



# Retiree Non-Medicare & Medicare Health Benefit Options 2020

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Visit our website: [carefirst.com/mcps](https://carefirst.com/mcps)



**MONTGOMERY COUNTY PUBLIC SCHOOLS**

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# Welcome

## Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (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.

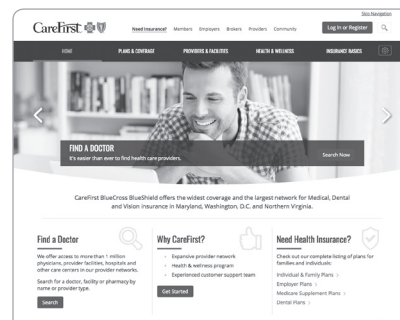
### What's covered

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.



Visit [carefirst.com/mcps](https://carefirst.com/mcps) for up-to-date information on your plan.

# BlueChoice Advantage POS

*Offers you the freedom to choose*

BlueChoice Advantage offers in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist. We also offer online tools and resources at **carefirst.com** that give you the flexibility to manage your health care and wellness goals wherever you are.



## Take advantage of your benefits

- \$0 cost for comprehensive preventive health care visits.
- Choose any provider you want—no referrals required.
- A network of almost 40,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care, including a free 24-hour nurse advice line, video visits, convenience care clinics and urgent care centers.
- If you need care outside the CareFirst BlueCross BlueShield (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to thousands of providers in all 50 states and receive in-network benefits when you see a BlueCard® PPO provider.

## Benefits at a glance



### Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



### Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.



### Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.



### Hospital services

You're covered for overnight hospital stays. You're also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.



### Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).



### Well-child visits

All well-child visits and immunizations are covered.



### Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.



### Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

## How your plan works

### Receiving care inside the CareFirst service area

When you need care in Maryland, Washington, D.C. or Northern Virginia, select a provider in the CareFirst BlueChoice network to receive **in-network** coverage and pay the lowest out-of-pocket costs.

If you receive care within our service area but outside the BlueChoice network, your benefits will be paid at the **out-of-network** level, but you'll incur lower costs by using a participating national BlueCard PPO provider. To find a national participating provider, visit [bcbs.com](http://bcbs.com).

If you receive services from a provider outside of the BlueChoice or national BlueCard PPO provider network, you may have to:

- Pay higher out-of-pocket costs
- Pay the provider's actual charge at the time you receive care
- File a claim for reimbursement
- Satisfy a higher deductible and/or coinsurance amount

### Receiving care outside the CareFirst service area

Members seeking care outside the CareFirst service area will pay the lowest 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 national BlueCard PPO network when you are out of the CareFirst service area, 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/copays

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

### Inside the CareFirst service area

*In-network you pay: \$*  
BlueChoice network



*Out-of-network you pay: \$\$*  
BlueCard PPO network

*Non-participating providers you pay: \$\$\$*  
(Balance billing may apply)

### Outside the CareFirst service area

*In-network you pay: \$*  
BlueCard PPO network



*Non-participating providers you pay: \$\$\$*  
(Balance billing may apply)



### Hospital authorization

CareFirst BlueChoice providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by out-of-network providers and out-of-area admissions. Call toll-free at 866-PREAUTH (773-2884).

Prior authorization is not required for emergency admissions or maternity admissions.

### Your benefits (out-of-network)

#### Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible\*:

- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

#### Step 2: Your plan will start to pay for services

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

### Important terms

**ALLOWED BENEFIT:** The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the CareFirst BlueChoice network cannot charge our members more than the allowed amount for any covered service.

**BALANCE BILLING:** Billing a member for the difference between the allowed charge and the actual charge.

**COINSURANCE:** The percentage of the allowed benefit you pay after you meet your deductible.

**COPAY:** A fixed-dollar amount you pay when you visit a doctor or other provider.

**DEDUCTIBLE:** The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

**IN-NETWORK:** Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst BlueChoice network. Please refer to the *How your plan works* section for more information about in-network services in the CareFirst service area vs. out of the CareFirst service area.

**OUT-OF-NETWORK:** Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network. Please refer to the *How your plan works* section for more information about out-of-network services in the CareFirst service area vs. out of the CareFirst service area.

