Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	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	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	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)	\$35	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$70 Non-preferred Brand: \$100	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.
 <p>Visit carefirst.com/rxgroup 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.</p>		

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

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESC DRUG (R. 1/18) • MD/CF/RX (R. 1/18)

BlueDental Plus

Includes access to a national provider network

CareFirst BlueCross BlueShield (CareFirst) offers BlueDental Plus coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With BlueDental Plus, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider Network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page.
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with participating dentists throughout the United States. BlueDental Plus gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Using your plan

How do I find a preferred dentist?

Visit carefirst.com/doctor to access our online directory 24 hours a day. Click on *Dental* and then select *BlueDental Plus*.

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

BlueDental Plus Summary of Benefits

Services	In-network You Pay	Out-of-network You Pay	
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*	\$25 Individual/ \$75 Family	\$50 Individual/ \$150 Family	
ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*	Plan pays \$1,500 combined maximum		
PREVENTIVE & DIAGNOSTIC SERVICES			
<ul style="list-style-type: none"> ▪ Oral Exams (two per benefit period) ▪ Prophylaxis (two cleanings per benefit period) ▪ Bitewing X-rays ▪ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) ▪ Palliative emergency treatment 	<ul style="list-style-type: none"> ▪ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19) ▪ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19) ▪ Space maintainers (once per 60 months) 	No charge	20% of Allowed Benefit ¹
BASIC SERVICES			
<ul style="list-style-type: none"> ▪ Direct placement fillings using approved materials (one filling per surface per 12 months) ▪ Simple extractions 	<ul style="list-style-type: none"> ▪ Periodontal scaling and root planing (once per 24 months, one full mouth treatment) 	20% of Allowed Benefit after deductible ¹	40% of Allowed Benefit after deductible ¹
MAJOR SERVICES— SURGICAL AND RESTORATIVE			
<ul style="list-style-type: none"> ▪ Full and/or partial dentures (once per 60 months) ▪ Fixed bridges, crowns, inlays and onlays (once per 60 months) ▪ Denture adjustments and relining (limits apply for regular and immediate dentures) ▪ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy) ▪ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months) 	<ul style="list-style-type: none"> ▪ General anesthesia rendered for a covered dental service ▪ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) ▪ Recementation of crowns, inlays and/or bridges (once per 12 months) ▪ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance) ▪ Dental implants, subject to medical necessity review (once per 60 months) 	50% of Allowed Benefit after deductible ¹	65% of Allowed Benefit after deductible ¹
HIGHER OUT-OF-NETWORK REIMBURSEMENT AVAILABLE			
Talk to your benefits manager about our 90 fee schedule option.			

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

MD Benefits issued under policy form numbers: CareFirst of Maryland, Inc.: CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (1/15); CFMI/BLUEDENTAL SOB (1/15); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments; Group Hospitalization and Medical Services, Inc.: MD/GHMSI/BLUEDENTAL EOC (1/15); MD/GHMSI/BLUEDENTAL DOCS (1/15); MD/GHMSI/BLUEDENTAL SOB (1/15); MD/CF/GC (R.1/13); MD/CF/ELIG (R. 1/08) and any amendments;

DC Benefits issued under policy form numbers: DC/GHMSI/BLUEDENTAL EOC (1/15); DC/GHMSI/BLUEDENTAL DOCS (1/15); DC/GHMSI/BLUEDENTAL SOB (1/15); DC/CF/GC (1/14); DC/CF/ELIG (1/14) and any amendments.

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 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.

*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.

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.



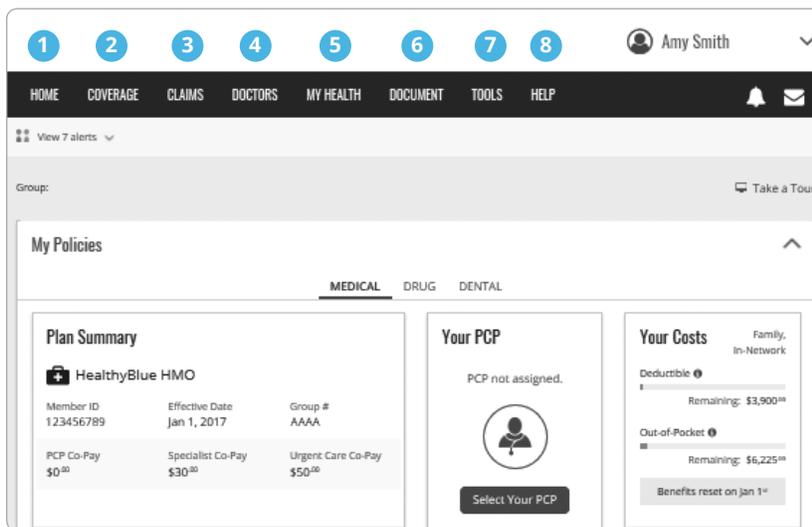
Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

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.

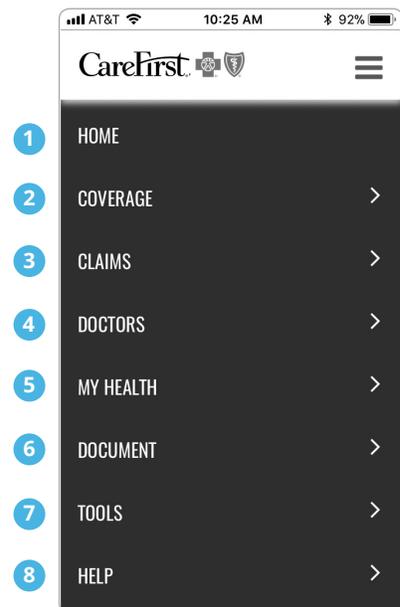
My Account

Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to carefirst.com/myaccount to create a username and password.



