



# 2025 Congressional Health Insurance Rates

FOR MEMBERS OF CONGRESS AND DESIGNATED CONGRESSIONAL STAFF

# Contents

Welcome	1
What's New, What's Changed	2
National and Regional Plans	3
Compare Plans—National Plans	4
Compare Plans—Regional Plans	6
Estimate Your Share of the Premium	8
National Plan Rates	10
Regional Plan Rates	12
Benefit Summaries	14
BluePreferred PPO Essential Gold 500	15
BluePreferred PPO Gold 800 Ded	16
BluePreferred PPO Gold 1000 Ded	17
BluePreferred PPO Gold 1200 Ded	18
BluePreferred PPO Gold 1500 Ded	19
BlueChoice Advantage Gold 0 Ded	20
BlueChoice Advantage Gold 800 Ded	21
BlueChoice Advantage Gold 1000 Ded	22
BlueChoice Advantage HSA/HRA Gold 1700 Ded	23
BlueChoice Advantage Gold 3000 Ded	24
BlueChoice Plus Gold 800 Ded	25
BlueChoice Plus Gold 1000 Ded	26
BlueChoice HMO Essential Gold 500	27
BlueChoice HMO Gold 800 Ded	28
BlueChoice HMO Gold 1500 Ded	29
BlueChoice HMO HSA/HRA Gold 1700 Ded	30
BlueChoice HMO Gold 3000 Ded	31
BlueChoice HMO Referral Gold 0 Ded	32
BlueChoice HMO Referral Gold 800 Ded	33
Federal Benefits	34
Online Member Resources	35
Notes	36
Notice of Nondiscrimination and Availability of Language Assistance Services	37

## Happy with your CareFirst plan?

If you previously selected a CareFirst BlueCross BlueShield plan on the DC Health Link, and you would like to keep the same plan without making any changes, you do not have to re-enroll to receive your 2025 benefits.

# Welcome

Inside, you'll find information to help you select a Congressional plan best suited to your needs. We hope this guide provides information that makes choosing the right CareFirst plan easy.

## When you're ready to enroll

Once you've decided on the best CareFirst plan for you and your family, go to your payroll and benefits office to receive more details on how to enroll in the plan on the [DCHealthLink.com](https://www.dchealthlink.com) website.

## Still have questions?

- Visit our dedicated website for Congress and Congressional staff members: [carefirst.com/congress](https://www.carefirst.com/congress)
    - Compare plans
    - View premiums for all plans
    - Access additional plan information
  - Go to the Office of Personnel Management (OPM) website: [opm.gov/healthcare-insurance](https://www.opm.gov/healthcare-insurance)
    - Select *Insurance*
    - Select *Changes in Health Coverage*
    - Select *Eligibility & Enrollment*
    - Select *Members of Congress/Staff* tab
  - Call our dedicated support line for Members of Congress and designated Congressional Staff at **855-541-3985**, Monday–Friday, 8 a.m. to 6 p.m. ET
  - Attend a Virtual Open Season Health Fair
- The below information was last verified on **October 25, 2024** (the date this book went to press). Please check with your Health Benefits Officer or [carefirst.com/congress](https://www.carefirst.com/congress) for the latest information on Open Season.*

- **House of Representatives**

- **Virtual Health Fair**

- Thursday, November 14, 2024

- 1 p.m. to 4 p.m. ET

- Thursday, December 5, 2024

- 1 p.m. to 4 p.m. ET

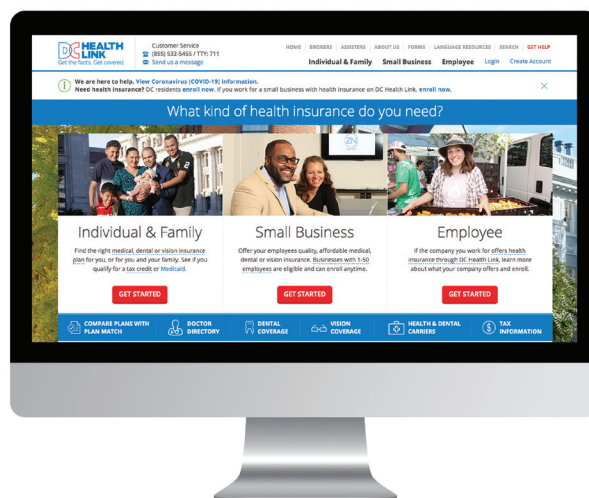
- **Senate**

- **In-Person Open Season Health Fair**

- Wednesday, December 4, 2024

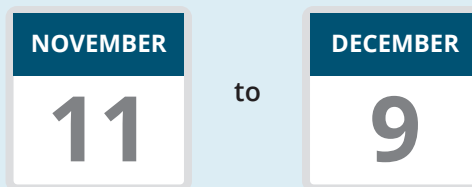
- 10:30 a.m. to 3 p.m.

- Senate Hart Building, Room SH-216



## Members of Congress and designated Congressional Staff

Your open enrollment is



Ready to explore your 2025 rates and plans? Let's get started.

# What's New, What's Changed for 2025

## CareFirst WellBeing<sup>SM</sup>

- Eat Right Now has expanded access to its program to include **Mindful Eating**. In addition to weight management and diabetes prevention, Eat Right Now offers members an opportunity to improve their eating habits and their relationship with food, when weight loss is not the end goal.
- Additional resources through Noom, like **Noom Move** and **GLP-1 Companion** for those on GLP-1 weight loss medications.
- The Blue Rewards medical expense debit (incentive) card can now be used to purchase certain over-the-counter health products.

## CloseKnit Virtual Care

- CloseKnit services include 24/7 urgent care for adults and children ages 2+. You do not need to be a CloseKnit primary care patient to access urgent care services.
- Advanced primary care and care navigation are still offered through CloseKnit.
- CloseKnit now offers mental health therapy and psychiatry for adults and children ages 2+, as well as specialized nutrition and lactation support.

## Virtual Connect Plus

If enrolled in a Virtual Connect Plus plan (applicable to all D.C. plans except Essential plans), you're eligible for a \$0 copay benefit for primary care, on-demand urgent/sick care and behavioral health visits through CloseKnit\* and select in-person locations and providers. Deductible will still apply to HSA-eligible plans.

## D.C. Fertility Mandate

Beginning January 1, 2025, all D.C. plans include coverage for the diagnosis and treatment of infertility and standard fertility preservation services. (Subject to limitations described in the contract.)

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

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in-person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

GoodRx<sup>®</sup> is an independent company providing prescription discounts to CareFirst BlueCross BlueShield members.

## Essential Plans

Standard plans have been renamed Essential plans. Essential plans (HMO/PPO Gold 500) come with VBID (value-based insurance design) benefits, which include select benefits covered at no cost in network for members with a diagnosis of type 2 diabetes, cardiovascular disease or cerebrovascular disease. Mental health treatment for children 18 and under is provided with \$5 cost sharing on select benefits.

## CareFirst Plans

CareFirst reviews each Congress plan annually, and certain changes may be made to your coverage. These changes could involve plan benefits or adjustments to deductibles and other limits. Not all changes will necessarily apply to your CareFirst plan.

