

# QHDP Summary of Benefits

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Services	In-network You Pay <sup>1,2</sup>	Out-of-network You Pay <sup>1,3</sup>
<b>Visit <a href="http://carefirst.com/doctor">carefirst.com/doctor</a> to locate providers</b>		
<b>24-HOUR NURSE ADVICE LINE</b>		
Free advice from a registered nurse. Visit <a href="http://carefirst.com/needcare">carefirst.com/needcare</a> to learn more about your options for care.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
<b>WELLNESS PROGRAM</b>		
Visit <a href="http://carefirst.com/myaccount">carefirst.com/myaccount</a> for more information.	You have access to a comprehensive wellness program as part of your medical plan.	
<b>ANNUAL MEDICAL DEDUCTIBLE (Benefit period)<sup>4</sup></b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)<sup>5</sup></b>		
Medical <sup>6</sup>	\$4,000 Individual/\$8,000 Family	\$8,000 Individual/\$16,000 Family
<b>PREVENTIVE SERVICES</b>		
Well-Child Care (including exams & immunizations)	No charge*	Deductible, then 40% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 40% of Allowed Benefit
Breast Cancer Screening	No charge*	No charge*
Pap Test	No charge*	No charge*
Prostate Cancer Screening	No charge*	No charge*
Colorectal Cancer Screening	No charge*	No charge*
<b>OFFICE VISITS, LABS AND TESTING</b>		
FACILITY CHARGE <sup>6</sup> —In addition to the physician copays/coinsurances listed below, if a service is rendered on a hospital campus, ADD facility charge if applicable	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Office Visits for Illness—PCP <sup>6,7</sup>	Virtual Connect Plus through selected providers, including CloseKnit <sup>9</sup> —No charge* ( <a href="http://carefirst.com/virtualconnect">carefirst.com/virtualconnect</a> ) All other providers—Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Convenience Care (retail health clinics such as CVS MinuteClinic)	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Office Visits for Illness—Specialist <sup>6,7</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Allergy Testing <sup>6</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Allergy Shots <sup>6</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Physical, Speech and Occupational Therapy <sup>6,9</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Chiropractic <sup>6</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Acupuncture <sup>6</sup>	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>EMERGENCY SERVICES</b>		
Urgent Care Center <sup>10</sup> (such as Patient First or Express Care)	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>Hospital Emergency Room Services<sup>10</sup></b>		
■ Facility	Deductible, then 20% of Allowed Benefit	In-network deductible, then 20% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	In-network deductible, then 20% of Allowed Benefit
Ambulance <sup>10</sup> (if medically necessary)	Deductible, then 20% of Allowed Benefit	In-network deductible, then 20% of Allowed Benefit

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<b>DIAGNOSTIC SERVICES</b>		
Labs <sup>11</sup>		
■ Non-Hospital/Freestanding Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Hospital	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
X-ray <sup>11</sup>		
■ Non-Hospital/Freestanding Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Hospital	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Imaging <sup>11</sup>		
■ Non-Hospital/Freestanding Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Hospital	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>HOSPITALIZATION (Members are responsible for both physician and facility fees)</b>		
Outpatient Surgical Center Services		
■ Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Outpatient Hospital Surgical Services		
■ Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Inpatient Hospital Services		
■ Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>HOSPITAL ALTERNATIVES</b>		
Home Health Care	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Hospice	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Skilled Nursing Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>MATERNITY</b>		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 40% of Allowed Benefit
Delivery and Facility Services	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Artificial and Intrauterine Insemination <sup>6,12</sup> (limited to up to \$20,000 lifetime maximum combined with IVF including non-iatrogenic related cryopreservation)	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
In Vitro Fertilization Procedures <sup>5,12</sup> (limited to up to \$20,000 lifetime maximum combined with IVF including non-iatrogenic related cryopreservation)	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER (Members are responsible for applicable physician and facility fees)</b>		
Office Visits	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Outpatient Services		
■ Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Inpatient Services		
■ Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
■ Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Durable Medical Equipment	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit
Hearing Aids (limited to one hearing aid per ear up to \$2,000 per ear every 36 months)	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit

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Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

\* No copayment or coinsurance.

- <sup>1</sup> When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
- <sup>2</sup> 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 BlueChoice Allowed Benefit is generally the contracted rates 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 Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- <sup>3</sup> 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 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 rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- <sup>4</sup> For family coverage only: The family deductible must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.
- <sup>5</sup> For family coverage only: 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. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum includes deductibles, copays and coinsurance.
- <sup>6</sup> Plan has integrated medical and prescription drug out-of-pocket maximum.
- <sup>7</sup> If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.
- <sup>8</sup> "Telemedicine services" refers to the use of interactive audio, including audio-only telephone conversation between a health care provider and the Member when required by law, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of e-mail, online questionnaires or Fax is not considered a telemedicine service. Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.
- <sup>9</sup> CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.
- <sup>10</sup> There are no limits for children until the end of the month in which the insured or enrollee turns 19 years of age when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
- <sup>11</sup> If the out-of-network benefit is listed as contributing toward the in-network deductible, then it also contributes toward the in-network out-of-pocket maximum.
- <sup>12</sup> Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging for In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered Out-of-Network. Members accessing laboratory, X-rays, and specialty Imaging services outside of Maryland, D.C. or Northern Virginia, may use any participating BlueCard PPO facility and receive in-network benefits.
- <sup>12</sup> 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. Preauthorization required.
- <sup>13</sup> Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging for In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered Out-of-Network. Members accessing laboratory, X-rays, and specialty Imaging services outside of Maryland, D.C. or Northern Virginia, may use any participating BlueCard PPO facility and receive in-network benefits.

**Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.**



Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. 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.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, 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.