



CareFirst 
BlueChoice

Federal Employees Health Benefits Program and Medicare Benefits

2025

carefirst.com/fedhmo

2025 FEHB and Medicare Benefit Comparison

Your Federal Employees Health Benefits Program (FEHB) plan and Medicare coverage work together to maximize your benefits and minimize your out-of-pocket costs. The charts highlight commonly-used benefits and the amount you will pay when you have our Standard BlueChoice Option, BlueChoice Advantage—HDHP Option, or Blue Value Plus Option, with or without Medicare Parts A and B as your primary carrier.

Standard BlueChoice Option

| Benefit | Standard BlueChoice Option In-Network (BlueChoice) | Standard BlueChoice Option with Medicare Primary A & B and Providers accepting Medicare Assignment |
|---|--|--|
| Calendar Year Deductible (Applies at the contract level, not individual member level. Applies to Catastrophic Limit.) | \$0 Self Only \$0 Self + One/Self and Family | \$0 |
| PREVENTIVE HEALTH CARE | | |
| Adult Annual Physical | No charge | No charge |
| Cancer Screenings | No charge | No charge |
| Mammograms and Routine Pap Tests | No charge | No charge |
| OTHER PROFESSIONAL SERVICES | | |
| Physician Office Services | \$25 PCP/\$50 Specialist | No charge |
| Diagnostic Labs | No charge | No charge |
| Physical, Occupational and Speech Therapies (60 visit maximum combined) | \$40 copay | No charge |
| EMERGENCY CARE AND URGENT CARE | | |
| Use of Emergency Room (Facility copays waived if patient is admitted) | \$200 copay | No charge |
| Urgent Care Center | \$50 copay | No charge |
| INPATIENT AND SURGICAL SERVICES | | |
| Inpatient Room and Board and Ancillary Services for Medical Admission (Subject to prior approval) | 20% of the allowed benefit | No charge |
| PRESCRIPTION DRUGS | | |
| Retail (up to a 34-day supply per copay) | Tier 1 Generics \$10; Tier 2 Preferred brand \$75; Tier 3 Non-preferred brand \$100; Tier 4 Preferred specialty \$125; Tier 5 Non-preferred specialty \$175 | Tier 1 Generics \$10; Tier 2 Preferred brand \$75; Tier 3 Non-preferred brand \$100; Tier 4 Preferred specialty \$125; Tier 5 Non-preferred specialty \$175 |
| Maintenance Drugs Retail or Mail Order (35 to 90-day supply per copayment) | Tier 1 Generics \$20; Tier 2 Preferred brand \$150; Tier 3 Non-preferred brand \$200; Tier 4 Preferred specialty \$250; Tier 5 Non-preferred specialty \$350 | Tier 1 Generics \$20; Tier 2 Preferred brand \$150; Tier 3 Non-preferred brand \$200; Tier 4 Preferred specialty \$250; Tier 5 Non-preferred specialty \$350 |

Specialty drugs are limited to a 34-day supply for the first initial fill. Preferred and non-preferred brand insulin: \$30 copay.

BlueChoice Advantage—High Deductible Health Plan Option

| Benefit | BlueChoice Advantage— HDHP Option In-Network | BlueChoice Advantage— HDHP Option with Medicare Primary A & B and Providers accepting Medicare Assignment |
|---|--|--|
| Calendar Year Deductible (Applies at the contract level, not individual member level. Applies to Catastrophic Limit.) | \$1,650 Self Only \$3,300 Self + One/Self and Family | The calendar year deductible is waived (except for prescriptions) |
| PREVENTIVE HEALTH CARE | | |
| Adult Annual Physical | No charge | No charge |
| Cancer Screenings | No charge | No charge |
| Mammograms and Routine Pap Tests | No charge | No charge |
| OTHER PROFESSIONAL SERVICES | | |
| Physician Office Services | Deductible, then PCP no charge; Specialist \$35 copay | No charge |
| Diagnostic Labs | Deductible, then no charge | No charge |
| Physical, Occupational and Speech Therapies (60 visit maximum combined) | Deductible, then \$35 copay | No charge |
| EMERGENCY CARE AND URGENT CARE | | |
| Use of Emergency Room (Facility copays waived if patient is admitted) | Deductible, then \$300 copay | No charge |
| Urgent Care Center | Deductible, then \$50 copay | No charge |
| INPATIENT AND SURGICAL SERVICES | | |
| Inpatient Room and Board and Ancillary Services for Medical Admission (Subject to prior approval) | Deductible, then 20% of the allowed benefit | No charge |
| PRESCRIPTION DRUGS | | |
| CALENDAR YEAR DEDUCTIBLE APPLIES | | |
| Retail (up to a 34-day supply per copay) | *Select generics \$0, no deductible Deductible, then \$0 for all other generics Tier 2 Preferred brand \$50 (after deductible) Tier 3 Non-preferred brand \$75 (after deductible) Tier 4 Preferred specialty \$100 (after deductible) Tier 5 Non-preferred specialty \$150 (after deductible) | *Select generics \$0, no deductible Deductible, then \$0 for all other generics Tier 2 Preferred brand \$50 (after deductible) Tier 3 Non-preferred brand \$75 (after deductible) Tier 4 Preferred specialty \$100 (after deductible) Tier 5 Non-preferred specialty \$150 (after deductible) |
| Maintenance Drugs Retail or Mail Order (35 to 90-day supply per copay) | *Select generics \$0, no deductible Deductible, then \$0 for all other generics Tier 2 Preferred brand \$100 (after deductible) Tier 3 Non-preferred brand \$150 (after deductible) Tier 4 Preferred specialty \$200 (after deductible) Tier 5 Non-preferred specialty \$300 (after deductible) | *Select generics \$0, no deductible Deductible, then \$0 for all other generics Tier 2 Preferred brand \$100 (after deductible) Tier 3 Non-preferred brand \$150 (after deductible) Tier 4 Preferred specialty \$200 (after deductible) Tier 5 Non-preferred specialty \$300 (after deductible) |

