



Health Benefit Options

**MONTGOMERY COUNTY
PUBLIC SCHOOLS**

Active/Retiree



Table of Contents

Welcome	1
BlueChoice Advantage POS/PPO.....	2
BlueChoice Advantage POS/PPO Summary of Benefits	4
BlueChoice HMO <i>Open Access</i>	6
BlueChoice HMO <i>Open Access</i> Summary of Benefits	8
Preferred Dental	10
CareFirst Vision	12
<i>My Account</i>	14
Know Before You Go	16
Health & Wellness	18
Find a Doctor, Hospital or Urgent Care.....	20

Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.



Managing your health care budget just got easier

With CareFirst's Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit www.carefirst.com to learn more!



BlueChoice Advantage POS/PPO

Offers you the freedom to choose

BlueChoice Advantage POS/PPO provides you with choices that offer control over your out-of-pocket costs. You have the freedom to visit any provider and your choice will determine your out-of-pocket costs.



No need to select a PCP or obtain a referral.

Benefits of BlueChoice Advantage POS/PPO

- Choose from more than 37,000 CareFirst BlueChoice providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Access to more than 1 million professional providers nationally through the BlueCard® PPO network.
- No PCP selection required.
- No PCP referral required to see a specialist.
- Pay predictable copays when you receive care from an in-network provider.
- Preventive services, including well child visits, annual adult physicals and routine cancer screenings at no cost.

How your plan works

The BlueChoice Advantage Plan POS/PPO offers you the flexibility and freedom to choose from both in and out-of-network providers.

Receiving care inside the CareFirst service area

When care is rendered in Maryland, Washington, D.C. or Northern Virginia, use the CareFirst BlueChoice or CareFirst PPO network to receive the highest level of coverage and pay lower out-of-pocket costs.

Receiving care outside the CareFirst service area

Members seeking care outside the CareFirst service area will lower costs by using a national BlueCard® PPO provider. Members will still have the option to opt-out of this network but will pay a higher out-of-pocket expense.

If you receive services from a provider outside of the BlueCard network, you will have to:

- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a deductible and coinsurance.

The choice is entirely yours. That's the advantage of this plan.

Hospital Authorization/Utilization Management

If you are receiving care in Maryland, Washington, D.C. or Northern Virginia, your CareFirst BlueChoice or out-of-network participating provider in the service area will obtain any necessary admission authorizations for in-area covered services.

If you are receiving care outside of Maryland, Washington, D.C. or Northern Virginia, you'll be responsible for obtaining authorization for services. Call toll-free at 866-PREAUTH (773-2884) for authorization.

Important terms

Allowed benefit is the dollar amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

Balance Billing is billing a member for the difference between the allowed charge and the actual cost.

Copay is a fixed dollar amount a member must pay for a covered service.

Coinsurance is a percentage of the doctor's charge or allowed benefit a member must pay for a covered service.

Deductible is the dollar amount of incurred covered expenses that the member must pay before CareFirst BlueChoice makes payment.

Your benefits

Step 1: Meet your deductible

Your plan requires you to meet an out-of-network deductible. You will be responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your full benefits will become available to you.

Your plan requires you to meet an out-of-network deductible. Deductible requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed deductible information.

Step 2: Your plan will start to pay for services

After you satisfy your deductible, your plan will start to pay for covered services.

Step 3: Your out-of-pocket maximum or out-of-pocket limit is the maximum amount you'll pay during your benefit period

Should you ever reach your out-of-pocket limit, CareFirst will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period. Any amount you pay towards your deductible and most copays and/or coinsurance will count towards your out-of-pocket limit.

If more than one person is covered under your plan, once the out-of-pocket limit is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket limit requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed out-of-pocket limit information.