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center*
- Check *Alerts* for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹
- Order and refill prescriptions
- View prescription drug claims

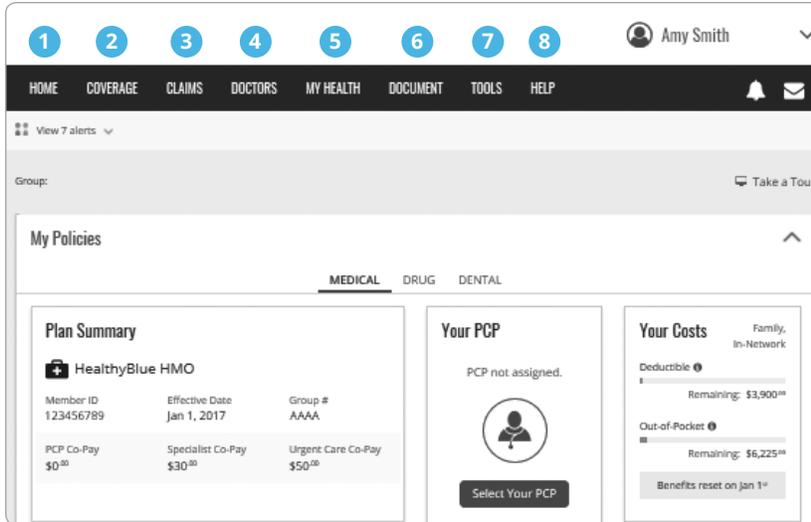
¹ Only if offered by your plan.



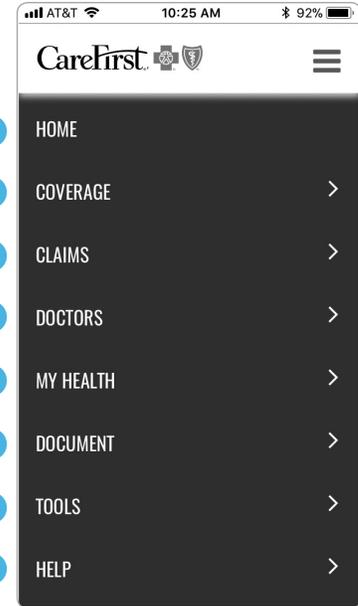
Signing up is easy

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

- Visit carefirst.com/myaccount
- Select *Register Now*
- Create your username and password



As viewed on a computer.



As viewed on a smartphone.

3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

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

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹
- Track your Blue Rewards progress¹

6 Documents

- Look up plan forms and documentation²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³
- Use the drug pricing tool to determine prescription costs

8 Help

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

¹ Only if offered by your plan.

² Only available when using a computer.

³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

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

Mental Health Support

Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life, caused by a variety of reasons, many of which are beyond your control. Some of the contributing factors include:

- Biology, such as genes, brain chemistry, physical illness or injury
- Life experiences, such as trauma, tragedy or abuse
- Family history

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

Through CareFirst BlueCross BlueShield, CareFirst BlueChoice Inc. (CareFirst), you have access to specialized services and programs to help you get well, if and when you need assistance related to:

- Depression
- Drug or alcohol dependence
- Stress
- Work-life balance
- Eating disorders



One in five American adults has experienced a mental health issue.¹

If you or someone close to you needs support or help making an appointment, call 800-972-0716 or visit carefirst.com/mentalhealth.

¹ United States Department of Health and Human Services. Mental Health Myths and Facts. Accessed August 21, 2015 at: <http://www.mentalhealth.gov/basics/myths-facts/index.html>.

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>.

NDLA (12/17)

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.).
® Registered trademark of the Blue Cross and Blue Shield Association. ™ Registered trademark of CareFirst of Maryland, Inc.

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) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omo-egbé gbòdò pe nòmbà fòdùn tò wà léyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pọ̀ mọ̀ 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 diyologo 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 Òùù Cáo! Bǎ̀ nǎ̀ ke bá nyɔ̀ bě́ ké m̀ gbo kpá bó̀ nì fù̀à-fù̀á-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 m̀óɛɛ̀ dyé dè nì bídí-wùdù mú bḗ m̀ ké se wídí d̀ò péé. Kpoò nyɔ̀ bḗ m̀é d́á fù̀un-nò̀bà nǎ̀ dè waà I.D. káà̀ò dèín nyɛ. Nyɔ̀ t̀òò séín m̀é d́á nò̀bà nǎ̀ ke: 855-258-6518, ké m̀ m̀é fò tee bḗ wa kée m̀ gbo cè́ bḗ m̀ ké nò̀bà m̀òà 0 kèe dyi pàd̀à̀n hwè. ɔ̀ jù́ ké nyɔ̀ d̀ò dyi m̀ gǎ̀ jù̀ín, po wuɔ̀ m̀ m̀ó poe dyiɛ, ké nyɔ̀ d̀ò mu bó̀ nì̀n bḗ ɔ̀ ké nì wuɔ̀d̀ò 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。

Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ụbọchị ndị dị mkpa, ị nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwụghị ụgwọ ọ bụla. Ndị otu kwesiri ịkpọ akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị choro, a ga-ejikọ gi na onye okwọwa 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' dahólq doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyíllígíí da yókeedgo t'áa doo bee e'e'aahí ájiil'íłh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáłta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'íłt yatl'ígíí t'áa 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'ádoowoł.

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