



Health Care Options

January 1, 2020–December 31, 2020

GEORGETOWN UNIVERSITY

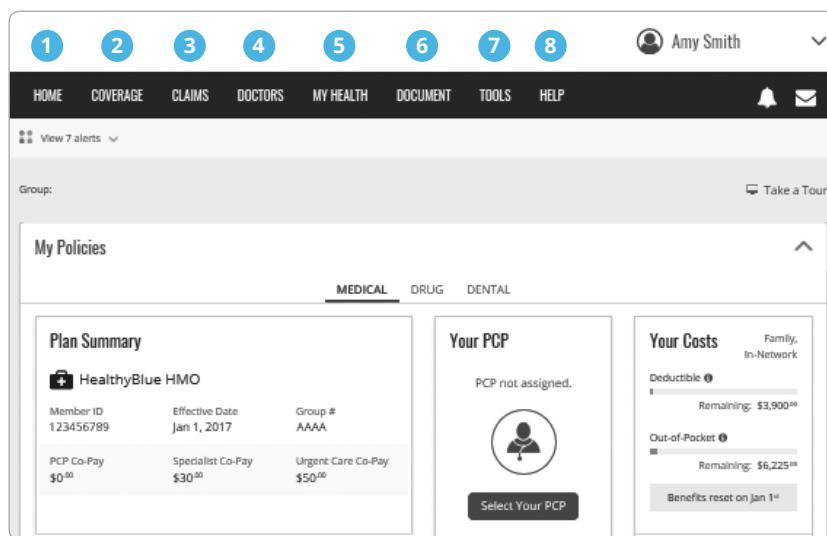
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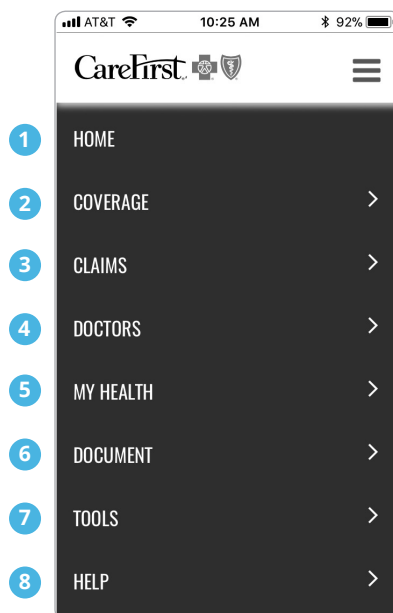
My Account

Online access to your health care information

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



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

- 1 Home**
 - Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
 - Manage your personal profile details (👤) including password, username and email, or choose to receive materials electronically
 - Send a secure message via the *Message Center* (✉)
 - Check *Alerts* (🔔) for important notifications
- 2 Coverage**
 - Access your plan information—plus, see who is covered
 - Update your other health insurance information, if applicable
 - View, order or print member ID cards
 - Review the status of your health expense account (HSA or FSA)¹

