CareFirst BlueChoice



BENEFIT GUIDE | 2027

Federal Employees Health Benefits Program and Medicare Benefits

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2027 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'll 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 *without* Medicare A & B	Standard Blue Choice *with* Medicare A & B
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	$0 copay	$0 copay
Cancer Screenings	$0 copay	$0 copay
Mammograms and Routine Pap Tests	$0 copay	$0 copay
OTHER PROFESSIONAL SERVICES		
Physician Office Services	$25 PCP/$50 Specialist	$0 copay
Diagnostic Labs	$0 copay	$0 copay
Physical, Occupational and Speech Therapies (60 visit maximum combined)	$50 copay	$0 copay
EMERGENCY CARE AND URGENT CARE		
Use of Emergency Room (Facility copays waived if patient is admitted)	$200 copay	$0 copay
Urgent Care Center	$50 copay	$0 copay
INPATIENT AND SURGICAL SERVICES		
Inpatient Room and Board and Ancillary Services for Medical Admission (Subject to prior approval)	20% of the allowed benefit[+]	$0 copay

Pharmacy Benefit	Standard BlueChoice *without* Medicare A & B	Standard Blue Choice *with* Medicare A & B
PRESCRIPTION DRUGS		
Retail (up to a 34-day supply per copay)	**Tier 1:** $10 **Tier 2:** $75 **Tier 3:** $100 **Tier 4:** $125 **Tier 5:** $175	**Tier 1:** $10 **Tier 2:** $75 **Tier 3:** $100 **Tier 4:** $125 **Tier 5:** $175
Maintenance Drugs Retail or Mail Order (35 to 90-day supply per copayment)	**Tier 1:** $20 **Tier 2:** $150 **Tier 3:** $200 **Tier 4:** $250 **Tier 5:** $350	**Tier 1:** $20 **Tier 2:** $150 **Tier 3:** $200 **Tier 4:** $250 **Tier 5:** $350

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

[+] Facility deductible: $250 Self Only; $500 Self +1, Self and Family

BlueChoice Advantage–High Deductible Health Plan Option

Benefit	BlueChoice Advantage HDHP *without* Medicare A & B	BlueChoice Advantage HDHP *with* Medicare A & B
Calendar Year Deductible (Applies at the contract level, not individual member level. Applies to Catastrophic Limit.)	$1,750 Self Only $3,500 Self + One/Self and Family	The calendar year deductible is waived (except for prescriptions).
PREVENTIVE HEALTH CARE		
Adult Annual Physical	$0 copay	$0 copay
Cancer Screenings	$0 copay	$0 copay
Mammograms and Routine Pap Tests	$0 copay	$0 copay
OTHER PROFESSIONAL SERVICES		
Physician Office Services	Deductible, then PCP $0 copay; Specialist $35 copay	$0 copay
Diagnostic Labs	Deductible, then $0 copay	$0 copay
Physical, Occupational and Speech Therapies (60 visit maximum combined)	Deductible, then $35 copay	$0 copay
EMERGENCY CARE AND URGENT CARE		
Use of Emergency Room (Facility copays waived if patient is admitted)	Deductible, then $300 copay	$0 copay
Urgent Care Center	Deductible, then $50 copay	$0 copay
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	$0 copay