In addition, we've optimized our offerings and added a new National PPO plan to our portfolio: **BluePreferred PPO Gold 1200 Ded**. For more details about this new plan, please refer to page 18.

## Pharmacy

- All plans now include **Rx Cost Saver**, which offers access to lower pricing (where available) on commonly prescribed non-specialty generic drugs that also have discounted pricing available through GoodRx<sup>®</sup>. Automatically applies 100% of your cost to your deductible (if applicable) and out-of-pocket maximum.
- If enrolled in a plan with an integrated medical and drug deductible, you're eligible for the \$0 select generic drugs benefit.
- Opioid Reversal Agents are covered at \$0 copay (deductible applies for plans with integrated medical and drug deductibles).

# National and Regional Plans



## CareFirst Health Plans

### Regional plans (HMO, HMO Referral, and BlueChoice Plus plans)

CareFirst HMO plans provide coverage for services performed in MD, D.C., Northern VA using our BlueChoice Network. With exception to emergency services, any services performed outside this area will not be covered. (Look for plans with “BlueChoice HMO” in their plan name.)

With our flexible regional point of service (POS) plans, your cost depends on the network in which you choose to receive services. POS plans allow members to see providers in the HMO network, PPO network and outside of our network (where you will likely need to pay charges that exceed CareFirst’s allowed benefit). (These plans have “BlueChoice Plus” in their name—best for members who spend most of their time in our region, and would be willing to pay for services if traveling out of the local area.)

### National plans (BlueChoice Advantage and BluePreferred PPO plans)

With a national PPO plan, you can receive care from our large, local PPO network in addition to the national BlueCard PPO network. When using BlueCard, you can also receive in-network benefits and have access to more than 91% of providers across the country. (Look for plans with “BluePreferred PPO” in their plan names.)

With our flexible national POS plans, your cost depends on the network in which you choose to receive services. POS allow members to see providers in the HMO network, PPO network, and outside our network (where you will most likely pay charges that exceed CareFirst’s allowed benefit). These are plans with “BlueChoice Advantage” in their name.

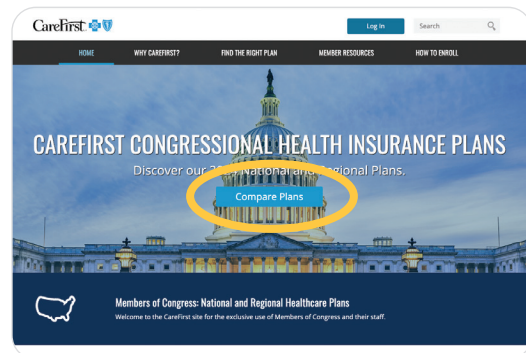
## Need help choosing between BluePreferred PPO and BlueChoice Advantage?

BluePreferred PPO national plans offer the widest coverage in our service area (Maryland, Washington, D.C. and Northern Virginia), and you can complete lab work at any participating facility nationwide.

BlueChoice Advantage national plans offer slightly smaller coverage in our service area, and you must complete your lab work with Labcorp within the service area.

## Compare Plans

To find the plan that works best for you, visit our Congress website at [carefirst.com/congress](https://carefirst.com/congress), then click on the *Compare Plans* button.



Our plan comparison tool shows the benefits used most often to compare two plans side by side.

# Compare Plans—National Plans

This chart shows the features used most often to compare National plans. **These plans are best suited for individuals and families who live and work outside the Washington, D.C., Maryland and Northern Virginia area.** For a more detailed description of each plan, please turn to the Benefit Summary section of this guide (for a comprehensive summary of benefits—or to use our online plan comparison tool to compare two plans side by side—visit [carefirst.com/congress](https://carefirst.com/congress)).

## National Plans Comparison Chart

All National CareFirst plans include Blue Rewards, in-network benefits for out-of-area access, and BlueCross BlueShield Global Core. See your contract for more information.

Plan Name	TOP 3		TOP 3		NEW
	BluePreferred PPO Essential Gold 500	BluePreferred PPO Gold 800 Ded	BluePreferred PPO Gold 1000 Ded	BluePreferred PPO Gold 1200 Ded***	BluePreferred PPO Gold 1500 Ded
<b>YOU PAY (IN-NETWORK)</b>					
Individual Medical Deductible	\$500	\$800	\$1,000	\$1,200	\$1,500
Family Medical Deductible	\$1,000	\$1,600	\$2,000	\$2,400	\$3,000
Separate Family Deductible	✓	✓	✓	✓	✓
Aggregate Family Deductible					
Individual Out-of-Pocket Maximum	\$6,050	\$8,850	\$7,500	\$7,500	\$6,200
Family Out-of-Pocket Maximum	\$12,100	\$17,700	\$15,000	\$15,000	\$12,400
PCP/Specialist	\$25/\$50	\$15/\$40	\$15/\$40	\$15/\$40	\$15/\$40
<b>PLAN FEATURES (IN-NETWORK)</b>					
HSA-Compatible					
PCP and Specialist office visits are not subject to deductible requirement	✓	✓	✓	✓	✓
Pay no deductible for non-hospital labs, X-rays and imaging	✓	✓	✓	✓	✓
Pay no deductible for urgent care or non-hospital outpatient surgery	✓	✓	✓	✓	✓
Non-integrated prescription drug deductible amount	\$0	\$250*	\$250*	\$250*	\$250*

\* Per person

\*\* Copay/coinsurance applies once deductible is met

\*\*\* Does not cover elective abortion

## Compare Plans—National Plans



### TOP 3

BlueChoice Advantage Gold 0 Ded	BlueChoice Advantage Gold 800 Ded	BlueChoice Advantage Gold 1000 Ded	BlueChoice Advantage HSA/HRA Gold 1700 Ded	BlueChoice Advantage Gold 3000 Ded
\$0	\$800	\$1,000	\$1,700	\$3,000
\$0	\$1,600	\$2,000	\$3,400	\$6,000
✓	✓	✓		✓
			✓	
\$8,900	\$8,850	\$7,500	\$4,400	\$7,300
\$17,800	\$17,700	\$15,000	\$8,800	\$14,600
\$30/\$60	\$15/\$40	\$15/\$40	\$10**/\$30**	\$15/\$40
			✓	
✓	✓	✓		✓
✓	✓	✓		✓
✓	✓	✓		✓
\$0	\$250*	\$250*	Integrated	\$250*

\* Per person

\*\* Copay/coinsurance applies once deductible is met

\*\*\* Does not cover elective abortion

# Compare Plans—Regional Plans

This chart shows the features used most often to compare Regional plans. **These plans are best suited for individuals and families who live and work in Washington, D.C., Maryland and Northern Virginia.** For a more detailed description of each plan, please turn to the Benefit Summary section of this guide (for a comprehensive summary of benefits visit [carefirst.com/congress](http://carefirst.com/congress)).

## Regional Plans Comparison Chart

All Regional CareFirst plans include Blue Rewards and in-network benefits for emergency care. See your contract for more information.