BlueChoice Advantage

Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
Visit www.carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
ANNUAL DEDUCTIBLE⁴		
Individual	None	\$300
Family, Individual Children, Individual Adult	None	\$600
ANNUAL OUT-OF-POCKET MAXIMUM⁵		
Medical	None	\$1,000 Individual/\$2,000 Family
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum Benefit	None	None
PREVENTIVE SERVICES**		
Well-Child Care (including exams & immunizations)	\$15 per visit	20% of Allowed Benefit*
Adult Physical Examination (including routine GYN visit)	\$15 per visit	Not covered
Breast Cancer Screening	\$15 per visit	Deductible, then 20% of Allowed Benefit
Pap Test	\$15 per visit	Deductible, then 20% of Allowed Benefit
Prostate Cancer Screening	\$15 per visit	Deductible, then 20% of Allowed Benefit
Colorectal Cancer Screening	\$15 per visit	Deductible, then 20% of Allowed Benefit
OFFICE VISITS, LABS & TESTING		
Office Visits for Illness	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁶	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Lab ⁶	No charge*	Deductible, then 20% of Allowed Benefit
X-ray ⁶	No CHARGE*	Deductible, then 20% of Allowed Benefit
Allergy Testing	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Allergy Shots	No charge*	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy ⁷ (limited to 90 visits/injury/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit
Chiropractic	\$20 per visit	Deductible, then 20% of Allowed Benefit
EMERGENCY SERVICES		
Urgent Care Center	\$20 per visit	\$20 per visit
Emergency Room—Facility Services	20% of Allowed Benefit plus \$100 per visit (waived if admitted)	20% of Allowed Benefit plus \$100 per visit (waived if admitted)
Emergency Room—Physician Services	20% of Allowed Benefit	20% of Allowed Benefit
Ambulance (if medically necessary)	No charge*	No charge*
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	No charge*	Deductible, then 20% of Allowed Benefit
Hospice (Outpatient—unlimited during Hospice eligibility period)	No charge*	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days/benefit period)	No charge*	Deductible, then 20% of Allowed Benefit

Services	In-Network You Pay	Out-of-Network You Pay
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	\$20 per visit	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge*	Deductible, then 20% of Allowed Benefit
In Vitro Fertilization Procedures ⁸ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	No charge*	Deductible, then 20% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE ABUSE (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	\$15 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$15 per visit	Deductible, then 20% of Allowed Benefit
Office Visits	\$15 per visit	Deductible, then 20% of Allowed Benefit
Medication Management	\$15 per visit	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	25% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Hearing Aids for ages 0–18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*	No charge*
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Total charge minus \$33 Allowed Benefit
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

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.

** Applies to Services not specifically listed in the previous Preventive Services chart

¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

² 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.

³ 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.

⁴ For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

⁵ 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.

⁶ If you receive laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) members should use LabCorp to receive In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered out-of-network. If you receive laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO laboratory and receive in-network benefits.

⁷ There are no limits for children under age 19 when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.

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. Preauthorization required.

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.

The benefits described are issued under form numbers: MD/CFBC/GC (R. 1/13); MD/CFBC/HPN/EOC (R. 6/10); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/PPN/ DOCS (R. 6/10); MD/CFBC/PPN SOB (R. 6/10); MD/CFBC/ELIG (R. 7/09); MD/CFBC/RX (R. 7/12) and any amendments.

BlueChoice HMO Open Access

An HMO plan with no referrals required

With a BlueChoice HMO *Open Access* plan, your primary care provider (PCP) provides preventive care and works with you to find specialty care using a large network of CareFirst BlueChoice specialists. However, unique to this plan is its Open Access feature which allows you to visit specialists directly without needing a referral from your PCP.