* Select generics are not subject to the deductible. These are preferred generic drugs to treat asthma, blood pressure, cholesterol, depression and diabetes. For a list of Select generic medications, please visit: carefirst.com/fedhmo/plan-information/prescription-drug-benefits.html. Specialty drugs are limited to a 34-day supply for the first initial fill. Preferred & non-preferred insulin: no deductible, \$30 copay.

Blue Value Plus

| Benefit | Blue Value Plus In-Network | Blue Value Plus with Medicare Primary A & B and Providers accepting Medicare Assignment |
|---|---|---|
| Calendar Year Deductible (Applies at the contract level, not individual member level. Applies to Catastrophic Limit.) | \$0 | \$0 |
| PREVENTIVE HEALTH CARE | | |
| Adult Annual Physical | \$0 | No charge |
| Cancer Screenings | \$0 | No charge |
| Mammograms and Routine Pap Tests | \$0 | No charge |
| OTHER PROFESSIONAL SERVICES | | |
| Physician Office Services | \$15 PCP/\$50 Specialist | No charge |
| Diagnostic Labs | \$30 | No charge |
| Physical, Occupational and Speech Therapies (60 visit maximum combined) | \$50 | No charge |
| EMERGENCY CARE AND URGENT CARE | | |
| Use of Emergency Room (Facility copays waived if patient is admitted) | \$275 | No charge |
| Urgent Care Center | \$50 | No charge |
| INPATIENT AND SURGICAL SERVICES | | |
| Inpatient Room and Board and Ancillary Services for Medical Admission (Subject to prior approval) | 25% of Allowed Benefit | No charge |
| PRESCRIPTION DRUGS \$100 SELF ONLY AND \$200 SELF + ONE AND FAMILY DRUG DEDUCTIBLE | | |
| Retail (up to a 34-day supply per copay) | Preventive Drugs (Examples: folic acid, fluoride and FDA approved contraceptives for women): \$0, no deductible Preferred Generic: \$10, no deductible Preferred Brand: \$50, after deductible Preferred Generic Specialty: \$100, after deductible ² Preferred Brand Specialty: \$150, after deductible ² | Preventive Drugs (Examples: folic acid, fluoride and FDA approved contraceptives for women): \$0, no deductible Preferred Generic: \$10, no deductible Preferred Brand: \$50, after deductible Preferred Generic Specialty: \$100, after deductible ² Preferred Brand Specialty: \$150, after deductible ² |
| Maintenance Drugs Retail or Mail Order (35 to 90-day supply per copay) | Preventive Drugs (Examples: folic acid, fluoride and FDA approved contraceptives for women): \$0, no deductible Preferred Generic: \$20, no deductible Preferred Brand: \$100, after deductible Preferred Generic Specialty: \$200, after deductible ² Preferred Brand Specialty: \$300, after deductible ² | Preventive Drugs (Examples: folic acid, fluoride and FDA approved contraceptives for women): \$0, no deductible Preferred Generic: \$20, no deductible Preferred Brand: \$100, after deductible Preferred Generic Specialty: \$200, after deductible ² Preferred Brand Specialty: \$300, after deductible ² |

² Specialty drugs are limited to a 34-day supply for the first initial fill. Preferred brand insulin: no deductible, then \$30 copay.