Plan Name	BlueChoice Plus Gold 800 Ded	BlueChoice Plus Gold 1000 Ded	BlueChoice HMO Essential Gold 500	BlueChoice HMO Gold 800 Ded
<b>YOU PAY (IN-NETWORK)</b>				
Individual Medical Deductible	\$800	\$1,000	\$500	\$800
Family Medical Deductible	\$1,600	\$2,000	\$1,000	\$1,600
Separate Family Deductible	✓	✓	✓	✓
Aggregate Family Deductible				
Individual Out-of-Pocket Maximum	\$8,850	\$7,500	\$6,050	\$8,850
Family Out-of-Pocket Maximum	\$17,700	\$15,000	\$12,100	\$17,700
PCP/Specialist	\$15/\$40	\$15/\$40	\$25/\$50	\$15/\$40
<b>PLAN FEATURES (IN-NETWORK)</b>				
HSA-Compatible				
PCP and Specialist office visits are not subject to deductible requirement	✓	✓	✓	✓
Pay no deductible for non-hospital labs, X-rays and imaging	✓	✓	✓	✓
Pay no deductible for urgent care or non-hospital outpatient surgery	✓	✓	✓	✓
Non-Integrated Prescription Drug Deductible Amount	\$250*	\$250*	\$0	\$250*

\* Per person

\*\* Copay/coinsurance applies once deductible is met



## Compare Plans—Regional Plans



BlueChoice HMO Gold 1500 Ded	BlueChoice HMO HSA/HRA Gold 1700 Ded	BlueChoice HMO Gold 3000 Ded	BlueChoice HMO Referral Gold 0 Ded	BlueChoice HMO Referral Gold 800 Ded
\$1,500	\$1,700	\$3,000	\$0	\$800
\$3,000	\$3,400	\$6,000	\$0	\$1,600
✓		✓	✓	✓
	✓			
\$6,200	\$4,400	\$7,300	\$8,900	\$8,850
\$12,400	\$8,800	\$14,600	\$17,800	\$17,700
\$15/\$40	\$10**/\$30**	\$15/\$40	\$30/\$60	\$15/\$40
	✓			
✓		✓	✓	✓
✓		✓	✓	✓
✓		✓	✓	✓
\$250*	Integrated	\$250*	\$0	\$250*

\* Per person

\*\* Copay/coinsurance applies once deductible is met

# Estimate Your Share of the Premium

Premiums for plans on the DC Health Link, and all Exchanges, are based on the number and ages of each family member covered by the plan.

The Office of Personnel Management (OPM) Premium Contribution Calculator will provide the most accurate estimate of your contribution as well as your employer's contribution. To get to the calculator, visit [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance) and select *Insurance* from the main menu and click *Changes in Health Coverage* in the drop-down. Next, click *Eligibility & Enrollment* in the navigation on the left then choose the tab for *Members of Congress/Staff*.



# **Insurance Rates & Benefit Summaries**

# National Plan Rates

TOP 3

TOP 3

	BluePreferred PPO Essential Gold 500	BluePreferred PPO Gold 800 Ded	BluePreferred PPO Gold 1000 Ded	BluePreferred PPO Gold 1200 Ded	BluePreferred PPO Gold 1500 Ded	BlueChoice Advantage Gold 0 Ded
Age	Monthly Premium (before employer contribution)*					
<=20	\$520.41	\$502.64	\$499.32	\$493.40	\$496.65	\$473.92
21	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
22	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
23	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
24	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
25	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
26	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
27	\$578.50	\$558.75	\$555.05	\$548.47	\$552.09	\$526.82
28	\$592.02	\$571.82	\$568.03	\$561.30	\$565.00	\$539.14
29	\$604.75	\$584.11	\$580.24	\$573.37	\$577.15	\$550.73
30	\$619.87	\$598.72	\$594.75	\$587.70	\$591.58	\$564.50
31	\$635.79	\$614.09	\$610.02	\$602.79	\$606.77	\$579.00
32	\$650.11	\$627.92	\$623.76	\$616.37	\$620.44	\$592.04
33	\$665.23	\$642.52	\$638.27	\$630.70	\$634.87	\$605.81
34	\$681.14	\$657.90	\$653.54	\$645.79	\$650.05	\$620.30
35	\$697.06	\$673.27	\$668.81	\$660.88	\$665.24	\$634.79
36	\$712.97	\$688.64	\$684.08	\$675.97	\$680.43	\$649.29
37	\$728.89	\$704.01	\$699.35	\$691.06	\$695.62	\$663.78
38	\$737.64	\$712.46	\$707.75	\$699.36	\$703.97	\$671.75
39	\$746.39	\$720.92	\$716.14	\$707.66	\$712.33	\$679.72
40	\$775.84	\$749.36	\$744.39	\$735.57	\$740.42	\$706.53
41	\$806.07	\$778.56	\$773.41	\$764.24	\$769.28	\$734.07
42	\$837.90	\$809.30	\$803.94	\$794.41	\$799.66	\$763.06
43	\$870.53	\$840.82	\$835.25	\$825.35	\$830.79	\$792.77
44	\$904.75	\$873.86	\$868.08	\$857.79	\$863.45	\$823.93
45	\$939.76	\$907.68	\$901.67	\$890.98	\$896.86	\$855.81
46	\$976.36	\$943.04	\$936.79	\$925.69	\$931.80	\$889.15
47	\$1,014.56	\$979.93	\$973.44	\$961.90	\$968.25	\$923.93
48	\$1,054.34	\$1,018.36	\$1,011.61	\$999.62	\$1,006.22	\$960.16
49	\$1,095.72	\$1,058.32	\$1,051.31	\$1,038.85	\$1,045.71	\$997.84
50	\$1,138.69	\$1,099.82	\$1,092.54	\$1,079.59	\$1,086.72	\$1,036.97
51	\$1,183.25	\$1,142.86	\$1,135.29	\$1,121.84	\$1,129.24	\$1,077.55
52	\$1,229.40	\$1,187.44	\$1,179.58	\$1,165.59	\$1,173.29	\$1,119.58
53	\$1,277.15	\$1,233.55	\$1,225.39	\$1,210.86	\$1,218.85	\$1,163.06
54	\$1,327.28	\$1,281.97	\$1,273.48	\$1,258.39	\$1,266.70	\$1,208.72
55	\$1,379.00	\$1,331.93	\$1,323.11	\$1,307.43	\$1,316.06	\$1,255.82
56	\$1,433.11	\$1,384.19	\$1,375.03	\$1,358.73	\$1,367.70	\$1,305.09
57	\$1,488.81	\$1,437.99	\$1,428.47	\$1,411.54	\$1,420.86	\$1,355.82
58	\$1,546.90	\$1,494.10	\$1,484.21	\$1,466.61	\$1,476.29	\$1,408.72
59	\$1,607.37	\$1,552.51	\$1,542.23	\$1,523.95	\$1,534.01	\$1,463.79
60	\$1,670.24	\$1,613.23	\$1,602.54	\$1,583.55	\$1,594.00	\$1,521.04
61	\$1,735.45	\$1,676.21	\$1,665.11	\$1,645.37	\$1,656.24	\$1,580.43
62	\$1,735.45	\$1,676.21	\$1,665.11	\$1,645.37	\$1,656.24	\$1,580.43
63	\$1,735.45	\$1,676.21	\$1,665.11	\$1,645.37	\$1,656.24	\$1,580.43
64 and over	\$1,735.45	\$1,676.21	\$1,665.11	\$1,645.37	\$1,656.24	\$1,580.43

\* Visit [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

## National Plan Rates



### Family plan? Use the same rate table.

- Find the age rows in the plan column and circle the rates for:
  - You
  - Your spouse
  - Your 3 oldest children under age 21 (all are covered, but only the oldest 3 count toward overall rate)
  - All children ages 21–25
- Add up everyone's rate.
- Circle that total premium.
- Repeat for each plan you want to consider.

