CareFirst
Family of health care plans

Health Benefit Options 2024

Retirees 65+/Medicare Eligibles

ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

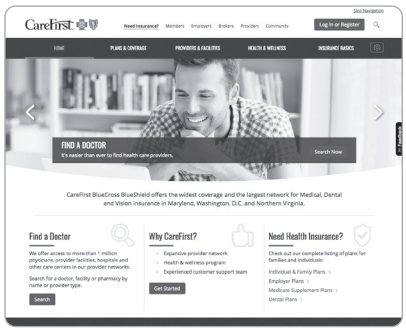
ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

Contents

Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.



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

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

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

How your plan works

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

What's covered

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

Getting the most out of your plan

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

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine offers helpful tips, insights and resources to make the most of your CareFirst coverage.

SUM1816-1P (8/19)_C

Know Before You Go

Your money, your health, your decision

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

Primary care provider (PCP)

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

CloseKnit Virtual Care

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

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

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

24-Hour Nurse Advice Line

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

Convenience care centers (retail health clinics)

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

Urgent care centers

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

Emergency room (ER)

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

* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst BlueCross BlueShield. 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	Needs or Symptoms	24/7	Rx
24-Hour Nurse Advice Line	$0	If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse.		
CloseKnit Virtual Care *(24/7/365 virtual care for members)*	$10	▪ Cough, cold and flu ▪ Urgent care needs ▪ Illness while traveling ▪ Therapy	✔	✔
Convenience Care *(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)*	$10	▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain	✘	✔
Urgent Care *(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)*	$10	▪ Sprains ▪ Cut requiring stitches ▪ Minor burns	✘	✔
Emergency Room *(Life-threatening illness or injury)*	$85	▪ 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/aacps**;
- 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.

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.

Virtual Care Options

It's important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

24-Hour Nurse Advice Line

Talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling 800-535-9700.

CloseKnit

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

Learn more and register at **closeknithealth.com**.

CloseKnit offers:

Primary Care
Full-service primary care from a dedicated care team. *For adults age 18+.*

Urgent Care
The care you need to treat minor injuries and illnesses fast. Average wait time is 30 minutes or less. *For adults and children (age 2+).*

Behavioral Health Services
Expert help, including therapy for depression, anxiety or other behavioral health diagnoses. *Psychiatric services coming soon.*

Lactation Support
Assistance for nursing mothers with breastfeeding challenges. *Coming soon.*

Diet & Nutrition
Guidance and support for healthy eating, weight loss and more. *Coming soon.*

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

Away From Home Care®

Your HMO coverage goes with you

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.

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

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Complete these steps annually as long as Away From Home Care benefits are needed.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

BRC6389-1P (8/17)_C

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 Blue Cross Blue Shield Global® Core program (BCBS Global® Core) 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 BCBS 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 BCBS 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 BCBS Global Core Service Center. The claim form is available online at **bcbsglobalcore.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.

BRC6290-1P (6/19)

Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Find providers

carefirst.com/aacps

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit **carefirst.com/aacps** today!

Want to view personalized information about doctors in your plan's network? Be sure to log in to *My Account* from your computer, tablet or smartphone.

CUT5766-2P (8/19)_C

Medical Benefits Options

Medicare Eligibles/Retirees Over 65—January 2024

Product Line	HMO
Product Name	**BlueChoice HMO Open Access**
Services	
NETWORK	BLUECHOICE
COPAYS	$10 PCP / $15 Specialist copay
ANNUAL DEDUCTIBLE	
Individual	None
Individual & Child	None
Individual & Adult	None
Family	None
ANNUAL OUT-OF-POCKET MAXIMUM	
Medical	$2,000 Ind. / $6,000 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services
PREVENTIVE SERVICES	
Well-Child Care	
0–24 months	No Charge
24 months–13 years (immunization visit)	No Charge
24 months–13 years (non-immunization visit)	No Charge
14–17 years	No Charge
Adult Physical Examination	No Charge
Routine GYN Visits	No Charge
Mammograms	No Charge
Cancer Screening (Pap Test, Prostate and Colorectal)	No Charge
OFFICE VISITS, LABS AND TESTING	
Office Visits for Illness	$10 PCP / $15 Specialist copay
Diagnostic Services	$10 PCP / $15 Specialist copay
X-ray and Lab Tests	No copay (LabCorp)
Allergy Testing	$10 PCP / $15 Specialist copay (if office visit copay paid, additional copay not required)
Allergy Shots	$10 PCP / $15 Specialist copay (if office visit copay paid, additional copay not required)
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	$15 copay; (limited to 30 visits combined/condition/benefit period)
Outpatient Chiropractic	$15 copay; (limited to 20 visits/condition/benefit period)
EMERGENCY CARE AND URGENT CARE	
Physician's Office	$10 PCP / $15 Specialist copay
Urgent Care Center	$10 PCP / $15 Specialist copay
Hospital Emergency Room	$85 copay (waived if admitted)
Ambulance (if medically necessary)	No charge

BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1		
BlueChoice Triple Option Open Access		
Level 1 No Referrals Required	***Level 2 No Referrals Required***	***Level 3 No Referrals Required***
BLUECHOICE	**PREFERRED PROVIDER (PPO BLUE CARD)**	**PARTICIPATING/ NON-PARTICIPATING**
$15 PCP/$15 Specialist	$20 PCP/$20 Specialist	N/A
None	$200	$300
None	$400	$600
None	$400	$600
None	$400	$600
$2,000 Ind. / $6,000 Family	$2,000 Ind. / $4,000 Family	$2,000 Ind. / $4,000 Family
Unlimited except on fertility services		
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
No copay (LabCorp)	$20 copay	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
$15 copay (limited to 30 visits per condition per year)	$20 copay (limited to 100 visits per year)	80% AB after deductible (limited to 100 visits per year)
$15 copay (limited to 20 visits per year)	$20 copay (unlimited visits)	80% AB after deductible (unlimited visits)
$15 copay	$20 copay	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
$85 copay (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.
No charge	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.

AB=Allowed Benefit

Medical Benefits Options

Product Line	HMO
Product Name	**BlueChoice HMO Open Access**
Services	
HOSPITALIZATION	
Inpatient Facility Services	No charge
Outpatient Facility Services	No charge
Inpatient Physician Services	No charge
Outpatient Physician Services	$10 PCP / $15 Specialist copay
HOSPITAL ALTERNATIVES	
Home Health Care	No charge
Hospice	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge
MATERNITY	
Preventive Prenatal and Postnatal Office Visits	No charge
Delivery and Facility Services	No charge
Nursery Care of Newborn	No charge
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of the AB
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & $100,000 lifetime max)	50% of the AB
MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA)—SUBJECT TO FEDERAL MANDATE	
Inpatient Facility Services (requires Pre-authorization)	No charge
Inpatient Physician Services	No charge
Outpatient Services (MH & SA)	$10 copay (office)
Partial Hospitalization	No charge
Medication Management Visit	$10 copay
MISCELLANEOUS	
Durable Medical Equipment	100% AB
Diabetic Supplies	Covered under Prescription Drug plan
Acupuncture	$15 copay (limited to 24 visits/benefit period)
Hearing Aids for Children and Adults (limited to one hearing aid/per ear every 36 months)	100% AB per aid/per ear; member may be balanced billed up to the total charge
Outpatient Surgery (office)	$10 PCP / $15 Specialist copay
Chemotherapy/Radiation Therapy (office)	$15 copay
Renal Dialysis	No charge
Cardiac Rehab (subject to Medical Policy review)	No charge
PRESCRIPTION DRUGS	Covered through the CVS Caremark SilverScript Program. Refer to the 2024 Retirees' Healthcare Enrollment Guide.
DEPENDENT AGE LIMIT	To age 26, end of month

BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1		
BlueChoice Triple Option Open Access		
Level 1 No Referrals Required	***Level 2 No Referrals Required***	***Level 3 No Referrals Required***
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
No charge	100% AB	100% AB
No charge	100% AB	100% AB
No charge	90% AB after deductible	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) $20 copay (OP Facility Practitioner or Office)	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) $20 copay (OP Facility Practitioner or Office)	80% AB after deductible
BLUECHOICE NETWORK	**PREFERRED PROVIDER NETWORK**	**PARTICIPATING/ NON-PARTICIPATING**
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
$15 copay	$15 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
$15 copay	$15 copay	80% AB after deductible
100% AB	90% AB after deductible	80% AB after deductible
Covered under Prescription Drug plan		
$15 copay (limited to 24 visits/benefit period)	$20 copay	80% AB after deductible
100% AB per aid/per ear; member may be balanced billed up to the total charge		
$15 copay	$20 copay	80% AB after deductible
$15 copay	$20 copay	80% AB after deductible
No charge	$20 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
Covered through the CVS Caremark SilverScript Program. Refer to the 2024 Retirees' Healthcare Enrollment Guide.		
To age 26, end of month	To age 26, end of month	To age 26, end of month