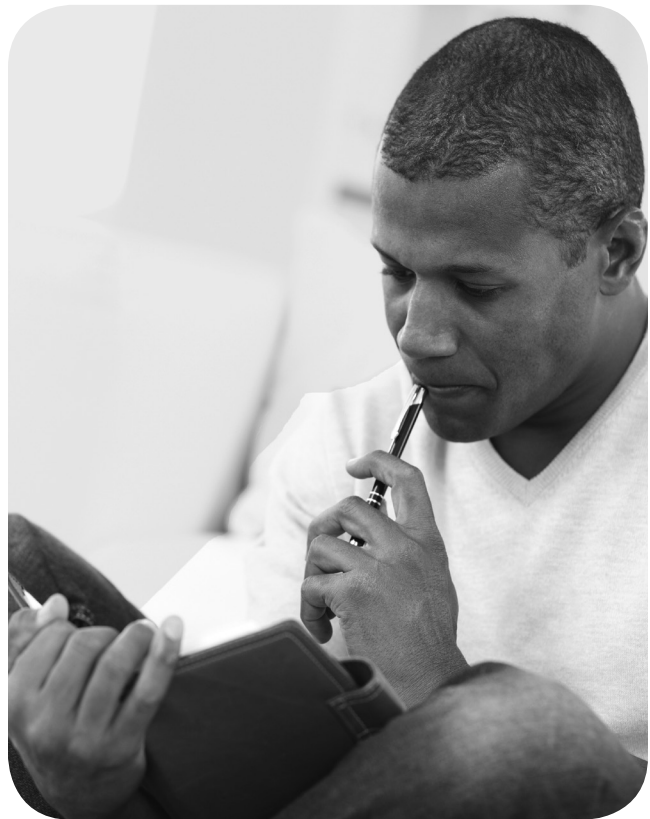
Take advantage of your benefits

- Choose from more than 35,000 providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia
- HMO plans encourage you to establish a relationship with your PCP for consistent, quality care
- No PCP referral required to see a specialist
- Receive comprehensive coverage for preventive health care visits at no cost
- Avoid the unwelcome surprise of high medical costs with predictable copays and deductibles (if applicable)
- Access the Away From Home Care® program to enjoy plan benefits if you're out of the area for at least 90 days

How your plan works

Establishing a relationship with one provider is the best way for you to receive consistent, quality health care. When you enroll in a BlueChoice HMO *Open Access* plan, you will select a PCP to manage your primary medical care. Make sure you select a PCP for not only yourself but each of your family members as well. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in either family practice, general practice, pediatrics or internal medicine.

With this plan, you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP. However, to ensure you take advantage of lower out-of-pocket costs, we encourage you to first call your PCP when you need care.



The BlueChoice HMO plan achieved a “Commendable” rating from the National Committee for Quality Assurance (NCQA).

Your PCP can:

- Provide basic medical care
- Prescribe any medications you need
- Maintain your medical history
- Work with you to determine when you should see a specialist
- Assist you in the selection of a specialist, if needed

Make sure you only receive care from a CareFirst BlueChoice provider or you will not be covered, with the exception of emergency services and follow-up care after emergency surgery.

Your benefits

Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the entire cost of services up to the amount of your deductible. Once your deductible is satisfied, your BlueChoice HMO *Open Access* coverage will become available to you. Some services do not require you to meet a deductible first.

If more than one person is covered under your plan, once the total deductible amount is satisfied, the plan will start to make payments for everyone covered. Deductible requirements can vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed deductible information.

Step 2: Your plan will start to pay for services

After you satisfy your deductible (if applicable), your plan will start to pay for covered services, as long as you visit participating CareFirst BlueChoice providers and facilities. Depending on your particular plan, you may have to pay a copay or coinsurance when you receive care.

Step 3: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you pay during your benefit period. Should you reach your out-of-pocket maximum, CareFirst BlueChoice, Inc. will then pay 100% of the allowed benefit for covered services for the remainder of the benefit period. Any amount you pay toward your deductible (if applicable) and most

copays and/or coinsurance will count toward your out-of-pocket maximum.

If more than one person is covered under your BlueChoice HMO *Open Access* plan, once the family out-of-pocket maximum is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family). Members should refer to their Certificate or Evidence of Coverage for detailed out-of-pocket maximum information.

Laboratory services

To receive the maximum laboratory benefit from your BlueChoice HMO *Open Access* plan, you must use a LabCorp® facility for any laboratory services. Services performed at a facility that is not part of the LabCorp network may not be covered under your plan. Also, any lab work performed in an outpatient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call 888-522-2677 (LAB-CORP) or visit www.labcorp.com.

Out-of-area coverage

Out-of-area coverage is limited to emergency or urgent care only. However, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart. For more information on Away From Home Care, please call Member Services at the phone number listed on your identification card.