### TOP 3

	BlueChoice Advantage Gold 800 Ded	BlueChoice Advantage Gold 1000 Ded	BlueChoice Advantage HSA/HRA Gold 1700 Ded	BlueChoice Advantage Gold 3000 Ded
Age	Monthly Premium (before employer contribution)*			
<=20	\$455.47	\$452.37	\$435.66	\$435.72
21	\$506.31	\$502.87	\$484.28	\$484.36
22	\$506.31	\$502.87	\$484.28	\$484.36
23	\$506.31	\$502.87	\$484.28	\$484.36
24	\$506.31	\$502.87	\$484.28	\$484.36
25	\$506.31	\$502.87	\$484.28	\$484.36
26	\$506.31	\$502.87	\$484.28	\$484.36
27	\$506.31	\$502.87	\$484.28	\$484.36
28	\$518.15	\$514.62	\$495.61	\$495.68
29	\$529.29	\$525.69	\$506.27	\$506.34
30	\$542.53	\$538.83	\$518.92	\$519.00
31	\$556.46	\$552.67	\$532.25	\$532.33
32	\$568.99	\$565.12	\$544.24	\$544.32
33	\$582.22	\$578.26	\$556.89	\$556.98
34	\$596.15	\$592.10	\$570.22	\$570.30
35	\$610.08	\$605.93	\$583.54	\$583.63
36	\$624.01	\$619.76	\$596.86	\$596.95
37	\$637.94	\$633.60	\$610.18	\$610.28
38	\$645.60	\$641.21	\$617.51	\$617.60
39	\$653.26	\$648.81	\$624.84	\$624.93
40	\$679.03	\$674.41	\$649.49	\$649.58
41	\$705.49	\$700.69	\$674.80	\$674.90
42	\$733.35	\$728.36	\$701.45	\$701.55
43	\$761.91	\$756.72	\$728.76	\$728.87
44	\$791.85	\$786.46	\$757.40	\$757.51
45	\$822.50	\$816.90	\$786.71	\$786.83
46	\$854.53	\$848.72	\$817.35	\$817.48
47	\$887.96	\$881.92	\$849.33	\$849.46
48	\$922.78	\$916.50	\$882.64	\$882.77
49	\$959.00	\$952.47	\$917.27	\$917.41
50	\$996.61	\$989.82	\$953.25	\$953.39
51	\$1,035.61	\$1,028.56	\$990.55	\$990.70
52	\$1,076.00	\$1,068.68	\$1,029.19	\$1,029.34
53	\$1,117.79	\$1,110.18	\$1,069.15	\$1,069.32
54	\$1,161.66	\$1,153.76	\$1,111.12	\$1,111.29
55	\$1,206.93	\$1,198.72	\$1,154.42	\$1,154.59
56	\$1,254.29	\$1,245.75	\$1,199.72	\$1,199.90
57	\$1,303.04	\$1,294.17	\$1,246.35	\$1,246.54
58	\$1,353.88	\$1,344.66	\$1,294.98	\$1,295.17
59	\$1,406.81	\$1,397.23	\$1,345.60	\$1,345.80
60	\$1,461.83	\$1,451.88	\$1,398.23	\$1,398.44
61	\$1,518.90	\$1,508.56	\$1,452.82	\$1,453.04
62	\$1,518.90	\$1,508.56	\$1,452.82	\$1,453.04
63	\$1,518.90	\$1,508.56	\$1,452.82	\$1,453.04
64 and over	\$1,518.90	\$1,508.56	\$1,452.82	\$1,453.04

\* Visit [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

# Regional Plan Rates

Age	BlueChoice Plus Gold 800 Ded	BlueChoice Plus Gold 1000 Ded	BlueChoice HMO Essential Gold 500	BlueChoice HMO Gold 800 Ded	BlueChoice HMO Gold 1500 Ded
<=20	\$408.80	\$405.75	\$414.22	\$397.67	\$391.99
21	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
22	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
23	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
24	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
25	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
26	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
27	\$454.43	\$451.04	\$460.45	\$442.06	\$435.75
28	\$465.06	\$461.59	\$471.22	\$452.40	\$445.94
29	\$475.06	\$471.51	\$481.35	\$462.13	\$455.53
30	\$486.94	\$483.30	\$493.39	\$473.68	\$466.92
31	\$499.44	\$495.71	\$506.05	\$485.84	\$478.90
32	\$510.69	\$506.87	\$517.46	\$496.79	\$489.69
33	\$522.57	\$518.66	\$529.49	\$508.34	\$501.08
34	\$535.07	\$531.07	\$542.16	\$520.50	\$513.07
35	\$547.57	\$543.48	\$554.82	\$532.66	\$525.06
36	\$560.07	\$555.89	\$567.49	\$544.82	\$537.04
37	\$572.57	\$568.30	\$580.16	\$556.98	\$549.03
38	\$579.45	\$575.12	\$587.12	\$563.67	\$555.63
39	\$586.33	\$581.94	\$594.09	\$570.36	\$562.22
40	\$609.45	\$604.90	\$617.53	\$592.86	\$584.40
41	\$633.21	\$628.48	\$641.59	\$615.96	\$607.17
42	\$658.21	\$653.29	\$666.93	\$640.29	\$631.15
43	\$683.84	\$678.73	\$692.90	\$665.22	\$655.72
44	\$710.72	\$705.41	\$720.13	\$691.36	\$681.50
45	\$738.22	\$732.70	\$748.00	\$718.12	\$707.87
46	\$766.97	\$761.24	\$777.13	\$746.09	\$735.44
47	\$796.98	\$791.02	\$807.53	\$775.28	\$764.21
48	\$828.23	\$822.04	\$839.20	\$805.68	\$794.18
49	\$860.74	\$854.30	\$872.14	\$837.30	\$825.35
50	\$894.49	\$887.81	\$906.34	\$870.13	\$857.71
51	\$929.49	\$922.55	\$941.81	\$904.19	\$891.28
52	\$965.75	\$958.53	\$978.54	\$939.45	\$926.04
53	\$1,003.25	\$995.76	\$1,016.54	\$975.94	\$962.00
54	\$1,042.63	\$1,034.84	\$1,056.44	\$1,014.24	\$999.77
55	\$1,083.26	\$1,075.17	\$1,097.61	\$1,053.77	\$1,038.73
56	\$1,125.77	\$1,117.36	\$1,140.68	\$1,095.12	\$1,079.48
57	\$1,169.52	\$1,160.79	\$1,185.02	\$1,137.68	\$1,121.44
58	\$1,215.16	\$1,206.08	\$1,231.25	\$1,182.07	\$1,165.19
59	\$1,262.66	\$1,253.23	\$1,279.39	\$1,228.28	\$1,210.75
60	\$1,312.04	\$1,302.24	\$1,329.42	\$1,276.32	\$1,258.10
61	\$1,363.27	\$1,353.08	\$1,381.33	\$1,326.15	\$1,307.22
62	\$1,363.27	\$1,353.08	\$1,381.33	\$1,326.15	\$1,307.22
63	\$1,363.27	\$1,353.08	\$1,381.33	\$1,326.15	\$1,307.22
64 and over	\$1,363.27	\$1,353.08	\$1,381.33	\$1,326.15	\$1,307.22