AB=Allowed Benefit

Medi-Comp Plan

Medicare Eligibles/Retirees Over 65—January 2024

Product Line	Medi-Comp	
Services	**Medicare Covers**	**Medi-Comp**
Part A Hospital Deductible	60 days of inpatient hospital care, except for a $1,600 deductible.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Inpatient Days 61–90	30 additional days of hospital inpatient care, except for a $400 per day copayment.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Lifetime Reserve Days	60 additional "lifetime reserve" days of inpatient hospital care, except for a $800 per day copayment.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Skilled Nursing Facility	100 days of inpatient care in a skilled nursing facility, except for the $200 per day copayment for days 21–100.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Inpatient Medical/Surgery	80% of the Medicare-approved amount for in-hospital surgery and medical care, after the annual $226 deductible has been met.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Outpatient Surgery	80% of the Medicare-approved amount for outpatient hospital visits and surgery, for medical conditions after the annual $226 deductible has been met.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Emergency Services	80% of the Medicare-approved amount for minor surgery and emergency first aid provided in a physician's office or hospital outpatient department, after the annual $226 deductible has been met.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Diagnostic Services	Covers clinical laboratory services at 100% of the Medicare-approved amount. 80% of the Medicare-approved amount for diagnostic X-rays or pathology examinations provided in a physician's office or hospital outpatient department, after the $226 deductible has been met.	Medicare covers in full For outpatient minor surgery or accidental injury: After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary For all other cases: After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Radiation/Chemotherapy Services	80% of the Medicare-approved amount for radiation/chemotherapy services provided in an office or hospital outpatient department, after the $226 deductible has been met.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary
Diabetic Self-Management	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the $226 annual deductible has been met.	After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if it were primary

Medi-Comp Plan

Product Line	Medi-Comp	
Services	**Medicare Covers**	**Medi-Comp**
PREVENTIVE SERVICES		
Annual Physical	One Annual Wellness visit every 12 months. There is no coinsurance, copayment or deductible.	Covered by Medicare
Routine GYN	No coinsurance, copayment or deductible for Pap Smears, Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women at high risk.	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount for digital rectal exam for men age 50 and older after the $226 annual deductible has been met. 100% for the PSA test; 80% for other related services. Covered once a year.	Pays 100% of Medicare Part B deductible and coinsurance.
Colorectal Cancer Screening Procedures	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.	Covered by Medicare
Mammography Screening	No coinsurance, copayment or deductible. One baseline between ages 35–39. Once every 12 months for age 40 and older.	Covered by Medicare
Bone Mass Measurement	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.	Covered by Medicare

Examples:

Medicare Claim $5,000 Facility Charge	$5,000.00 Medicare Allowed Amount $1,600.00 Part A Deductible **$3,400.00 Medicare Paid**	**CareFirst Claim $5,000 Facility Charge**	$5,000.00 Allowed Amount $4,500.00 90% of Allowed Benefit –$3,400.00 Medicare Paid Amount **$1,100.00 CareFirst Payment Amount**	**Member Liability $500**

Medicare Claim $500 Provider Charge	$250.00 Medicare Allowed Amount $226.00 Part B Deductible **$ 24.00 Medicare Paid**	**CareFirst Claim $500 Provider Charge**	$250.00 Allowed Amount $225.00 90% of Allowed Benefit –$ 24.00 Medicare Paid Amount **$201.00 CareFirst Payment Amount**	**Member Liability $25**

Medicare Claim $500 Provider Charge	$250.00 Medicare Allowed Amount $226.00 Part B Deductible **$ 24.00 Medicare Paid**	**CareFirst Claim $500 Provider Charge**	$30.00 Allowed Amount $27.00 90% of Allowed Benefit –$24.00 Medicare Paid Amount **$ 0.00 CareFirst Payment Amount**	**Member Liability $226**

Out-of-pocket

After Medicare's primary payment, CareFirst's reimbursement is 90% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if we were primary, up to a $750 out-of-pocket. Reimbursement is then 100% of Allowed Benefit; the combined carrier payments will not exceed what CareFirst would have paid if we were primary for the remaining calendar year.