BlueChoice HMO Open Access

Summary of Benefits

Services	In-Network You Pay
	Visit www.carefirst.com/doctor to locate providers
FIRSTHELP—24/7 NURSE ADVICE LINE	
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.
PREVENTIVE SERVICES**	
Well-Child Care (including exams & immunizations)	\$10 PCP/\$15 Specialist
Adult Physical Examination (including routine GYN visit)	\$10 PCP/\$15 Specialist
Breast Cancer Screening	\$10 PCP/\$15 Specialist
Pap Test	No charge*
Prostate Cancer Screening	\$10 PCP/\$15 Specialist
Colorectal Cancer Screening	\$10 PCP/\$15 Specialist
OFFICE VISITS, LABS AND TESTING	
Office Visits for Illness	\$10 PCP/\$15 Specialist per visit
Imaging (MRA/MRS, MRI, PET & CAT scans) ²	No charge*
Lab ²	No charge*
X-ray ²	No charge*
Allergy Testing	\$15 PCP/\$25 Specialist per visit
Allergy Shots	\$10 PCP/\$15 Specialist per visit
Physical, Speech and Occupational Therapy ⁶ (limited to 30 visits/injury/benefit period)	\$15 per visit
Chiropractic (limited to 20 visits/benefit period)	\$15 per visit
EMERGENCY SERVICES	
Urgent Care Center	\$15 per visit
Emergency Room—Facility Services	\$100 per visit (waived if admitted)
Emergency Room—Physician Services	No charge*
Ambulance (if medically necessary)	No charge*
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)	
Outpatient Facility Services	No charge*
Outpatient Physician Services	No charge*
Inpatient Facility Services	No charge*
Inpatient Physician Services	No charge*
HOSPITAL ALTERNATIVES	
Home Health Care	No charge*
Hospice	No charge*
Skilled Nursing Facility	No charge*

Services	In-Network You Pay
MATERNITY	
Preventive Prenatal and Postnatal Office Visits	\$15 per visit
Delivery and Facility Services	No charge*
Nursery Care of Newborn	No charge*
Artificial and Intrauterine Insemination ⁴ (limited to 6 attempts per live birth)	50% of the Allowed Benefit
In Vitro Fertilization Procedures ⁴ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	50% of the Allowed Benefit
MENTAL HEALTH AND SUBSTANCE ABUSE (Members are responsible for applicable physician and facility fees)	
Inpatient Facility Services	No charge*
Inpatient Physician Services	No charge*
Outpatient Facility Services	No charge*
Outpatient Physician Services	\$10 per visit
Office Visits	\$10 per visit
Medication Management	\$10 per visit
MEDICAL DEVICES AND SUPPLIES	
Durable Medical Equipment	25% of Allowed Benefit
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*

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.

** Applies to Services not specifically listed in the previous Preventive Services chart

¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

² Members who reside in the CareFirst service area must use LabCorp as their Lab Test facility and freestanding facilities for Imaging and X-rays.

³ There are no limits for children under age 19 when Physical, Speech or Occupational Therapy is included as part of Habilitative Services..

⁴ 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.

Note: Upon enrollment in CareFirst BlueChoice, you will need to select a Primary Care Provider (PCP). To select a PCP, go to www.carefirst.com for the most current listing of PCPs from our online provider directory. You may also call the Member Services toll free phone number on the front of your CareFirst BlueChoice ID card for assistance in selecting a PCP or obtaining a printed copy of the CareFirst BlueChoice provider directory.

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.

The benefits described are issued under form numbers: MD/CFBC/GC (R. 1/13); MD/CFBC/EOC (R. 4/08); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/DOCS (R. 4/08); MD/BC-OOP/SOB (R. 4/08); MD/CFBC/ELIG (R.7/09); MD/CFBC/RX (R. 7/12) and any amendments.

Preferred Dental

Includes access to a national provider network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia may be included—ask your benefits manager for details).
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Frequently asked questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day at www.carefirst.com/doctor. Click on the Dental tab, followed by Preferred Dental (PPO).

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 888-755-2657 between 8:30 am and 5:15 pm ET, Monday–Friday.