\* Visit [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

## Regional Plan Rates



### Family plan? Use the same rate table.

1. Find the age rows in the plan column and circle the rates for:
  - You
  - Your spouse
  - Your 3 oldest children under age 21 (all are covered, but only the oldest 3 count toward overall rate)
  - All children ages 21–25
2. Add up everyone's rate.
3. Circle that total premium.
4. Repeat for each plan you want to consider.

Age	BlueChoice HMO HSA/HRA Gold 1700 Ded	BlueChoice HMO Gold 3000 Ded	BlueChoice HMO Referral Gold 0 Ded	BlueChoice HMO Referral Gold 800 Ded
<=20	\$376.58	\$378.74	\$396.13	\$377.22
21	\$418.61	\$421.02	\$440.35	\$419.33
22	\$418.61	\$421.02	\$440.35	\$419.33
23	\$418.61	\$421.02	\$440.35	\$419.33
24	\$418.61	\$421.02	\$440.35	\$419.33
25	\$418.61	\$421.02	\$440.35	\$419.33
26	\$418.61	\$421.02	\$440.35	\$419.33
27	\$418.61	\$421.02	\$440.35	\$419.33
28	\$428.40	\$430.87	\$450.65	\$429.13
29	\$437.62	\$440.13	\$460.34	\$438.36
30	\$448.56	\$451.13	\$471.85	\$449.32
31	\$460.07	\$462.72	\$483.96	\$460.86
32	\$470.44	\$473.14	\$494.87	\$471.24
33	\$481.38	\$484.14	\$506.37	\$482.20
34	\$492.89	\$495.73	\$518.49	\$493.73
35	\$504.41	\$507.31	\$530.60	\$505.27
36	\$515.93	\$518.89	\$542.72	\$516.80
37	\$527.44	\$530.47	\$554.83	\$528.34
38	\$533.78	\$536.84	\$561.49	\$534.68
39	\$540.11	\$543.21	\$568.16	\$541.03
40	\$561.41	\$564.64	\$590.57	\$562.37
41	\$583.30	\$586.65	\$613.58	\$584.29
42	\$606.33	\$609.81	\$637.81	\$607.36
43	\$629.94	\$633.56	\$662.65	\$631.01
44	\$654.70	\$658.46	\$688.69	\$655.81
45	\$680.03	\$683.94	\$715.34	\$681.19
46	\$706.52	\$710.58	\$743.21	\$707.72
47	\$734.16	\$738.38	\$772.28	\$735.41
48	\$762.95	\$767.33	\$802.57	\$764.25
49	\$792.89	\$797.45	\$834.06	\$794.24
50	\$823.98	\$828.72	\$866.77	\$825.39
51	\$856.23	\$861.15	\$900.69	\$857.69
52	\$889.63	\$894.74	\$935.82	\$891.14
53	\$924.18	\$929.49	\$972.16	\$925.75
54	\$960.45	\$965.97	\$1,010.32	\$962.09
55	\$997.88	\$1,003.61	\$1,049.70	\$999.58
56	\$1,037.03	\$1,043.00	\$1,090.88	\$1,038.80
57	\$1,077.34	\$1,083.53	\$1,133.28	\$1,079.17
58	\$1,119.37	\$1,125.81	\$1,177.50	\$1,121.28
59	\$1,163.14	\$1,169.82	\$1,223.53	\$1,165.12
60	\$1,208.63	\$1,215.57	\$1,271.39	\$1,210.68
61	\$1,255.81	\$1,263.03	\$1,321.02	\$1,257.95
62	\$1,255.81	\$1,263.03	\$1,321.02	\$1,257.95
63	\$1,255.81	\$1,263.03	\$1,321.02	\$1,257.95
64 and over	\$1,255.81	\$1,263.03	\$1,321.02	\$1,257.95

\* Visit [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

# Benefit Summaries

## National Plans

- BluePreferred PPO Essential Gold 500 . . . . . 15
- TOP** BluePreferred PPO Gold 800 Ded . . . . . 16
- TOP** BluePreferred PPO Gold 1000 Ded . . . . . 17
- NEW** BluePreferred PPO Gold 1200 Ded . . . . . 18
- BluePreferred PPO Gold 1500 Ded . . . . . 19
- BlueChoice Advantage Gold 0 Ded . . . . . 20
- BlueChoice Advantage Gold 800 Ded . . . . . 21
- TOP** BlueChoice Advantage Gold 1000 Ded . . . 22
- BlueChoice Advantage HSA/HRA  
Gold 1700 Ded . . . . . 23
- BlueChoice Advantage Gold 3000 Ded . . . . . 24

## Regional Plans

- BlueChoice Plus Gold 800 Ded . . . . . 25
- BlueChoice Plus Gold 1000 Ded . . . . . 26
- BlueChoice HMO Essential Gold 500 . . . . . 27
- BlueChoice HMO Gold 800 Ded . . . . . 28
- BlueChoice HMO Gold 1500 Ded . . . . . 29
- BlueChoice HMO HSA/HRA Gold 1700 Ded . . . . 30
- BlueChoice HMO Gold 3000 Ded . . . . . 31
- BlueChoice HMO Referral Gold 0 Ded . . . . . 32
- BlueChoice HMO Referral Gold 800 Ded . . . . . 33

**Essential Plans (previously called Standard Plans)**

Our national BluePreferred PPO Essential Gold 500 plan (pg. 15) and regional BlueChoice HMO Essential Gold 500 plan (pg. 27) come with VBID (value-based insurance design) benefits, which include select benefits covered at no cost in network for members with a diagnosis of type 2 diabetes, cardiovascular disease or cerebrovascular disease. Mental health treatment for children 18 and under is provided with \$5 cost sharing on select benefits.

For more details visit [www.dchealthlink.com/individuals/standard-plans](http://www.dchealthlink.com/individuals/standard-plans).

The following summaries do not include a complete list of benefits. For a comprehensive summary of benefits for each plan, please visit [carefirst.com/congress](http://carefirst.com/congress).