**PRIMARY CARE PROVIDER (PCP):** The doctor or medical professional you go to for primary care and who coordinates or arranges other services you need.

\* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.

### Step 3: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your 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.

Just like your deductible, there are different in-network and out-of-network amounts and the in- and out-of-network out-of-pocket maximums contribute toward one another.

Please keep in mind that out-of-pocket requirements also differ if your coverage is an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Certificate of Coverage.

### Labs, X-rays or specialty imaging

If you access laboratory services inside the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia) you must use LabCorp as your lab test facility for in-network benefits. Services performed by any other provider, while inside the CareFirst service area, will be considered out-of-network.

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

If you access laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO facility and receive in-network benefits. To find laboratory service providers outside of the CareFirst service area, visit our *Find a Provider* tool ([carefirst.com/doctor](http://carefirst.com/doctor)) and search by *Labs*.

If you need X-rays or other specialty imaging services when inside the CareFirst service area, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology. If you need X-rays or other specialty imaging services when outside the CareFirst service area, you may use any participating BlueCard PPO facility and receive in-network benefits.

### Out-of-area coverage

You have the freedom to take your health care benefits with you across the country. BlueCard PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits while traveling outside of the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia. The BlueCard program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

### Global coverage

If you travel outside of the U.S., access to quality medical coverage is essential to keeping you healthy and productive. With BlueCross BlueShield Global Core\* solutions from CareFirst, you'll receive:

- Access to nearly 170,000 English-speaking providers and more than 11,500 hospitals in nearly 200 countries worldwide
- 24/7 telephone support
- Seamless claims processing/reimbursement designed for occasional or short-term travel, the Core plan connects members with their home plan benefits to provide basic medical coverage outside of the U.S.

For more information on Global Core, please call 800-810-BLUE (2583).

\*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association

# BlueChoice Advantage POS

## Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
	Visit <a href="https://carefirst.com/mcps">carefirst.com/mcps</a> to locate providers	
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit <a href="https://carefirst.com/mcps">carefirst.com/mcps</a> 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 DEDUCTIBLE <sup>4</sup>		
Individual	None	\$300
Family, Individual Children, Individual Adult	None	\$600
ANNUAL OUT-OF-POCKET MAXIMUM <sup>5</sup>		
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) <sup>6</sup>	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Lab <sup>6</sup>	No charge*	Deductible, then 20% of Allowed Benefit
X-ray <sup>6</sup>	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 <sup>7</sup> (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	100% of Allowed Benefit plus \$100 per visit (waived if admitted)	100% of Allowed Benefit plus \$100 per visit (waived if admitted)
Emergency Room—Physician Services	No charge*	20% of Allowed Benefit
Ambulance (if medically necessary)	No charge*	No charge*



## BlueChoice Advantage POS Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
<b>HOSPITALIZATION (Members are responsible for applicable physician and facility fees)</b>		
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$20 per visit	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
<b>HOSPITAL ALTERNATIVES</b>		
Home Health Care	No charge*	Deductible, then 20% of Allowed Benefit
Hospice	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
<b>MATERNITY</b>		
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 <sup>8</sup> (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	No charge*	Deductible, then 20% of Allowed Benefit
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER (Members are responsible for applicable physician and facility fees)</b>		
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	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$20 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
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Durable Medical Equipment	No charge*	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*

## BlueChoice Advantage POS Summary of Benefits

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 MCPS Preventive Services chart

<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: 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.

<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.

<sup>6</sup> 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.

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

<sup>8</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.

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

*No referrals required*

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care. This plan also allows you to visit specialists directly—no referrals needed. We also offer online tools and resources at [carefirst.com/mcps](https://carefirst.com/mcps) that give you the freedom and flexibility to manage your health care and wellness goals wherever you are.



## Take advantage of your benefits

- A network of almost 40,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care including a free 24-hour nurse advice line, video visits, convenience care clinics and urgent care centers.
- \$0 cost for comprehensive preventive health care visits.
- Predictable copays and deductibles (if applicable).
- The Away from Home Care program allows you to take your plan benefits with you if you're out of the area for at least 90 days.
- Coverage for emergency or urgent care if you are outside CareFirst BlueCross BlueShield's service area (Maryland, Washington, D.C. and Northern Virginia).