¹ The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

	In-Network You Pay	Out-of-Network You Pay
MAXIMUM ANNUAL BENEFIT	\$2,000 (combined in-and out-of-network)	
ANNUAL DEDUCTIBLE		
■ Class I	None	None
■ Class II & Class III	\$50	\$100
■ Class IV & Class V	\$50	\$100
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)		
<ul style="list-style-type: none"> ■ Oral Exams (three per benefit period) ■ Prophylaxis (two cleanings per benefit period) ■ Bitewing X-rays ■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) 	<ul style="list-style-type: none"> ■ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19) ■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 16) ■ Space maintainers (once per 60 months) ■ Palliative emergency treatment 	<p>No charge¹</p> <p>20% of Allowed Benefit¹</p>
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none"> ■ Direct placement fillings using approved materials (one filling per surface per 12 months) 	<ul style="list-style-type: none"> ■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment) ■ Simple extractions 	<p>Deductible, then no charge¹</p> <p>Deductible, then 20% Allowed Benefit¹</p>
MAJOR SERVICES – SURGICAL (CLASS III)		
<ul style="list-style-type: none"> ■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months) ■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy) 	<ul style="list-style-type: none"> ■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) ■ General anesthesia rendered for a covered dental service ■ Removal of impacted teeth 	<p>Deductible, then no charge¹</p> <p>Deductible, then 20% Allowed Benefit¹</p>
MAJOR SERVICES – RESTORATIVE (CLASS IV)		
<ul style="list-style-type: none"> ■ Full and/or partial dentures (once per 60 months) ■ Fixed bridges, crowns, inlays and onlays (once per 60 months) ■ Denture adjustments and relining (limits apply for regular and immediate dentures) 	<ul style="list-style-type: none"> ■ Recementation of crowns, inlays and/or bridges (once per 12 months) ■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance) 	<p>Deductible, then 50% of Allowed Benefit¹</p> <p>Deductible, then 60% of Allowed Benefit¹ (\$400 maximum benefit per service)</p>
ORTHODONTIC SERVICES (CLASS V)		
<ul style="list-style-type: none"> ■ Benefits for orthodontic services are available for covered members prior to age 20 who meet treatment criteria. 	50% of Allowed Benefit ¹	70% of Allowed Benefit ¹
<ul style="list-style-type: none"> ■ Lifetime Maximum 	\$1,000 maximum (combined in-and out-of-network)	

¹ NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

CareFirst Vision

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?

To find a provider, go to www.carefirst.com and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but CareFirst Vision does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to www.carefirst.com, locate *For Members*, then click on *Forms, Vision, Davis Vision*.

Can I get contacts and eyeglasses in the same benefit period?

With CareFirst Vision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

Mail order replacement contact lenses

Free membership and access to a mail order replacement contact lens service provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-855-589-7911 or visit www.davisvisioncontacts.com.



Need more information?
Please visit
www.carefirst.com
or call **800-783-5602**.

(18-month benefit period)

In-Network	
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	Plan pays up to \$50 allowance Optometrist; \$66 Ophthalmologist; you pay balance.
FRAMES	
All Frames	Plan pays up to \$40 allowance, you pay balance
SPECTACLE LENSES	
Basic Single Vision (including lenticular lenses)	Plan pays up to \$40 allowance, you pay balance
Basic Bifocal	Plan pays up to \$70 allowance, you pay balance
Basic Trifocal	Plan pays up to \$90 allowance, you pay balance
CONTACT LENSES <i>(initial supply)</i>	
Medically Necessary Contacts	Plan pays up to \$230 allowance with prior approval, you pay balance
Contact Lens Collection	Plan pays up to \$80 allowance, you pay balance
In-Network	You Pay
LENS OPTIONS ¹ <i>(add to spectacle lens prices above)</i>	
Standard Progressive Lenses	\$65
Premium Progressive Lenses (Varilux®, etc.)	\$105
Polarized Lenses	\$75
High Index Lenses	\$60
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$35
Scratch-Resistant Coating	included
Standard Anti-Reflective (AR) Coating	\$40
Premium AR Coating	\$55
Ultra AR Coating	\$69
Ultraviolet (UV) Coating	\$15
Tinting	No copay
Plastic Photosensitive Lenses	\$70
Refractions	\$32

In-Network	Discount Vision
Contacts Mail Order ¹ Contact Lens Replacement Online	Up to 40% off retail price, you pay balance
Eyeglasses	Up to 20%–50% off retail price, you pay balance
Laser Vision Correction ¹	Up to 25% off allowed amount or 5% off advertised special ² , you pay balance

Out-of-Network	Member Files Claim
Routine Eye Examination with dilation (per benefit period)	Member is reimbursed up to \$50 Optometrist; \$66 Ophthalmologist
Frames	Member is reimbursed up to \$40
Single Lenses	Member is reimbursed up to \$40
Bifocal Lenses	Member is reimbursed up to \$70
Trifocal Lenses	Member is reimbursed up to \$90
Lenticular (post-cataract) Eyeglass Lenses	Member is reimbursed up to \$240
Medically Necessary Contacts	Member is reimbursed up to \$230

¹ These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Some providers in Maryland may no longer provide these discounts.

² Some providers have flat fees that are equivalent to these discounts.