Pharmacy Benefit	BlueChoice Advantage HDHP *without* Medicare A & B	BlueChoice Advantage HDHP *with* Medicare A & B
PRESCRIPTION DRUGS—CALENDAR YEAR DEDUCTIBLE APPLIES		
Retail (up to a 34-day supply per copay)	**Select generics:** $0, no deductible* **All other generics:** Deductible, then $0 **Tier 2:** $50 (after deductible) **Tier 3:** $75 (after deductible) **Tier 4:** $100 (after deductible) **Tier 5:** $150 (after deductible)	**Select generics:** $0, no deductible* **All other generics:** Deductible, then $0 **Tier 2:** $50 (after deductible) **Tier 3:** $75 (after deductible) **Tier 4:** $100 (after deductible) **Tier 5:** $150 (after deductible)
Maintenance Drugs Retail or Mail Order (35 to 90-day supply per copay)	**Select generics:** $0, no deductible* **All other generics:** Deductible, then $0 **Tier 2:** $100 (after deductible) **Tier 3:** $150 (after deductible) **Tier 4:** $200 (after deductible) **Tier 5:** $300 (after deductible)	**Select generics:** $0, no deductible* **All other generics:** Deductible, then $0 **Tier 2:** $100 (after deductible) **Tier 3:** $150 (after deductible) **Tier 4:** $200 (after deductible) **Tier 5:** $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 *without* Medicare A & B	Blue Value Plus *with* Medicare A & B
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	$0 copay
Cancer Screenings	$0	$0 copay
Mammograms and Routine Pap Tests	$0	$0 copay
OTHER PROFESSIONAL SERVICES		
Physician Office Services	$15 PCP/$50 Specialist	$0 copay
Diagnostic Labs	$30	$0 copay
Physical, Occupational and Speech Therapies (60 visit maximum combined)	$50	$0 copay
EMERGENCY CARE AND URGENT CARE		
Use of Emergency Room (Facility copays waived if patient is admitted)	$275	$0 copay
Urgent Care Center	$50	$0 copay
INPATIENT AND SURGICAL SERVICES		
Inpatient Room and Board and Ancillary Services for Medical Admission (Subject to prior approval)	25% of the allowed benefit[+]	$0 copay

Pharmacy Benefit	Blue Value Plus *without* Medicare A & B	Blue Value Plus *with* Medicare A & B
PRESCRIPTION DRUGS—$100 SELF ONLY AND $200 SELF + ONE/SELF 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 **Preferred Brand Specialty:** $150, after deductible	**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 **Preferred Brand Specialty:** $150, after deductible
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 **Preferred Brand Specialty:** $300, after deductible	**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 **Preferred Brand Specialty:** $300, after deductible

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

[+] Facility deductible: $250 Self Only; $500 Self + 1, Self and Family

Medicare and Blue

As you approach age 65, you'll 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're 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 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. For more information about your FEHB benefits and how they work with Medicare, see the BlueChoice brochure at **carefirst.com/fedhmo**.

Prescription drug coverage

The U.S. Office of Personnel Management (OPM) has determined[1] that the FEHB plan's prescription drug coverage is, on average, comparable to Medicare Part D prescription drug coverage. Therefore, you don't 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 is a great choice if you want more control over your healthcare spending or if saving for future medical expenses is a priority.

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

Remember: You only have 30 days to sign up for an HRA. To enroll, visit **carefirst.com/fedhmo** and log into your My Account or use the *HSA/HRA Selection Form* listed under *Resources & Forms.* If you don't have access to the internet, call Member Services 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 for an HRA, please see the 2027 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 Only
- $1,800 for Self + One/Self and Family

HRAs provide tax-free reimbursement for out-of-pocket medical expenses. When you need to make a withdrawal, you won't 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.



Blue Rewards

Both you and your spouse can earn incentives for completing any or all of the following activities.

Earn $50

Complete a health assessment and opt-in to wellness emails.



Complete a health assessment and consent to receive wellness communications within 180 days of your effective date.

Earn up to $200

Complete Flex earnings activities.



Earn rewards by participating in one or more of the following programs:

- Health Coaching
- Unwinding
- SmartDollar
- Challenges
- Craving to Quit
- Ovia

Earn $100

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



Select a PCP and complete a health screening with your PCP or at a CVS MinuteClinic within 180 days of your effective date.

Earn $50

Update your health assessment.



Update or confirm your health assessment responses at least 90 days after your initial assessment and before the end of the benefit period.



Rewards are loaded to a medical expense debit card that can be used for eligible health, pharmacy, vision and dental expenses. To learn more, please visit our website, **carefirst.com/fedhmo/plan-information/blue-rewards.html**.

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.

Notes

Notes

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkpariịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į t'áá bich'į'jį' ha'át'íishį́į ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchííd hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

2027 Rate Information

	Enrollment Code	Your Monthly Share
Blue Value Plus Self Only	B64	$231.06
Blue Value Plus Self + One	B66	$462.11
Blue Value Plus Self and Family	B65	$548.98
HDHP Option Self Only	B61	$216.15
HDHP Option Self + One	B63	$432.29
HDHP Option Self and Family	B62	$513.56
Standard Self Only	2G4	$602.81
Standard Self + One	2G6	$1,068.13
Standard Self and Family	2G5	$1,416.26

The premium is usually deducted from your monthly annuity.

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