# BluePreferred PPO Essential Gold 500

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$6,050/\$12,100	\$12,100/\$24,200
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	\$25 per visit PCP/\$50 per visit Specialist	Deductible, then 30% of allowed benefit
Convenience Care (Retail Health Clinic)	\$25 per visit	Deductible, then 30% of allowed benefit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$30 per visit	Deductible, then 30% of allowed benefit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$60 per visit	30% of allowed benefit
Hospital Emergency Room	\$300 per visit (waived if admitted)	\$300 per visit (waived if admitted)
Emergency Room—Physician Services	No charge	No charge
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$30 per visit	Deductible, then 30% of allowed benefit
Lab Hospital	\$30 per visit	Deductible, then 30% of allowed benefit
X-ray Non-Hospital	\$50 per visit	Deductible, then 30% of allowed benefit
X-ray Hospital	\$50 per visit	Deductible, then 30% of allowed benefit
Imaging Non-Hospital	\$250 per visit	Deductible, then 30% of allowed benefit
Imaging Hospital	\$250 per visit	Deductible, then 30% of allowed benefit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$375 per visit	Deductible, then 30% of allowed benefit
Outpatient Hospital Facility Surgical	\$375 per visit	Deductible, then 30% of allowed benefit
Outpatient Non-Hospital Physician Surgical	\$125 per visit	Deductible, then 30% of allowed benefit
Outpatient Hospital Physician Surgical	\$125 per visit	Deductible, then 30% of allowed benefit
Inpatient Facility Services	Deductible, then \$600 per day (5 day maximum payment per admission)	Deductible, then 30% of allowed benefit
Inpatient Physician Services	No charge after deductible	Deductible, then 30% of allowed benefit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then 30% of allowed benefit
Delivery and Facility Services	No charge after deductible	Deductible, then 30% of allowed benefit
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$25 per visit	Deductible, then 30% of allowed benefit
Outpatient Facility Services	\$25 per visit	Deductible, then 30% of allowed benefit
Inpatient Facility Services	Deductible, then \$600 per day (5 day maximum payment per admission)	Deductible, then 30% of allowed benefit
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$15 (30-day supply)/\$30 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	\$50 (30-day supply)/\$100 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	\$70 (30-day supply)/\$140 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	\$150 (30-day supply) /\$300 (90-day supply <sup>2</sup> )	
Non-Preferred Specialty Drugs	\$150 (30-day supply) /\$300 (90-day supply <sup>2</sup> )	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BluePreferred PPO Gold 800 Ded TOP 3

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$800/\$1,600	\$1,600/\$3,200
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,850/\$17,700	\$17,700/\$35,400
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply) <sup>2</sup>	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BluePreferred PPO Gold 1000 Ded TOP 3

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,500/\$15,000	\$15,000/\$30,000
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BluePreferred PPO Gold 1200 Ded

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$1,200/\$2,400	\$2,400/\$4,800
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,500/\$15,000	\$15,000/\$30,000
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

This plan does not provide coverage for elective abortion.

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BluePreferred PPO Gold 1500 Ded

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$6,200/\$12,400	\$12,400/\$24,800
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	No charge	Deductible, then \$50 per visit
Outpatient Facility Services	No charge	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply) <sup>2</sup>	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Advantage Gold 0 Ded

<b>General Information</b>	<b>In-Network</b> BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	<b>Out-of-Network</b> PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$0/\$0	\$1,000/\$2,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,900/\$17,800	\$17,800/\$35,600
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$30 per visit PCP/\$60 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$30 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$60 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	\$150 per visit
Hospital Emergency Room	\$500 per visit (waived if admitted)	\$500 per visit (waived if admitted)
Emergency Room—Physician Services	\$60 per visit	\$60 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$30 per visit	Deductible, then \$65 per visit
Lab Hospital	\$80 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$40 per visit	Deductible, then \$80 per visit
X-ray Hospital	\$100 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	\$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	\$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$60 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	\$60 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	\$500 per admission	Deductible, then \$600 per admission
Inpatient Physician Services	\$60 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	\$500 per admission	Deductible, then \$600 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$30 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	\$500 per admission	Deductible, then \$600 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	\$45 (30-day supply)/\$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	\$65 (30-day supply)/\$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	\$100 (30-day supply)/\$200 (90-day supply <sup>2</sup> )	
Non-Preferred Specialty Drugs	\$150 (30-day supply)/\$300 (90-day supply <sup>2</sup> )	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Advantage Gold 800 Ded

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$800/\$1,600	\$1,600/\$3,200
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,850/\$17,700	\$17,700/\$35,400
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/\$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/\$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100; 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150; 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Advantage Gold 1000 Ded **TOP 3**

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,500/\$15,000	\$15,000/\$30,000
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100; 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150; 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.





# BlueChoice Advantage HSA/HRA Gold 1700 Ded

<b>General Information</b>	<b>In-Network</b> BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	<b>Out-of-Network</b> PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam)—Aggregate	\$1,700/\$3,400	\$3,400/\$6,800
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$4,400/\$8,800	\$8,800/\$17,600
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge after deductible/All other providers: Deductible, then \$10 per visit PCP/ Deductible, then \$30 per visit Specialist	Deductible, then \$40 per visit
Convenience Care (Retail Health Clinic)	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	Deductible, then \$30 per visit	Deductible, then \$40 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	Deductible, then \$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	In-network deductible, then \$250 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$30 per visit	In-network deductible, then \$30 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Lab Hospital	Deductible, then \$20 per visit	Deductible, then \$80 per visit
X-ray Non-Hospital	Deductible, then \$20 per visit	Deductible, then \$40 per visit
X-ray Hospital	Deductible, then \$40 per visit	Deductible, then \$80 per visit
Imaging Non-Hospital	Deductible, then \$50 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$100 per visit	Deductible, then \$200 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	Deductible, then \$50 per visit	Deductible, then \$150 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$100 per visit	Deductible, then \$200 per visit
Outpatient Non-Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$40 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$40 per visit
Delivery and Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Outpatient Facility Services	Deductible, then \$20 per visit	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
<b>PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	Deductible, then \$10 (30-day supply)/Deductible, then \$20 (90-day supply) <sup>2</sup>	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100; 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150; 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Advantage Gold 3000 Ded

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam)—Separate	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,300/\$14,600	\$14,600/\$29,200
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	In-network deductible, then \$250 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$100 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$200 per visit	Deductible, then \$250 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$100 per visit	Deductible, then \$150 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$200 per visit	Deductible, then \$250 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	Virtual Connect through CloseKnit—No charge/ All other providers: No Charge	Deductible, then \$50 per visit
Outpatient Facility Services	No charge	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin		No charge
Preventive Drugs		No charge
Generic Drugs		\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )
Preferred Brand Name Drugs		Deductible, then \$40 (30-day supply)/Deductible, then \$80 (90-day supply <sup>2</sup> )
Non-Preferred Brand Name Drugs		Deductible, then \$70 (30-day supply)/Deductible, then \$140 (90-day supply <sup>2</sup> )
Preferred Specialty Drugs		Deductible, then \$100 (30-day supply)/Deductible, then \$200 (90-day supply <sup>2</sup> )
Non-Preferred Specialty Drugs		Deductible, then \$150 (30-day supply)/Deductible, then \$300 (90-day supply <sup>2</sup> )