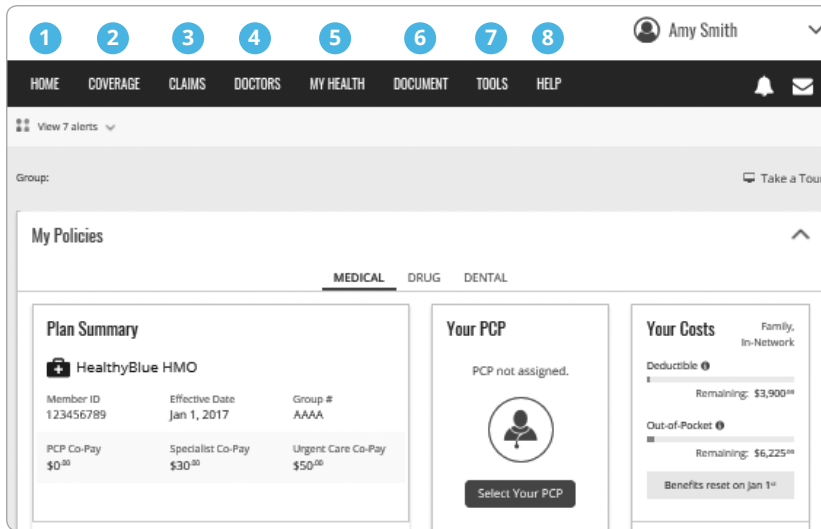


Signing up is easy

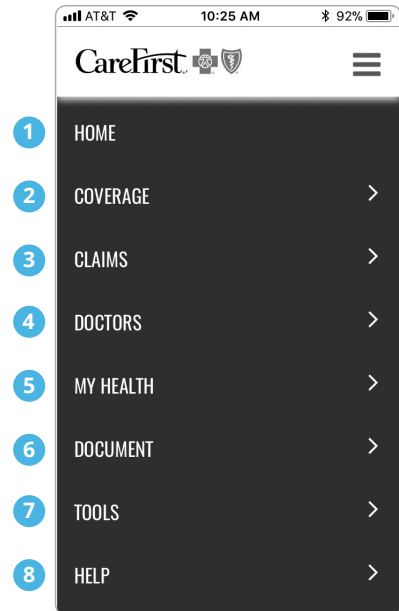
Information included on your member ID card will be needed to set up your account.

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

¹ Only if offered by your plan.



As viewed on a computer.



As viewed on a smartphone.

3 Claims

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

4 Doctors

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

5 My Health

- Learn about your wellness program options¹
- Locate an online wellness coach²

6 Documents

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

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³

8 Help

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

¹ Only if offered by your plan.

² Only available when using a computer.

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

Know Before You Go

Your money, your health, your decision

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

Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

24-hour Nurse Advice Line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit carefirst.com/georgetown for more information.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.



For more information, visit carefirst.com/georgetown.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs may vary for a sample health plan depending on where you choose to get care.

	POS ¹	CDHP ¹	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	Deductible, then 10% of Allowed Benefit	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear infection 	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	Deductible, then 10% of Allowed Benefit	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear infection 	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$40	Deductible, then 10% of Allowed Benefit	<ul style="list-style-type: none"> ▪ Sprains ▪ Cut requiring stitches ▪ Minor burns 	✗	✓
Emergency Room	\$100	Deductible, then 10% of Allowed Benefit	<ul style="list-style-type: none"> ▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain 	✓	✓

¹ As of 1/1/2018—Does not include the cost of prescriptions.

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/georgetown
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/georgetown.



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

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Find Providers and Estimate Treatment Costs

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

Find providers

carefirst.com/georgetown

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

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

Review providers

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

Make low-cost, high-quality decisions

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

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

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



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

Benefits at-a-Glance

Benefits	BlueChoice Advantage No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
Benefit Period 1/1/2020–12/31/2020		
ANNUAL DEDUCTIBLE		
Individual	\$0	\$1,000
Individual & Child(ren)	\$0	\$2,000 ³
Individual & Adult	\$0	\$2,000 ³
Family	\$0	\$2,000 ³
ANNUAL COINSURANCE LIMIT		
Individual	\$1,500 (combined In- and Out-of-Network)	\$5,000 (combined In- and Out-of-Network)
Individual & Child(ren)	\$3,000 ³ (combined In- and Out-of-Network)	\$10,000 ³ (combined In- and Out-of-Network)
Individual & Adult	\$3,000 ³ (combined In- and Out-of-Network)	\$10,000 ³ (combined In- and Out-of-Network)
Family	\$3,000 ³ (combined In- and Out-of-Network)	\$10,000 ³ (combined In- and Out-of-Network)
ANNUAL OUT-OF-POCKET LIMIT⁷ (INCLUDES DEDUCTIBLE, COINSURANCE & MEDICAL COPAYMENTS)		
Individual	\$6,000 (combined In- and Out-of-Network)	
Individual & Child(ren)	\$12,000 ³ (combined In- and Out-of-Network)	
Individual & Adult	\$12,000 ³ (combined In- and Out-of-Network)	
Family	\$12,000 ³ (combined In- and Out-of-Network)	
LIFETIME MAXIMUM		
Lifetime Maximum	None	
PREVENTIVE/WEEL CARE (ROUTINE)		
Well Baby/Child Visits (0 through 17 years)	No Charge	100% of Allowed Benefit, no deductible
Immunizations for adults and children as recommended by the Centers for Disease Control, U. S. Task Force of Preventive Care, and American Academy of Pediatrics	No Charge	100% of Allowed Benefit, no deductible
Annual Adult Physical Examination (age 18+) One per Year and Immunizations	No Charge	Not Covered
Routine GYN Services (including pap)	No Charge	100% of Allowed Benefit, no deductible
Screening Mammography	No Charge	100% of Allowed Benefit, no deductible
Cancer Screenings (Colonoscopy, Prostate and Colorectal)	No Charge	100% of Allowed Benefit, no deductible
INPATIENT HOSPITAL/FACILITY SERVICES (PREAUTHORIZATION REQUIRED)		
Room & Board (includes maternity and nursery charges) and Ancillary Services	100% of Allowed Benefit after \$200 per admission copay	70% of Allowed Benefit, after deductible
Organ Transplants (Preauthorization Required) Covered as stated in the Evidence of Coverage	100% of Allowed Benefit after \$200 per admission copay	70% of Allowed Benefit, after deductible
Skilled Nursing Facility (Preauthorization Required)	100% of Allowed Benefit (no per admission copay applies)	70% of Allowed Benefit, after deductible
Hospice Care Inpatient or Home Hospice (Preauthorization Required) Includes Bereavement and Family Counseling, Respite Care (certain day limits apply)	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
INPATIENT PROFESSIONAL/PRACTITIONER SERVICES		
Physician Surgical Services	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Anesthesia	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Consultations & Physician Visits	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Radiation Therapy, Chemotherapy and Renal Dialysis	100% of Allowed Benefit	70% of Allowed Benefit, after deductible