Prescription drugs

Covered through the CVS Caremark SilverScript Program. Refer to the 2024 Retirees' Healthcare Enrollment Guide.

Note: Medicare's deductibles and/or coinsurance amounts are subject to change effective 1/1/2024. As of the print date, we do not have the information from Medicare for 2024. Should Medicare's deductibles and/or coinsurance change 1/1/2024, CareFirst will increase the amount covered to reflect the change in the deductibles and/or coinsurance.

Preferred Dental

Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)[1] offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, 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. (Additional coverage for orthodontia is included for children and adults.)
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental 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 just responsible for deductibles and coinsurance.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. 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.

Frequently asked questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day a **carefirst.com/aacps**. Click on the *Dental* tab, followed by *Preferred Dental (PPO)*.

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.

[1] The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

Traditional Dental

Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)[1] offer Traditional Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Traditional Dental coverage, 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 Traditional 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. (Additional coverage for orthodontia is included for children and adults.)
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Traditional Dental gives you coverage for the dental services you need, whenever and wherever you need them.
- **Opportunity to reduce costs**—If you see a participating dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Participating dentists have agreed to accept CareFirst's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't have any additional expenses. You will not be balance billed!
- **Out-of-network benefit**—You can receive care from a non-participating dentist and have the same level of coverage; however, you may be subject to higher out-of- pocket costs and balance billing.

Frequently asked questions

How do I find a traditional dentist?

You can access an online directory 24 hours a day a **carefirst.com/aacps**. Click on the *Dental* tab, followed by *Traditional Dental (PPO)*.

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.

Dental Options

Retirees 65+ and Medicare-Eligibles

Benefits	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD/DC2360*
		In-Network	Out-of-Network	In-Network
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Oral Examination	100% of AB	100% of AB	80% of AB	$5 copay
Routine Cleaning	100% of AB	100% of AB	80% of AB	100%
Sealants (limited to permanent molars–until end of year in which a member turns 19)	100% of AB	100% of AB	80% of AB	100%
Bitewing X-ray	100% of AB	100% of AB	80% of AB	100%
Palliative Treatment	100% of AB	100% of AB	80% of AB	95%
Other X-rays as required	100% of AB	100% of AB	80% of AB	100%
Space Maintainers	100% of AB	100% of AB	80% of AB	95%
Fillings	100% of AB	80% of AB	60% of AB**	100%
Simple Extractions	100% of AB	80% of AB	60% of AB**	75%-85%
Pulpotomy	100% of AB	80% of AB	60% of AB**	75%-80%
Direct Pulp Caps	100% of AB	80% of AB	60% of AB**	75%-80%
Root Canals	100% of AB	80% of AB	60% of AB**	75%-80%
Apicoectomy	80% of AB**	80% of AB	60% of AB**	75%-80%
Oral Surgical Services	80% of AB**	80% of AB	60% of AB**	75%-85%
Surgical Extractions	80% of AB**	80% of AB	60% of AB**	75%-85%
Oral Surgery	80% of AB**	80% of AB	60% of AB**	75%-85%
General Anesthesia	80% of AB**	80% of AB	60% of AB**	See note 1
Periodontics	50% of AB**	80% of AB	60% of AB**	50%-65%
Crown	80% of AB**	80% of AB	60% of AB**	60%-80%
Prosthetic Appliances (including implants)	50% of AB	80% of AB	60% of AB**	60%-80% Implants not covered
Orthodontics Children and Adults	50% of AB	50% of AB	35% of AB	See note 3
Annual Deductible	$25 Ind./$50 Family	None	$50 Ind./$150 Family	None
Annual Benefit Maximum	$1,500	$1,500		None/See note 2
Ortho Lifetime Maximum	$1,500	$1,500		See note 3

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC 2360*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

** After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of $1,000 per family member per contract year for out-of-network services.

Note 3—After $2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools. Some limits may apply.

Vision Program

Making vision care more affordable

Vision is one of our most valued assets. Everyone should take precautions to protect this priceless gift. Some vision problems, such as glaucoma, can only be detected through regular, professional vision exams. Without proper care, these problems can gradually grow worse.

An important asset

The CareFirst BlueCross BlueShield Vision plan can make a difference. It makes vision care more affordable, and it encourages people to follow a routine of preventive care for their eyes.