Medicare and Blue

As you approach age 65, you will have to make a decision about enrolling in Medicare. This decision is voluntary during specific enrollment periods. If you don't sign up when you are first eligible, you may have to pay a late enrollment penalty.

Medicare Part A (hospital insurance) coverage is available free of charge to people age 65 and older who meet the eligibility requirements necessary to qualify for Social Security benefits. You automatically qualify if you were a federal employee on January 1, 2014.

Most people pay a monthly premium for Medicare Part B (medical insurance) coverage. Current law requires some individuals to pay a higher amount for Part B based on their income. If you have questions about Medicare benefits or eligibility, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048) or visit medicare.gov. The Social Security Administration can provide you with premium and benefit information. Review the information and decide if it makes sense for you to buy the Medicare Part B coverage. If you didn't take Part B at age 65 because you were covered under FEHB as an active employee (or you were covered under your spouse's group health insurance plan and they were an active employee), you may sign up for Part B (generally without a penalty) within 8 months from the time you or your spouse stop working or are no longer covered by the group plan. You also can sign up at any time while you are covered by the group plan.

When you combine Medicare primary coverage with your FEHB plan coverage, you have peace of mind knowing that most of your medical costs are covered in full with no member cost share. To help you understand the benefits explained in this brochure, and to understand how benefits are paid without Medicare coverage or when Medicare is secondary because you are still working, see the BlueChoice brochure at carefirst.com/fedhmo.

Prescription drug coverage

The U.S. Office of Personnel Management (OPM) has determined¹ that the FEHB plan's prescription drug coverage is, on average, comparable to Medicare Part D prescription drug coverage. Therefore, you do not need to enroll in Medicare Part D and pay extra for prescription drug coverage.



¹ The determination is based on a review of your specific prescription drug benefits and the guidelines defined by the Centers for Medicare and Medicaid Services (CMS). To view the specific guidelines, please visit http://www.cms.hhs.gov/CreditableCoverage/Downloads/Updated_Guidance_09_18_09.pdf.

HDHPs and HRAs

Our BlueChoice Advantage—HDHP Option may be a great choice if you want more control over your healthcare spending or if saving for future medical expenses is a priority for you.

BlueChoice Advantage—HDHP Option pairs a high-deductible health plan (HDHP) with a Health Reimbursement Arrangement (HRA) when you enrolled in Medicare A or B.

Remember! You only have 30 days to sign up for an HRA. To enroll in an HRA, visit carefirst.com/fedhmo and log into your My Account or use the *HSA/HRA Selection Form* listed under *Resources & Forms*. If you do not have access to the internet, call Member Service at 888-789-9065 and let them know you want to enroll in an HRA. They will document your selection.

For details about your eligibility to enroll in an HRA, please see the 2025 BlueChoice Brochure available at carefirst.com/fedhmo.

How HRAs work

With an HRA, we fund your account to cover health care costs before the deductible has been met:

- \$900 for Self
- \$1,800 for Self + One and Family

HRAs provide tax-free reimbursement for out-of-pocket medical expenses. When you need to make a withdrawal, you do not pay taxes if you use it to cover eligible expenses.

In-network preventive care is covered in full and not subject to the deductible. Once you meet your deductible, CareFirst begins to pay for covered services.

For more information on the differences between an HSA and an HRA, please see the 2025 BlueChoice brochure www.carefirst.com/fedhmo/attachments/opm-brochure.pdf.



Blue Rewards

Our Blue Rewards incentive program gives you the flexibility to choose which healthy activities interest you the most and be rewarded for completing them.

How Blue Rewards works

Both you and your spouse can **each** earn incentives for completing one or all of the following activities:

Earn \$50

Consent to receive wellness emails and take the RealAge® test

The RealAge test is a simple questionnaire that will help you determine the physical age of your body, compared to your calendar age.

Must complete within 180 days of your effective date.

Earn \$100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or CVS MinuteClinic to complete your screening.

Must complete within 180 days of your effective date.

Earn \$200

Participate in Health Coaching Sessions

You may earn rewards for completing health coaching sessions.

1st Session- \$30
2nd Session- \$70
3rd Session \$100

Only (1) coaching session per 2-60 days will count towards an incentive. A maximum of (3) coaching sessions per Benefit Period.

Earn \$50

Retake the RealAge test

If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after three months.

Must complete before end of calendar year.

Choosing a PCP

Be sure to choose a PCP to earn your reward.*

Health screening

Health screenings help you understand your current health status so you can take steps to improve it.