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Plus Gold 800 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)	Out-of-Network PPO/BlueCard PPO Non-Participating Provider
Deductible (Ind/Fam)—Separate	\$800/\$1,600	\$1,600/\$3,200
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,850/\$17,700	\$17,700/\$35,400
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice Plus Gold 1000 Ded

General Information	In-Network BlueChoice (in MD, DC and Northern VA only)	Out-of-Network PPO/BlueCard PPO Non-Participating Provider
Deductible (Ind/Fam)—Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,500/\$15,000	\$15,000/\$30,000
<b>24-HOUR NURSE ADVICE LINE</b>		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.		
<b>Services</b>		
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit	Deductible, then \$50 per visit
<b>URGENT AND EMERGENCY CARE</b>		
Urgent Care Center	\$50 per visit	Deductible, then \$150 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)	In-network deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit	In-network deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$40 per visit	Deductible, then \$50 per visit
<b>MATERNITY</b>		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>		
Office Visits <sup>1</sup>	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )	
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>	
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>	

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO Essential Gold 500

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$500/\$1,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$6,050/\$12,100
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	\$25 per visit PCP/\$50 per visit Specialist
Convenience Care (Retail Health Clinic)	\$25 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$30 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$60 per visit
Hospital Emergency Room	\$300 per visit (waived if admitted)
Emergency Room—Physician Services	No charge
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	\$30 per visit
Lab Hospital	\$30 per visit
X-ray Non-Hospital	\$50 per visit
X-ray Hospital	\$50 per visit
Imaging Non-Hospital	\$250 per visit
Imaging Hospital	\$250 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$375 per visit
Outpatient Hospital Facility Surgical	\$375 per visit
Outpatient Non-Hospital Physician Surgical	\$125 per visit
Outpatient Hospital Physician Surgical	\$125 per visit
Inpatient Facility Services	Deductible, then \$600 per day (5 day maximum payment per admission)
Inpatient Physician Services	No charge after deductible
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$600 per day (5 day maximum payment per admission)
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	\$25 per visit
Outpatient Facility Services	\$25 per visit
Inpatient Facility Services	Deductible, then \$600 per day (5 day maximum payment per admission)
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$15 (30-day supply)/\$30 (90-day supply <sup>2</sup> )
Preferred Brand Name Drugs	\$50 (30-day supply)/\$100 (90-day supply <sup>2</sup> )
Non-Preferred Brand Name Drugs	\$70 (30-day supply)/\$140 (90-day supply <sup>2</sup> )
Preferred Specialty Drugs	\$150 (30-day supply)/\$300 (90-day supply <sup>2</sup> )
Non-Preferred Specialty Drugs	\$150 (30-day supply)/\$300 (90-day supply <sup>2</sup> )

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO Gold 800 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$800/\$1,600
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,850/\$17,700
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist
Convenience Care (Retail Health Clinic)	\$15 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$50 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	\$15 per visit
Lab Hospital	Deductible, then \$30 per visit
X-ray Non-Hospital	\$30 per visit
X-ray Hospital	Deductible, then \$60 per visit
Imaging Non-Hospital	\$200 per visit
Imaging Hospital	Deductible, then \$400 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$400 per admission
Inpatient Physician Services	Deductible, then \$40 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$400 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	\$15 per visit
Outpatient Facility Services	\$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply) <sup>2</sup>
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO Gold 1500 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$1,500/\$3,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$6,200/\$12,400
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist
Convenience Care (Retail Health Clinic)	\$15 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$50 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	\$15 per visit
Lab Hospital	Deductible, then \$30 per visit
X-ray Non-Hospital	\$30 per visit
X-ray Hospital	Deductible, then \$60 per visit
Imaging Non-Hospital	\$200 per visit
Imaging Hospital	Deductible, then \$400 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$400 per admission
Inpatient Physician Services	Deductible, then \$40 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$400 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	No charge
Outpatient Facility Services	No charge
Inpatient Facility Services	Deductible, then \$400 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply) <sup>2</sup>
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO HSA/HRA Gold 1700 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Aggregate	\$1,700/\$3,400
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$4,400/\$8,800
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge after deductible/All other providers: Deductible, then \$10 per visit PCP/Deductible, then \$30 per visit Specialist
Convenience Care (Retail Health Clinic)	Deductible, then \$10 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	Deductible, then \$30 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	Deductible, then \$50 per visit
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$30 per visit
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	Deductible, then \$10 per visit
Lab Hospital	Deductible, then \$20 per visit
X-ray Non-Hospital	Deductible, then \$20 per visit
X-ray Hospital	Deductible, then \$40 per visit
Imaging Non-Hospital	Deductible, then \$50 per visit
Imaging Hospital	Deductible, then \$100 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	Deductible, then \$50 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$100 per visit
Outpatient Non-Hospital Physician Surgical	Deductible, then \$60 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit
Inpatient Facility Services	Deductible, then \$200 per admission
Inpatient Physician Services	Deductible, then \$30 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$200 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	Deductible, then \$10 per visit
Outpatient Facility Services	Deductible, then \$20 per visit
Inpatient Facility Services	Deductible, then \$200 per admission
<b>PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	Deductible, then \$10 (30-day supply)/Deductible, then \$20 (90-day supply) <sup>2</sup>
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply) <sup>2</sup>
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply) <sup>2</sup>
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.





# BlueChoice HMO Gold 3000 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$7,300/\$14,600
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	Virtual Connect Plus through selected providers, including CloseKnit—No charge/ All other providers: \$15 per visit PCP/\$40 per visit Specialist
Convenience Care (Retail Health Clinic)	\$15 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$50 per visit
Hospital Emergency Room	Deductible, then \$250 (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>	
Lab Non-Hospital	\$15 per visit
Lab Hospital	Deductible, then \$30 per visit
X-ray Non-Hospital	\$30 per visit
X-ray Hospital	Deductible, then \$60 per visit
Imaging Non-Hospital	\$100 per visit
Imaging Hospital	Deductible, then \$200 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$100 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$200 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$200 per admission
Inpatient Physician Services	Deductible, then \$40 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$200 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	Virtual Connect through CloseKnit—No charge; All other providers: No Charge
Outpatient Facility Services	No charge
Inpatient Facility Services	Deductible, then \$200 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )
Preferred Brand Name Drugs	Deductible, then \$40 (30-day supply)/Deductible, then \$80 (90-day supply <sup>2</sup> )
Non-Preferred Brand Name Drugs	Deductible, then \$70 (30-day supply)/Deductible, then \$140 (90-day supply <sup>2</sup> )
Preferred Specialty Drugs	Deductible, then \$100 (30-day supply)/Deductible, then \$200 (90-day supply <sup>2</sup> )
Non-Preferred Specialty Drugs	Deductible, then \$150 (30-day supply)/Deductible, then \$300 (90-day supply <sup>2</sup> )