An affordable option

Vision care is one of the least expensive health care benefits you can purchase. It is also one of the first optional benefits chosen by employees when it is offered.

Your Vision plan helps you commit to routine eye exams and preventive care that help detect small problems before they becomes serious and costly. Your Vision plan provides benefits for:

- Comprehensive vision examinations
- Lenses and frames or contact lenses

A name you can trust

CareFirst BlueCross BlueShield is one of the largest health insurers in Maryland. You will be pleased that you have chosen CareFirst BlueCross BlueShield to provide such an important and valuable benefit program.

Freedom of choice

You can choose any licensed vision care provider within the Davis Vision network along with the Select Vision network—in Maryland or out of state. You have complete freedom to choose your own ophthalmologists, optometrists, and opticians. You may choose to see your current provider, a provider convenient to work or home, or take the recommendations of others.

Need more information?
Please visit **carefirst.com/aacps** or call **800-783-5602**.

Easy to use

Our Vision plan is as easy to use as it is effective. You simply show your CareFirst BlueCross BlueShield membership card to participating providers at the time of service. The participating provider will bill us and we pay them directly for their services. You don't have any paperwork or claims to file.

If you choose a non-participating provider for your care, you must pay the provider. We will reimburse you up to the limits of your vision plan.

Visit **carefirst.com/aacps** to find participating Davis Vision and Select Vision providers. To find a Davis Vision provider, click on the drop down box and select *BlueVision, BlueVision Plus, Pediatric Vision (Davis Vision)*. To find a Select Vision provider, choose Select Vision.

What is not covered under Select Vision

- Sunglasses (lenses darker than tint 2), even if prescribed.
- Replacement, within the same benefit period, of lost or damaged frames or lenses (including contacts) for which benefits were provided.
- Exams or materials furnished after the member's coverage is terminated (unless lenses and frames or contact lenses are ordered prior to the termination date and received within 30 days after the date of the order).
- Separate exam for contact lens fitting.

Summary of Benefits: Select Vision/BlueVision Plus

	Select Vision (includes in- & out-of-network benefits) Plan Pays	BlueVision Plus You Pay
Network	Select Vision	Davis Vision*
Routine Eye Exam	100% of Allowed Benefit	No Copay
Frames	$45.00	Plan pays up to $45 or up to $95 at Visionworks (plus 20% discount on balance with all Davis Vision Providers)
Single Vision Lenses	$52.00	No Copay
Bifocal Lenses	$82.00	No Copay for lined bifocals
Trifocal Lenses	$101.00	No Copay for lined trifocals
Contact Lenses instead of glasses (Cosmetic)	$97.00	Plan pays up to $97
Contact Lenses(Medically Indicated**)	$352.00	Plan pays up to $352
ADDITIONAL LENS OPTIONS[1]		
Tinting of Plastic Lenses (Solid/Gradient)	N/A	$15
Scratch-Resistant Coating	N/A	Covered $0/$35
Polycarbonate Lenses (Children***/Adults)	N/A	Covered $0/$35
Ultraviolet Coating	N/A	$15
Blue Light Filtering	N/A	$15
Anti-Reflective Coating (Standard/Premium/Ultra/ Ultimate)	N/A	$40/$55/$69/$85
Progressive Lenses (Standard/Premium/Ultra/ Ultimate)	N/A	$65/$105/$140/$175
High-Index Lenses (1.67/1.74)	N/A	$60/$120
Polarized Lenses	N/A	$75
Plastic Photochromic Lenses	N/A	$70
Scratch Protection Plan: (Single Vision, Multifocal Lenses)	N/A	$20 l $40
Blended Segment Lenses	N/A	$20
Photochromic Lenses	N/A	$20
Oversized Lenses	N/A	Covered

*The Davis Vision Network has 121,000+ providers nationwide including Retailers (Walmart, Sam's Club, Costco, Vision Works, Target, JC Penney, My Eye Dr., Pearle Vision, Warby Parker and America's Best). Also 1-800-CONTACTS and glasses.com.
**Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.
***Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
[1] These services or supplies are not considered covered benefits under the Plan. 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.