Benefits at-a-Glance

Benefits	BlueChoice Advantage CDHP with HSA No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
Benefit Period 1/1/2020–12/31/2020		
ANNUAL DEDUCTIBLE		
Individual	\$2,000	\$3,000
Individual & Child(ren)	\$4,000 ⁴	\$6,000 ⁴
Individual & Adult	\$4,000 ⁴	\$6,000 ⁴
Family	\$4,000 ⁴	\$6,000 ⁴
ANNUAL COINSURANCE LIMIT		
Individual	\$1,000 (combined In- and Out-of-Network)	\$3,000 (combined In- and Out-of-Network)
Individual & Child(ren)	\$2,000 ⁵ (combined In- and Out-of-Network)	\$6,000 ⁵ (combined In- and Out-of-Network)
Individual & Adult	\$2,000 ⁵ (combined In- and Out-of-Network)	\$6,000 ⁵ (combined In- and Out-of-Network)
Family	\$2,000 ⁵ (combined In- and Out-of-Network)	\$6,000 ⁵ (combined In- and Out-of-Network)
ANNUAL OUT-OF-POCKET LIMIT⁷ (INCLUDES DEDUCTIBLE, COINSURANCE, MEDICAL & RX COPAYMENTS)		
Individual	\$6,000 (combined In- and Out-of-Network)	
Individual & Child(ren)	\$12,000 ⁵ (combined In- and Out-of-Network)	
Individual & Adult	\$12,000 ⁵ (combined In- and Out-of-Network)	
Family	\$12,000 ⁵ (combined In- and Out-of-Network)	
LIFETIME MAXIMUM		
Lifetime Maximum	None	
PREVENTIVE/WEEL CARE (ROUTINE)		
Well Baby/Child Visits (0 through 17 years)	No Charge	70% of Allowed Benefit, after deductible
Immunizations for adults and children as recommended by the Centers for Disease Control, U. S. Task Force of Preventive Care, and American Academy of Pediatrics	No Charge	70% of Allowed Benefit, after deductible
Annual Adult Physical Examination (age 18+) One per Year and Immunizations	No Charge	70% of Allowed Benefit, after deductible
Routine GYN Services (including pap)	No Charge	70% of Allowed Benefit, after deductible
Screening Mammography	No Charge	70% of Allowed Benefit, after deductible
Cancer Screenings (Colonoscopy, Prostate and Colorectal)	No Charge	70% of Allowed Benefit, after deductible
INPATIENT HOSPITAL/FACILITY SERVICES (PREAUTHORIZATION REQUIRED)		
Room & Board (includes maternity and nursery charges) and Ancillary Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Organ Transplants (Preauthorization Required) Covered as stated in the Evidence of Coverage	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Skilled Nursing Facility (Preauthorization Required)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Hospice Care Inpatient or Home Hospice (Preauthorization Required) Includes Bereavement and Family Counseling, Respite Care (certain day limits apply)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
INPATIENT PROFESSIONAL/PRACTITIONER SERVICES		
Physician Surgical Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Anesthesia	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Consultations & Physician Visits	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Radiation Therapy, Chemotherapy and Renal Dialysis	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible

Benefits at-a-Glance

Benefits	BlueChoice Advantage No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
Benefit Period 1/1/2020–12/31/2020		
OUTPATIENT HOSPITAL/FACILITY SERVICES		
Emergency Care Services: Emergency Room Facility Services (Inside and Outside the service area)	100% of Allowed Benefit after \$100 copay per visit (copay waived if admitted)	Paid same as In-Network
Emergency Care Services: Emergency Room Physician Services (Inside and Outside the service area)	100% of Allowed Benefit	Paid same as In-Network
Cardiac Rehabilitation (Outpatient Freestanding Clinic or Outpatient Hospital only) 90 days per benefit period	\$20 copay PCP/ \$40 copay Specialist per visit applies to Facility	70% of Allowed Benefit, after deductible
Home Health Care	100% of Allowed Benefit	70% of Allowed Benefit, after deductible (90 visits per benefit period)
Outpatient Physical Therapy, Speech Therapy and Occupational Therapy (30 visits per condition per benefit period)	\$20 copay PCP/ \$40 copay Specialist per visit applies to Facility	70% of Allowed Benefit, after deductible
Minor/All Surgery (includes hospital based and freestanding surgical centers)	\$50 copay	70% of Allowed Benefit, after deductible
Preadmission Testing	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Laboratory Tests, X-rays & Diagnostic Services ⁶	\$40 copay	70% of Allowed Benefit, after deductible
Advanced Imaging (MRIs, CT and PET scans) ⁶	\$50 copay	70% of Allowed Benefit, after deductible
Diagnostic Mammogram	\$40 copay	70% of Allowed Benefit, after deductible
OUTPATIENT/OFFICE PROFESSIONAL SERVICES		
Physician Office Visit—Primary Care Provider	\$20 copay per visit	70% of Allowed Benefit, after deductible
Physician Office Visit—Specialist	\$40 copay per visit	70% of Allowed Benefit, after deductible
Urgent Care Centers	\$40 copay per visit	100% of Allowed Benefit after \$40 copay
Minor/All Surgery	\$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Anesthesia	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Allergy testing	\$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Allergy injections and serum	\$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Laboratory Tests, X-rays & Diagnostic Services ⁶	Office or Freestanding facility: \$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Advanced Imaging (MRIs, CT and PET Scans) ⁶	Office or Freestanding facility: \$50 copay	70% of Allowed Benefit, after deductible
Outpatient Chiropractic (limited to 20 visits per benefit period)	\$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Physical Therapy, Speech Therapy and Occupational Therapy (30 visits per condition per benefit period)	\$20 copay PCP/\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Hearing Aids (covered for dependent children up to age 26) One hearing aid for each hearing impaired ear once every 36 months	100% of Allowed Benefit	Not Covered
Acupuncture (limited to 20 visits per benefit period)	\$40 copay Specialist per visit	70% of Allowed Benefit, after deductible
Artificial and Intrauterine Insemination ⁸ (limited to 6 attempts per live birth)	\$20 copay PCP/\$40 copay Specialist per visit	Not Covered
In Vitro Fertilization ⁸	Not Covered	Not Covered
Emergency Services Office—Evaluation/examination not rendered in a hospital emergency room/department	\$20 copay PCP/\$40 copay Specialist per visit	100% of Allowed Benefit after \$20 copay PCP/\$40 copay Specialist per visit
Ambulance (if medically necessary)	\$50 copay	Paid same as In-Network

Benefits at-a-Glance

Benefits	BlueChoice Advantage CDHP with HSA No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
OUTPATIENT HOSPITAL/FACILITY SERVICES		
Emergency Care Services: Emergency Room Facility Services (Inside and Outside the service area)	90% of Allowed Benefit, after deductible	Paid same as In-Network
Emergency Care Services: Emergency Room Physician Services (Inside and Outside the service area)	90% of Allowed Benefit, after deductible	Paid same as In-Network
Cardiac Rehabilitation (Outpatient Freestanding Clinic or Outpatient Hospital only) 90 days per benefit period	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Home Health Care	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Outpatient Physical Therapy, Speech Therapy and Occupational Therapy (30 visits per condition per benefit period)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Minor/All Surgery (includes hospital based and freestanding surgical centers)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Preadmission Testing	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Laboratory Tests, X-rays & Diagnostic Services ⁶	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Advanced Imaging (MRIs, CT and PET scans) ⁶	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Diagnostic Mammogram	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
OUTPATIENT/OFFICE PROFESSIONAL SERVICES		
Physician Office Visit—Primary Care Provider	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Physician Office Visit—Specialist	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Urgent Care Centers	90% of Allowed Benefit, after deductible	90% of Allowed Benefit, after deductible
Minor/All Surgery	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Anesthesia	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Allergy testing	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Allergy injections and serum	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Laboratory Tests, X-rays & Diagnostic Services ⁶	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Advanced Imaging (MRIs, CT and PET Scans) ⁶	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Outpatient Chiropractic (limited to 20 visits per benefit period)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Physical Therapy, Speech Therapy and Occupational Therapy (30 visits per condition per benefit period)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Hearing Aids (covered for dependent children up to age 26) One hearing aid for each hearing impaired ear once every 36 months	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Acupuncture (limited to 20 visits per benefit period)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Artificial and Intrauterine Insemination ⁸ (limited to 6 attempts per live birth)	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
In Vitro Fertilization ⁸	Not Covered	Not Covered
Emergency Services Office—Evaluation/examination not rendered in a hospital emergency room/department	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Ambulance (if medically necessary)	90% of Allowed Benefit, after deductible	Paid same as In-Network