Exclusions

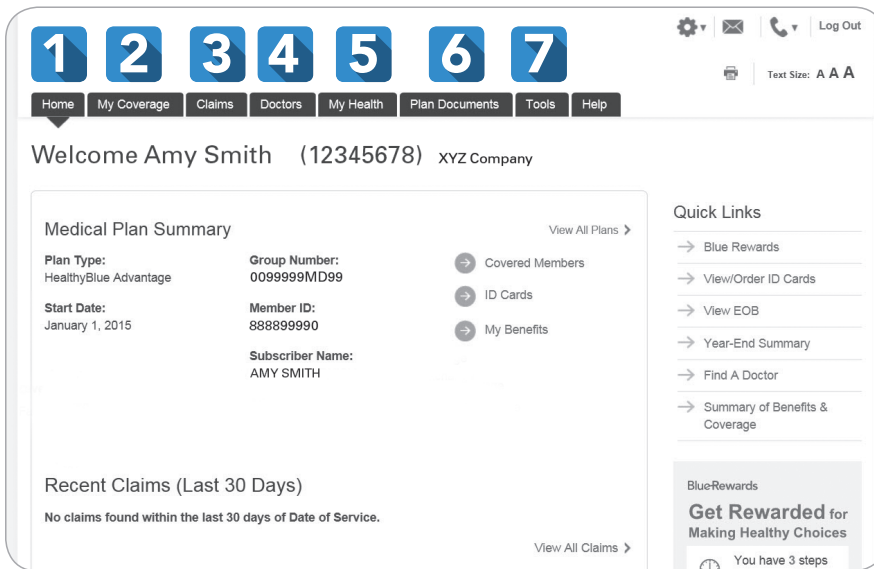
The following services are excluded from coverage:

1. Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

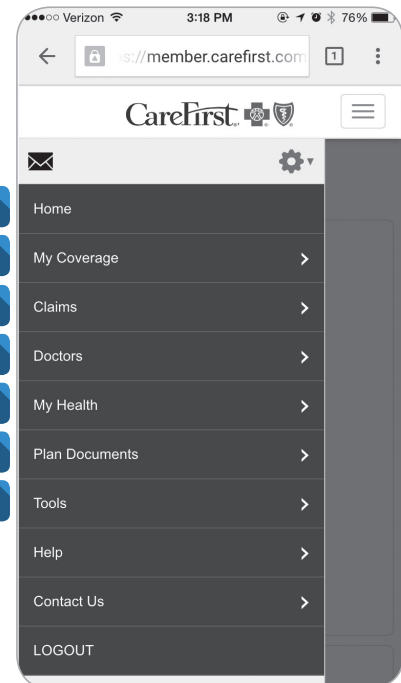
My Account

Online access to your health care information

View your personalized health insurance information online with *My Account*. Simply log on to **www.carefirst.com** from your computer, tablet or smartphone for real-time information about your plan.



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1. Home

- Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
- Use *Settings* ⚙️ to manage your password and communications preferences
- Access the Message Center ✉️

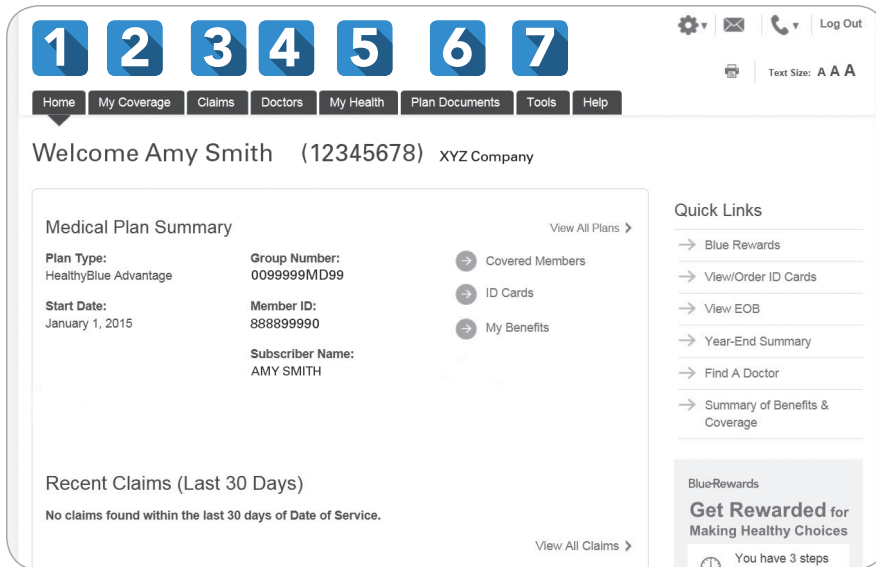
2. My Coverage

- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Order and refill prescriptions^{1,2}
- View prescription drug claims^{1,2}
- Find a pharmacy¹
- Oversee your BlueFund account