BlueVision Plus Exclusions

The following services are excluded from coverage:
1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

Please note: Not all services 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. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

BlueVision (Davis Vision)

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by 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/aacps** and utilize the Find a Provider feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

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

With BlueVision, you receive one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price.[1]

Mail order replacement contact lenses

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

Need more information?
Please visit **carefirst.com/aacps** or call **800-783-5602.**

Summary of Benefits

(12-month benefit period)

In-Network	You Pay
EYE EXAMINATIONS[1]	
Routine Eye Examination with dilation (per benefit period)	$10
FRAMES[1,2]	
Priced up to $70 retail	$40
Priced above $70 retail	$40, plus 90% of the amount over $70
SPECTACLE LENSES[2]	
Single Vision	$35
Bifocal	$55
Trifocal	$65
Lenticular	$110
LENS OPTIONS[2,3] *(add to spectacle lens prices above)*	
Standard Progressive Lenses	$75
Premium Progressive Lenses (Varilux®, etc.)	$125
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 Coating	$45
Ultraviolet (UV) Coating	$15
Solid Tint	$10
Gradient Tint	$12
Plastic Photosensitive Lenses	$65
CONTACT LENSES[1,2]	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
LASER VISION CORRECTION[2]	Up to 25% off allowed amount or 5% off any advertised special[4]

[1] At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

[2] CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

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

[4] Some providers have flat fees that are equivalent to these discounts.

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.
8. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

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

My Account

Online access to your health care information

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. Set up an account today! Go to **carefirst.com/aacps** to create a username and password.

CareFirst Mobile App or My Account online

1. Download the CareFirst app OR visit carefirst.com on your computer
2. Register for My Account

It's that easy. Then, log in and conveniently:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs, including the Behavioral Health Digital Resource and more

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 username and password

SUM6823-1P (8/23)

CareFirst WellBeing

Putting the power of health in your hands

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

Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body compared to your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features

Our well-being program is full of resources and tools that reflect your own preferences and interests. You get:

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

Download the mobile app to access well-being tools and resources whenever and wherever you want.

Specialized programs

The following programs can help you focus on specific wellness goals. For more information about any of these programs, please call well-being support at 877-260-3253.

Health coaching

Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program

Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.

Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and online tools make quitting easier than you might think.

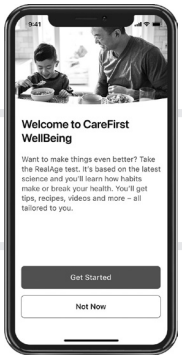
Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings

- **Wellness discount program**—Sign up for Blue365 at **carefirst.com/wellnessdiscounts** to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- ***Vitality* magazine**—Read our member magazine which includes important plan information at **carefirst.com/vitality**.
- **Health education**—View our health library for more health and well-being information at **carefirst.com/livinghealthy**.

To start exploring the program, visit **carefirst.com/wellbeing** to download the CareFirst WellBeing app and register for your account.



SUM6174-1P (8/23)

Preventive Service Guidelines for Adults

To stay healthy, adults need preventive check-ups. These guidelines* describe recommended preventive services that most adults need. Depending on your personal health care needs or risk factors, your doctor may give you a different schedule. If you think you may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to *My Account* at **carefirst.com/myaccount**.

Counseling and education

Depending on the patient's age, health care providers will discuss one or more of these topics or provide screenings during exams:

- **Drug and alcohol use**
- **Tobacco use**
- **Harmful effects of smoking on children's health**
- **Physical activity and diet, including recommended changes**
- **Injury prevention**
- **Dental health**
- **Hepatitis A, B and C**
- **Sexual behavior**
- **Sexually transmitted diseases**
- **Use of alternative medicines and therapies**
- **Tuberculosis (TB)**
- **Domestic violence**
- **Aspirin therapy**
- **Sleep patterns**
- **Sun safety/skin cancer prevention**