Your CareFirst Blue Rewards Visa® incentive card

After you complete one or more of the activities, you'll get your incentive card reward in 10-14 days. If you have an HSA plan with BlueChoice Advantage—HDHP Option, you must agree to the HSA Agreement Terms in your Sharecare account before rewards can be earned.**

Your incentive card can be used toward your out-of-pocket costs related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan. Save your receipts as proof of your expense.

Keep your card as long as you are a CareFirst member. Future incentives you earn will be automatically added to the same card.

Use your reward by end of calendar year. You will have 90 days from end of year to reimburse yourself for eligible expenses that occurred in that calendar year.

*If you have BlueChoice Advantage—HDHP Option, and you live outside MD, D.C. or Northern VA, you can select a provider from the BlueCard® PPO network who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics.

**The policyholder is responsible for logging in to their Sharecare account and accepting the HSA Agreement Terms.

CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueChoice, Inc. products or services and is solely responsible for the medical services it provides.

The CareFirst Blue Rewards Visa Incentive Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Cards may be used only at merchants in the U.S. and District of Columbia wherever Visa debit cards are accepted for eligible expenses. See Cardholder Agreement for details.

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 civilrightscordinator@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>.

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

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 እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtétílékó: Àkíyèsì yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésè ní àwọn ojò gbèdèke kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófècè. Àwọn omo-egbé gbòdò pe nòmà fòònù tò wà lèyin káàdi idánimò wọn. Àwọn miràn le pe 855-258-6518 kí o sì dúrò nípasẹ̀ ijíròrò títi a ó fi sọ̀ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ̀ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò ògbufò kan.

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

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang 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 फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǎ̀ nìà ke bá nyò bě ké m̄ gbo kpá bó nì fùà-fúá-tiín nyεε jè dyí. Bǎ̀ nìà ke bédé wé jéé bě b́é m̄ ké dε wa ḿ m̄ ké nyuεε nyu hwè b́é wé b́éa ké zi. ɔ̀ m̀ò nì kpé b́é m̄ ké bǎ̀ nìà ke kè gbo-kpá-kpá m̄ ḿεε dyé d́é nì bídí-wùdù mú b́é m̄ ké se wídí d̀ò péé. Kpooò nyò b́é m̄ d́á fúùn-nòbà nìà d́é waà I.D. káàè d́éin nyε. Nyò t̀òò séín m̄ε d́á nòbà nìà ke: 855-258-6518, ké m̄ m̄ε fò tee b́é wa ḱéε m̄ gbo ćé b́é m̄ ké nòbà m̀òà 0 ḱεε dyi pàd̀àin hwè. ɔ̀ jù ké nyò d̀ò dyi m̄ gǎ̀ jǔín, po wuɔ̀ m̄ ḿ poε dyie, ké nyò d̀ò mu bó niin b́é ɔ̀ ké nì wuɔ̀ò 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike ịnwe ụbọchị ndị di mkpa, ị nwere ike ime ihe tupu ụfọdu ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gi na akwughị ụgwọ ọ bụla. Ndị otu kwesiri ịkpọ akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asụsụ ị choro, a ga-ejikọ gi na onye okowa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee ı́ hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólqq doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áá doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee ı́ hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wółta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'ı́ hodoonihjí'. Aadóó náánála' éi kojí' dahóoolnih 855-258-6518 dóó yii diiłts'ı́ł yati'ígíí t'áá níléjı́ áádóó éi bikéé'dóó naasbaąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yánił'ı́'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.

2025 Rate Information

| Premium | | Monthly* | |
|---|-----------------|-------------|------------|
| Type of Enrollment | Enrollment Code | Gov't Share | Your Share |
| Blue Value Plus Option Self Only | B64 | \$581.28 | \$193.76 |
| Blue Value Plus Option Self + One | B66 | \$1,162.56 | \$387.52 |
| Blue Value Plus Option Self and Family | B65 | \$1,381.09 | \$460.36 |
| HDHP Option Self Only | B61 | \$561.23 | \$187.07 |
| HDHP Option Self + One | B63 | \$1,122.45 | \$374.15 |
| HDHP Option Self and Family | B62 | \$1,333.46 | \$444.49 |
| Standard Option Self Only | 2G4 | \$645.84 | \$525.31 |
| Standard Option Self + One | 2G6 | \$1,408.33 | \$933.97 |
| Standard Option Self and Family | 2G5 | \$1,547.50 | \$1,235.13 |

* When you're retired, you pay your premium monthly instead of bi-weekly. The premium is usually deducted from your monthly annuity.



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