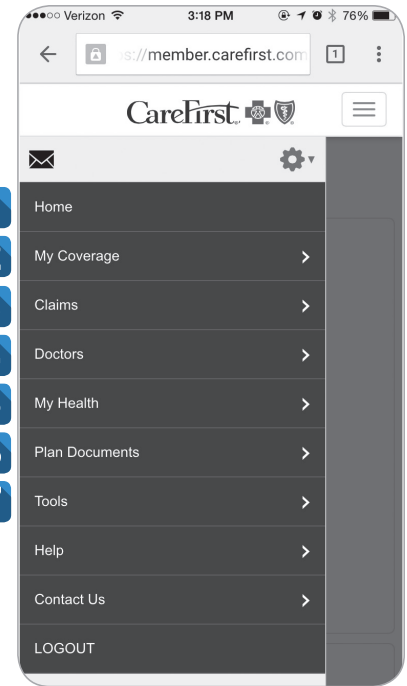
Signing up is easy

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

- Visit **www.carefirst.com**
- Select *Register Now*
- Create your User ID and Password



As viewed on a computer.



As viewed on a smartphone.

3. Claims

- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary

4. Doctors

- Select or change your primary care provider (PCP)
- Search for a specialist

5. My Health

- Learn about your wellness program options²
- Locate an online wellness coach²
- Track your Blue Rewards progress

6. Plan Documents

- Look up your forms and other plan documentation²
- Review your member handbook²

7. Tools

- Treatment Cost Estimator
- Drug pricing tool^{1,2}
- Hospital comparison tool²

¹ These features are available only if your drug benefits are provided by CareFirst.

² These features are available only when using a computer at this time.

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.

FirstHelp—free 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 www.carefirst.com/needcare 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.

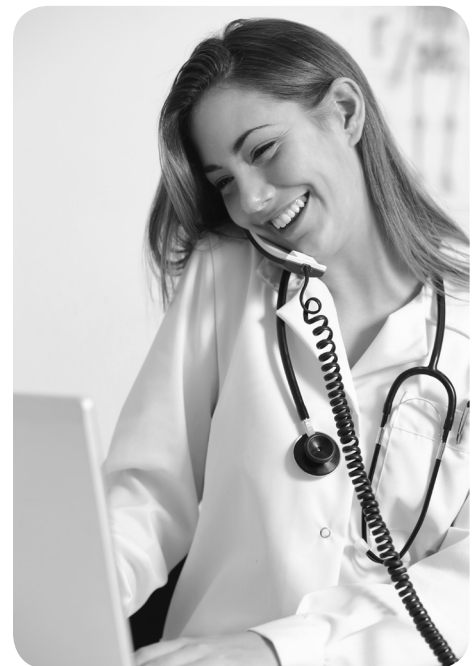
Urgent care centers

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.

**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.*



For more information, visit
www.carefirst.com/needcare.

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.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<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	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns 	✗	✓
Emergency Room	\$200	<ul style="list-style-type: none"> ■ Chest pain ■ Difficulty breathing ■ Abdominal pain 	✓	✓

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.



*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.

To determine your specific benefits and associated costs:

- Log in to *My Account* at www.carefirst.com/myaccount
- 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 www.carefirst.com/needcare.

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.

Health & Wellness

Take charge

Whether you're looking for health and wellness tips, discounts on health-related services, or support to manage a health condition, we have the resources to help you get on the path to better well-being.

With our Health & Wellness program you can

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle issues.
- Access online tools to help you get and stay healthy.
- Manage chronic conditions and deal with unexpected health issues.

15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment. 24 hours after you complete the survey, you'll receive your personalized well-being score, along with a link to create your own personal well-being plan.

Take your well-being assessment today—these may be the most important questions you'll ever answer! Get started by logging in to *My Account* at www.carefirst.com/myaccount. Next, click on *Health Assessment and Online Coaching* under *Quick Links*.

Getting healthy

Based on your results after completing the well-being assessment, a health coach may contact you to discuss your results. The health coach will refer you to the appropriate resources, tools and programs that can guide you toward better health.