Benefits at-a-Glance

Benefits	BlueChoice Advantage No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
Benefit Period 1/1/2020–12/31/2020		
MATERNITY		
Pre and Postnatal Office Visits ³	\$20 PCP/\$40 Specialist per visit	70% of Allowed Benefit, after deductible
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE (PREAUTHORIZATION REQUIRED FOR INPATIENT ADMISSIONS)		
Inpatient Facility Services	100% of Allowed Benefit after \$200 per admission copay	70% of Allowed Benefit, after deductible
Inpatient Physician Services	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Outpatient Facility Services	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Outpatient Physician Services	\$20 copay applies to PCP or Specialist per visit	70% of Allowed Benefit, after deductible
Office Visits	\$20 copay applies to PCP or Specialist per visit	70% of Allowed Benefit, after deductible
Partial Hospitalization Facility Services & Physician Services	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Medication Management Visit	\$20 copay applies to PCP or Specialist per visit	70% of Allowed Benefit, after deductible
Halfway House	100% of Allowed Benefit after \$200 per admission copay	70% of Allowed Benefit, after deductible
MISCELLANEOUS		
Durable Medical Equipment & Medical Supplies	75% of Allowed Benefit	70% of Allowed Benefit, after deductible
Diabetes Equipment	100% of Allowed Benefit	70% of Allowed Benefit, after deductible
Diabetes Supplies	Covered under Prescription Drug Card	Covered under Prescription Drug Card
Routine Vision Exam (limited to 1 visit/benefit period) Benefits are not included for eye refractions	\$10 copay per visit at participating providers	Up to \$33.00 allowance toward exam
Eyeglasses and Contact Lenses	Discounts from Participating Davis Vision centers	

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

¹ In-Network: When covered services are rendered in Maryland, Washington, D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst Blue Choice Allowed Benefit is generally the contracted rate or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the Preferred Provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services that are established by the local BlueCross and BlueShield Plan, however, in certain circumstances, an allowance may be established by law.

² Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington, D.C. or Northern Virginia, or is not in the Preferred Provider network outside of the CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rate or fee schedule that are established by CareFirst BlueChoice, or the local BlueCross and BlueShield Plan, however, in certain circumstances, an allowance may be established by law. When services are rendered by non-participating or non-preferred providers, the member may be responsible for charges in excess of the Allowed Benefit. The difference between the Allowed Benefit and the charge for which the member is responsible will not contribute to the Out-of-Pocket Limit.

³ For purposes of determining the deductible amounts for those with coverage other than Individual, when one family member meets the individual deductible, they can start receiving benefits as indicated. For purposes of determining the out-of-pocket maximums for those with coverage other than Individual, when one family member meets the individual out-of-pocket amount, their services will be covered at 100% up to the Allowed Benefit. One family member cannot contribute more than the individual deductible amount or individual out-of-pocket amount.

⁴ For purpose of determining the deductible amounts for those with coverage other than Individual, all family member's expenses will be combined to meet the family deductible amount. There is no individual deductible. The family deductible amount must be met before any member starts receiving benefits as indicated above. The deductible may be met by one family member or any combination of members.

⁵ For purposes of determining the out-of-pocket amounts for those with coverage other than Individual, when one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount.