Screenings for men and women ages 21 & older

- **Medical history and physical exam:** At the advice of the doctor
- **Height:** At least once with follow-up as needed
- **Weight:** Screen all adults for obesity; body mass index (BMI) recommended at least every two years
- **Blood pressure:**
  - ☐ At least every 2 years if blood pressure is less than 120/80
  - ☐ Every year if systolic measure (top number) is 120–139 or diastolic measure (bottom number) is 80–90
- **Cholesterol:** Every 5 years for men and women ages 20 and older
- **Diabetes:** Every 3 years for patients with any of these risk factors:
  - ☐ Overweight (BMI greater than or equal to 25)
  - ☐ Family history of diabetes
  - ☐ High blood pressure
  - ☐ High cholesterol
  - ☐ High blood sugar
  - ☐ History of vascular disease
  - ☐ Inactivity
  - ☐ African American, Latino, Native American, Asian American or Pacific Islander race/ethnicity
- **COPD:** Spirometry for patients with dyspnea, chronic cough/sputum production and history of risk factors
- **Colorectal cancer:** Ages 45-75 with average risk. The decision to screen before or after this age range should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor. The options for colorectal cancer screening are:
  - ☐ Fecal immunochemical test annually
  - ☐ High-sensitivity, guaiac-based fecal occult blood test annually
  - ☐ Multitarget stool DNA test every 3 years
  - ☐ Colonoscopy every 10 years
  - ☐ Computed tomography colonography every 5 years
  - ☐ Flexible sigmoidoscopy every 5 years

* Guidelines are adapted from a variety of sources including: United States Preventive Services Task Force; American Diabetes Association; American Cancer Society, and National Comprehensive Cancer Network.

- **Depression:** Screen men and women every year
- **Hepatitis B:** For men and women at increased risk for infection
- **Hepatitis C:** At least once for those born between 1945 and 1965
- **Human immunodeficiency virus (HIV):** For men and women at increased risk for HIV infection
- **Syphilis:** For men and women at increased risk for syphilis infection

Screenings for women only

- **Breast cancer:** Routine screening every 2 years for women aged 50 to 74 years. The decision to start screening before the age of 50 should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor.
- **Hereditary breast and ovarian cancer screening:** Women who carry the genes associated with increased risk (a strong family history of breast, ovarian, tubal or peritoneal cancer) should be referred for genetic counseling and evaluation for testing
- **Cervical cancer:**
  - Pap smear every 3 years for ages 21–29
  - For women ages 30 and older, Pap smear alone every 3 years OR a combination of Pap smear and HPV testing every 5 years
  - Screening is not recommended for women older than 65 who have had adequate prior screening
  - Screening is not suggested for women who have had a hysterectomy with removal of the cervix
- **Chlamydia:** For sexually active women ages 25 and younger who are not pregnant; the doctor may advise the test for women older than age 25
- **Cystic Fibrosis carrier screening:** For women of child-bearing age, preferably before conception
- **Osteoporosis:**
  - Begin at age 65 or older for women at average risk. Women at greater risk should be screened at an earlier age.
  - Counseling for women ages 21 and older to get enough calcium
- **Menopause counseling:** Women who are of menopausal age should be counseled about menopause, risks and benefits of estrogen replacement, treatment and lifestyle changes
- **Screening pelvic exam:** Is not recommended for women with no symptoms and who are not pregnant. The decision not to have this exam should be between you and your doctor. Discuss the benefits and harm with your doctor.

Screenings for men only

- **Prostate cancer:** Discuss the possible benefits and harm of screening and treatment with your doctor
- **Aortic abdominal aneurysm:** One-time ultrasonography for men ages 65 to 75 who smoke or have smoked
- **Osteoporosis:** Periodic screenings for older men with risk factors

Find more information about adult immunizations, visit **carefirst.com/prevention** and click on the *Adults* link under *Shots*.

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst's Quality Improvement Council—April 2019.

Preventive Service Guidelines for Children

To stay healthy, children need routine shots and preventive check-ups. These guidelines* describe recommended preventive services that most children need. Depending on your child's personal health care needs or risk factors, your doctor may give you a different schedule. If you think your child may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to *My Account* at **carefirst.com/myaccount**.

Counseling and screenings

Your health care provider should discuss these topics at every exam, depending on your child's age:

- **Injury prevention**
- **Diet and exercise**
- **Tobacco, drug and alcohol use**
- **Smoking**
- **Dental health:** Check-ups twice a year, beginning at 12 months
- **Sexual behavior**
- **Depression**
- **Domestic violence**
- **Use of alternative medicine and therapies**
- **Sun safety/skin cancer prevention**
- **Fluoride supplementation**