Health Coaching

Participate in confidential lifestyle and health coaching programs to help improve your health. Your coach will monitor your progress and provide support with programs like tobacco cessation, weight loss and disease management for conditions like diabetes or chronic obstructive pulmonary disease.



Don't forget to take your well-being assessment to get an immediate picture of your health.

Online health and wellness tools

Looking for tools and resources that empower you to take action, stay connected and get inspired? Log in to *My Account* at www.carefirst.com/myaccount to take advantage of

Well-Being Connect™, our wellness portal:

- **Well-Being Plan**—A personalized, easy-to-navigate interactive plan including recommendations and focus areas to help keep you on track.
- **Resource Center**—Find a library of articles, videos and other resources specific to your interests and focus areas.
- **Trackers**—Record daily behaviors and check your progress for weight, exercise, medication, tobacco use, healthy eating and more. Share within your community group or on Facebook.
- **Social Networking**—Join chat sessions, update group activities and share information, personal stories, tips and successes even on Facebook.
- **Recipe Center**—Search thousands of healthy meal ideas, including cuisine-specific recipes and menus that map out calories and nutrition.
- **Message Center**—Receive health tips, activity tracker reminders and encouraging emails.

Vitality magazine

Vitality provides information about your health plan and includes articles on health and wellness topics, including nutrition, physical fitness and preventive health.

Wellness discount program

Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more.

Coordinating your care

Whether you're trying to get healthy or stay healthy, you need the best care. CareFirst has programs to help you take an active role in your health, address any health care issues and enjoy a healthier future.

Patient-Centered Medical Home (PCMH)

PCMH was designed to provide your primary care provider (PCP) with a more complete view of your health needs, as well as the care you receive from other providers. When you participate in this program, you are the focus of an entire health care team whose goal is to keep you in better health and manage any current or potential health risks.

If you have a chronic condition, or are at risk for one, your PCP may:

- Create a care plan based on your health needs with specific follow-up activities to help you manage your health.
- Provide access to a care coordinator, who is a registered nurse, so you have the support you need, answers to your questions and information about your care.

Find a participating PCMH provider in our provider directory at www.carefirst.com/findadoc.

Case Management

If you have a serious illness or injury, our Case Management program can help you navigate the health care system and provide support along the way. Our case managers are registered nurses who will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Answer any of your questions.

Our Case Management program is voluntary and confidential. For more information, or to enroll, call 888-264-8648.

Find a Doctor, Hospital or Urgent Care

www.carefirst.com/doctor

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor or a facility, www.carefirst.com can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at www.carefirst.com. The site is updated weekly, so you always have the most up-to-date information available.



The most up-to-date information

Go to www.carefirst.com/doctor. From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.
- Select a Primary Care Physician.

Click "Find Providers" tab on www.carefirst.com to:

- Learn more about our Directory.
- Change your PCP.
- Research a Doctor or Hospital.
- Learn about Specialists.

The screenshot shows the CareFirst website interface. At the top, there are navigation tabs for 'Individuals', 'Employers', 'Providers', and 'Brokers'. A search bar is located in the top right corner. Below the navigation, there are links for 'Home', 'Health Care Reform', 'Find the Right Plan', 'Health & Wellness', 'Find Providers', and 'For Members'. A 'Login' button is also present. The main content area features a 'Mobile Access' section with a smartphone image and a 'Buy Health Insurance Now!' button. Below this is a 'Quick Links' section with various links. The 'Find a Provider' section includes a search form with a 'Provider Last Name' input field and a 'Search' button. Other sections include 'Already a Member?' with a 'Log in to My Account' button, and 'Need Health Insurance?' with links to ACA plans, Individual & Family Plans, Medigap Plans, and Part D Plans. At the bottom, there are 'CareFirst Features' and 'Recent Updates' sections.

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

www.carefirst.com

Health benefits administered by:



CONNECT WITH US:



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., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. [®] Registered trademark of the Blue Cross and Blue Shield Association.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. 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.

Civil Rights Coordinator, Corporate Office of Civil Rights

Telephone Number 410-528-7820
Mailing Address P.O. Box 8894
Baltimore, Maryland 21224
Fax Number 410-505-2011
Email Address civilrightscordinator@carefirst.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

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

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

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

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

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

Èdè Yorùbá (Yoruba) Ìtẹ̀tíléko: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fi sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ 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.

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

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

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

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

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

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

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

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

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

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

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