Benefits at-a-Glance

Benefits	BlueChoice Advantage CDHP with HSA No PCP Selection Required	
	In-Network ¹	Out-of-Network ²
Benefit Period 1/1/2020–12/31/2020		
MATERNITY		
Pre and Postnatal Office Visits ⁹	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE (PREAUTHORIZATION REQUIRED FOR INPATIENT ADMISSIONS)		
Inpatient Facility Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Inpatient Physician Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Outpatient Facility Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Outpatient Physician Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Office Visits	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Partial Hospitalization Facility Services & Physician Services	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Medication Management Visit	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Halfway House	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
MISCELLANEOUS		
Durable Medical Equipment & Medical Supplies	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Diabetes Equipment	90% of Allowed Benefit, after deductible	70% of Allowed Benefit, after deductible
Diabetes Supplies	Covered under Prescription Drug Card	Covered under Prescription Drug card
Routine Vision Exam (limited to 1 visit/benefit period) Benefits are not included for eye refractions	\$10 copay per visit at participating providers	Up to \$33.00 allowance toward exam
Eyeglasses and Contact Lenses	Discounts from Participating Davis Vision centers	

⁶ Members must use a LabCorp facility for any laboratory services in order to obtain coverage in-network when in the Maryland, Washington, D.C. and Northern Virginia service area. Services performed at a facility in Maryland, D.C., or Northern Virginia that is not part of the LabCorp network will be considered out-of-network. Any lab work performed in an outpatient hospital setting requires prior authorization.

⁷ Out-of-Network coinsurance amounts are based on a percentage of the Out-of-Network Allowed Benefit. When Out-of-Network services are rendered by a non-participating provider, the member is responsible for 100% of the charge. The difference between the Allowed Benefit and the charge does not contribute to the Out-of-Pocket limit.

⁸ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility as covered under the terms of the member's contract. Preauthorization required.

⁹ In-network preventive prenatal and postnatal office visits will be covered to the same extent as other In-network preventive office visits.

The deductible and out-of-pocket amounts are calculated based on the Allowed Benefit for Covered Services.

Mental Health Support

Well-being for mind and body

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

It's common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

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

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.



*If you are in crisis,
help is available 24/7
at 800-245-7013.*

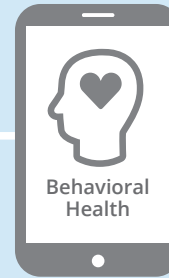
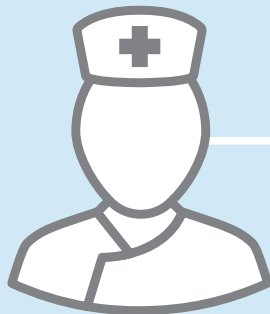
If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mentalhealth.

Take the Call

You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that's not all we do. We're there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse or health coach explaining the programs and inviting you to participate.

These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.







CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination or Behavioral Health

carefirst.com/georgetown

Take the Call

Here are a few examples of when we may contact you about these programs. Visit carefirst.com/takethecall to learn more.

	Program name	Overview	Why it's important	Communication
	Health & Wellness	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more	Letter or phone call from a Sharecare coach
	Complex Care Coordination	Support for a variety of critical health concerns or chronic conditions	Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor's recommendations, medications and treatment plans	Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)
	Hospital Transition of Care	Supporting transition from hospital to home	Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services	Onsite visit or phone call from a CareFirst nurse
	Behavioral Health and Substance Use Disorder	Support for mental health and/or addiction issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources	Phone call from a CareFirst behavioral health care coordinator

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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

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

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

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 መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèé. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà léyìn káàdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì 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 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.

Notice of Nondiscrimination and Availability of Language Assistance Services

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

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ kè bá nyo bě kè m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě bē m̄ kè dɛ wa m̄ m̄ kè nyuɛɛ nyu hwè bē wé bēá kè zi. ɔ̀ m̄ nì kpé bē m̄ kè bǎ̀ nǎ̀ kè kè gbo-kpá-kpá m̄ m̄ dyé dé nì bídí-wùdù mú bē m̄ kè se wídí dò péé. Kpoò̀ nyo bē m̄ dǎ́ fúùn-nòbà nǎ̀ dé waa I.D. káà̀ dɛín nyɛ. Nyo tò̀ sɛín m̄ dǎ́ nòbà nǎ̀ kè: 855-258-6518, kè m̄ m̄ fò tee bē wa kée m̄ gbo cɛ́ bē m̄ kè nòbà m̄ 0 kɛɛ dyi pàdà̀n hwè. ɔ̀ jù kè nyo dò dyi m̄ gǎ́ jǎ̀n, po wuɖu m̄ m̄ pòe dyie, kè nyo dò mu bó nìin bē ɔ̀ kè nì wuɖù 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। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

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

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

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

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

Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) 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 akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i 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 íł hane'ígíí bii' dahólq bee éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íłh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáłta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'íłt yaltí'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.

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