Birth to 24 months

- **Medical history and exam:** At birth to 1 month and at 2, 4, 6, 9, 12, 15, 18 and 24 months
- **Height, weight, hearing, vision, head measurement, body mass index (BMI) percentile, and assessment of growth, development and behavior:** Each visit
- **Congenital heart disease:** After 24 hours of age before discharge from the hospital
- **Congenital hypothyroidism:** 2–4 days of age
- **Tests required by state law:** By 1 month
- **Tuberculosis:** Assess risk at 1, 6, 12 and 24 months. Testing should be performed on recognition of high risk factors
- **Bilirubin screening:** First newborn visit
- **Lead poisoning:** Assess risk at 6, 9, 12, 18 and 24 months. Perform blood test at 12 and 24 months in high prevalence areas
- **Anemia:** Assess risk at 4, 12, 15, 18 and 24 months. Perform blood test at 12 months
- **Autism screening:** At 18 month visit and 24 month visit
- **Sexually transmitted disease:** HIV test for infants born to mothers whose HIV status is unknown
- **Sickle Cell Disease:** Once between 9–12 months
- **Nutrition counseling:** From birth to 21 months, check the baby's eating habits

Remember to use firm bedding and place healthy babies on their backs to sleep.

Find out when your child's shots are due at: **carefirst.com/prevention**.
For more information about health and wellness, visit **carefirst.com/livinghealthy**.

* Guidelines are adapted from a variety of sources including: American Academy of Pediatrics; American Academy of Family Physicians; Centers for Disease Control and Prevention, and United States Preventive Services Task Force.

Preventive Service Guidelines for Children

Ages 2 to 10

- **Medical history and exam:** Ages 2, 2½, 3, 4, 5, 6, 7, 8, 9 and 10
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each visit; BMI percentile once a year, starting at age 2
- **Head measurement:** Until age 2
- **Blood pressure:** Each visit, beginning at age 3
- **Urinalysis:** Age 5
- **Cholesterol:** Test one time between 9–11 years
- **Rubella:** Vaccination history or blood test for girls of child-bearing age, beginning at age 10
- **Tuberculosis:** Assess risk annually from 2–10 years. Testing should be performed on recognition of high-risk factors
- **Anemia:** Assess risk at 24 months, 30 months, 3 years and annually thereafter
- **Lead poisoning:** Assess risk annually between 2–6 years
- **Body Mass Index (BMI):** Screen at 24 months, 30 months, 3 years and annually thereafter
- **Diabetes:** Testing every 3 years, beginning at age 10 or at onset of puberty, whichever comes first, if these conditions apply:
  - ☐ Overweight (body mass index > 85th percentile or weight > 120% of ideal for height)
  - ☐ Family history of type 2 diabetes
  - ☐ Native American, African American, Latino, Asian American or Pacific Islander race/ethnicity

Ages 11 to 21

- **Medical history and exam:** Once a year
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each well visit; BMI percentile once a year
- **Blood pressure:** Each visit
- **Cholesterol:** Test one time between 17–21 years
- **Rubella:** Vaccination history or blood test for females of childbearing age
- **Anemia:** Assess risk annually. Screen females once a year after periods begin
- **Urinalysis:** Beginning at age 11, screen annually if sexually active
- **Tuberculosis:** Assess risk annually from 11–21 years. Testing should be performed on recognition of high-risk factors
- **Depression:** Screen annually between 12–21 years of age
- **Sexually transmitted diseases:** Screen if sexually active or at high risk beginning at age 11
- Screen for HIV once between 15–18 and test annually if at high risk
- **Pelvic exam:** Most women under age 21 should not be screened for cervical cancer regardless of sexual activity or other factors
- **Calcium counseling:** Beginning at age 11
- **Body Mass Index (BMI):** Screen annually between 11–21 years

Depending on your child's age and history, your doctor may screen for other high-risk conditions, including hepatitis A, B and C, chlamydia, gonorrhea and HIV.

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst's Quality Improvement Council—April 2019.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 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**.

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 መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን 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) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tití a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ 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।

Bǎsɔ́ɔ̀-wùdù (Bassa) Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǘá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mó m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mò nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dɛ́ nì ɓídɖí-wùdù mú ɓɛ́ m̀ ké se wídɖí dɔ̀ pɛ́è. Kpooɔ̀ nyɔ ɓě mɛ dɖá fǘùn-nɔ̀ɓà nìà dɛ́ waà I.D. káàɔ̀ dɛín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàdɖàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓɛ́ ɔ ké nì wuduɔ̀ 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 855-258-6518پر 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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 아니신 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 ił hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.

Health benefits administered by:

CareFirst®

Family of health care plans

CONNECT WITH US:

CST3432-1N (9/23)