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO Referral Gold 0 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$0/\$0
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,900/\$17,800
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	\$30 per visit PCP/\$60 per visit Specialist
Convenience Care (Retail Health Clinic)	\$30 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$60 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$50 per visit
Hospital Emergency Room	\$500 per visit (waived if admitted)
Emergency Room—Physician Services	\$60 per visit
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	\$30 per visit
Lab Hospital	\$80 per visit
X-ray Non-Hospital	\$40 per visit
X-ray Hospital	\$100 per visit
Imaging Non-Hospital	\$200 per visit
Imaging Hospital	\$400 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$200 per visit
Outpatient Hospital Facility Surgical	\$300 per visit
Outpatient Non-Hospital Physician Surgical	\$60 per visit
Outpatient Hospital Physician Surgical	\$60 per visit
Inpatient Facility Services	\$500 per admission
Inpatient Physician Services	\$60 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	\$500 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	\$30 per visit
Outpatient Facility Services	\$50 per visit
Inpatient Facility Services	\$500 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply) <sup>2</sup>
Preferred Brand Name Drugs	\$45 (30-day supply)/\$90 (90-day supply) <sup>2</sup>
Non-Preferred Brand Name Drugs	\$65 (30-day supply)/\$130 (90-day supply) <sup>2</sup>
Preferred Specialty Drugs	30-day supply, 50% up to \$100 90-day supply, 50% up to \$200 <sup>2</sup>
Non-Preferred Specialty Drugs	30-day supply, 50% up to \$150 90-day supply, 50% up to \$300 <sup>2</sup>

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.



# BlueChoice HMO Referral Gold 800 Ded

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	\$800/\$1,600
Out-of-Pocket Maximum (Ind/Fam)—Separate	\$8,850/\$17,700
<b>24-HOUR NURSE ADVICE LINE</b>	
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health and treatment options.	
<b>Services</b>	
<b>PREVENTIVE AND PHYSICIAN SERVICES</b>	
Well-Child Care	No charge
Adult Physical Exam	No charge
Breast Cancer Screening/PAP Test	No charge
Prostate/Colorectal Screening	No charge
Office Visits <sup>1</sup>	\$15 per visit PCP/\$40 per visit Specialist
Convenience Care (Retail Health Clinic)	\$15 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies <sup>1</sup>	\$40 per visit
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Center	\$50 per visit
Hospital Emergency Room	Deductible, then \$500 per visit (waived if admitted)
Emergency Room—Physician Services	Deductible, then \$40 per visit
<b>DIAGNOSTIC SERVICES</b>	
Labcorp	\$15 per visit
Lab Hospital	Deductible, then \$30 per visit
X-ray Non-Hospital	\$30 per visit
X-ray Hospital	Deductible, then \$60 per visit
Imaging Non-Hospital	\$200 per visit
Imaging Hospital	Deductible, then \$400 per visit
<b>HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</b>	
Outpatient Non-Hospital Facility Surgical	\$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$400 per admission
Inpatient Physician Services	Deductible, then \$40 per visit
<b>MATERNITY</b>	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then \$400 per admission
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Office Visits <sup>1</sup>	\$15 per visit
Outpatient Facility Services	\$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission
<b>PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)</b>	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	\$10 (30-day supply)/\$20 (90-day supply <sup>2</sup> )
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/Deductible, then \$90 (90-day supply <sup>2</sup> )
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/Deductible, then \$130 (90-day supply <sup>2</sup> )
Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$100 90-day supply, Deductible, then 50% up to \$200 <sup>2</sup>
Non-Preferred Specialty Drugs	30-day supply, Deductible, then 50% up to \$150 90-day supply, Deductible, then 50% up to \$300 <sup>2</sup>

<sup>1</sup> Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

<sup>2</sup> Applies to 90-day supply of maintenance drugs only.

# Federal Benefits

## Federal Employees' Dental and Vision Insurance Program

The Federal Employees' Dental and Vision Insurance Program (FEDVIP) Open Season begins November 11, 2024 and continues through December 9, 2024. During this period, if you are eligible for government benefits, you may enroll, cancel or make a change to your FEDVIP enrollment. The process for enrollment remains the same as last year and Open Season requests will be effective January 1, 2025.

### How to enroll?

To enroll, cancel or change your enrollment in a FEDVIP plan, you must visit [BENEFEDS.com](https://www.benefeds.com) or call **877-888-3337** TTY: **877-889-5680**. Once an election is made, the BENEFEDS website will send information to the dental/vision carriers and to payroll. The carrier will send you a final confirmation of enrollment, your member ID cards and plan information.



## Federal Flexible Spending Account Program

The Federal Flexible Spending Account Program, also known as FSAFEDS, lets you set aside pre-tax money from your salary to reimburse you for eligible dependent care and/or healthcare expenses. You pay less in taxes so you save money. Participating employees save an average of 30% on products and services they routinely pay for out of pocket.

### How do I enroll?

You enroll online at [BENEFEDS.com](https://www.benefeds.com). For those without access to a computer, call **877-888-3337** TTY: **877-889-5680**.

For more information, visit [FSAFEDS.com](https://www.fsafeds.com) or call an FSAFEDS benefits coordinator at **877-372-3337**, Monday–Friday, 9 a.m. to 9 p.m. ET. TTY: **866-353-8058**.

## Health Savings Account

A Health Savings Account (HSA) is a tax-exempt medical savings account that can be used to pay for your own—and your dependents'—eligible expenses. HSAs enable you to pay for eligible health expenses and save for future health expenses on a tax-free basis. We offer two health insurance plans that coordinate with an HSA. Look for HSA in the plan name.

**Open Season for enrolling in, or changing the elections of, your 2025 benefits is November 11 through December 9, 2024.**

# Online Member Resources

## Be the first to know about important news and updates from CareFirst

Choose convenient electronic delivery of alerts, reminders, explanation of benefits (EOBs) and other communications by giving us your e-consent.

1. Log in to [carefirst.com/myaccount](https://carefirst.com/myaccount).
2. Click on your name at the top, then select *Communications Preferences*.
3. Click on *Edit* next to *Electronic Communications*.
4. Check the boxes for the information you want and hit *Save*.

## Important websites

### Ready to enroll?

- DC Health Link: [DCHealthLink.com](https://DCHealthLink.com)
- Federal Employee Dental and Vision Insurance Program (FEDEVIP): [BENEFEDS.com](https://BENEFEDS.com)
- Federal Flexible Spending Account Program (FSAFEDS): [FSAFEDS.com](https://FSAFEDS.com)

### CareFirst plan & provider information

- My Account: [carefirst.com/myaccount](https://carefirst.com/myaccount)
- Find a Provider Tool: [carefirst.com/doctor](https://carefirst.com/doctor)
- Office of Personnel Management (OPM) website: [opm.gov/healthcare-insurance](https://opm.gov/healthcare-insurance)

### Still have questions?

Call our dedicated support line for Members of Congress and designated Congressional Staff:  
**855-541-3985**, Monday–Friday, 8 a.m. to 6 p.m. ET.

For additional Online Member Resources, please refer to your Health Insurance Benefits Guide, page 19.



Scan the QR code to visit our dedicated Congress website or go to [carefirst.com/congress](https://carefirst.com/congress).



# 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](mailto: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 ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ 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) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nómà fòdùn tò wà lèyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó ògbufò kan.*

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

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

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

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



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

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

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

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

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

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

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

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

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

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

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

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.





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