## Benefits at a glance



### Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



### Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.



### Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.



### Prescription drug coverage

Your plan covers prescription drugs.



### Hospital services

You're covered for overnight hospital stays. You're also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all hospital services.



### Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).



### Well-child visits

All well-child visits and immunizations are covered.



### Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.



### Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment, provided through the CareFirst network.

## How your plan works

CareFirst BlueCross BlueShield has the region's largest network for doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

In-network doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs.

Out-of-network providers and doctors have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed.

## Your benefits

### Step 1: Select a PCP

Establishing a relationship with one doctor is the best way to receive consistent, quality health care. When you enroll in a BlueChoice HMO Open Access plan, you select a PCP—either a physician or nurse practitioner—to manage your primary medical care. Make sure you select a PCP for yourself and each of your covered family members. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in family practice, general practice, pediatrics or internal medicine.

To ensure that you receive the highest level of benefits and pay the lowest out-of-pocket costs for all services, see your PCP for preventive and routine care.

### Step 2: Your plan will start to pay for services

Your full benefits will become available as long as you visit participating CareFirst BlueChoice doctors and facilities. Depending on your particular plan, you will have to pay a copay when you receive care.

\* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.

### Labs, X-rays or specialty imaging

To get the most economical use out of your laboratory benefits, you must visit a LabCorp facility for any laboratory services. Services performed at a facility that isn't part of the LabCorp network will not be covered under your plan.

Also, any lab work performed in an out-patient 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 a LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit [labcorp.com](http://labcorp.com).

Diagnostic/imaging centers have equipment to produce various types of radiologic and electromagnetic images (such as X-rays, mammograms, CT and PET scans) and a professional staff to interpret the images. If you need X-rays or other specialty imaging services, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology.

### 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 ID card.

#### Important terms

**ALLOWED BENEFIT:** The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the CareFirst BlueChoice network cannot charge our members more than the allowed amount for any covered service.

**BALANCE BILLING:** Billing a member for the difference between the allowed charge and the actual charge.

**COINSURANCE:** The percentage of the allowed benefit you pay after you meet your deductible.

**COPAY:** A fixed-dollar amount you pay when you visit a doctor or other provider.

**DEDUCTIBLE:** The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

**IN-NETWORK:** Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst BlueChoice network.

**OUT-OF-NETWORK:** Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network. If you receive non-emergency or urgent services from an out-of-network provider or facility, you will be responsible for paying the entire amount billed.



# BlueChoice HMO Open Access

## Summary of Benefits

Services	In-Network You Pay
<b>PREVENTIVE SERVICES AND OFFICE VISITS</b>	
Routine/Preventive health exams**	\$10 PCP
Physician office visits	\$10 PCP/\$15 specialist
Well-child care including immunizations and boosters**	\$10 copay per visit
Colorectal screening**	\$10 PCP
Gynecological visit	\$10 PCP (no charge Pap smears)
Family planning and infertility benefits (including infertility testing, infertility and contraceptive counseling and intrauterine insemination)	\$10 PCP
Artificial insemination and in vitro fertilization	50% of Plan Allowance services subject to limitations as described in certificate of coverage
Allergy testing	\$10 copay per visit/\$15 copay per testing series
Allergy shots	\$10 PCP/\$15 specialist
Hearing aids for children under the age of 18 (For each ear every 36 months if prescribed, fitted and dispensed by a licensed audiologist)	100% of Plan Allowance
Outpatient Physical, Speech and Occupational Therapy (limited to 30 visits per calendar year)	\$15 copay per visit
<b>MEDICAL AND SURGICAL SERVICES</b>	
Outpatient physician services (specialist)	\$15 copay per visit
Outpatient surgery	\$10 PCP/\$15 specialist (Facility—No charge)
Morbid obesity surgery	\$10 PCP/\$15 specialist
Diagnostic tests, X-ray and lab tests at participating facilities	No charge
Chemotherapy (outpatient)	\$15 copay per visit
Radiation therapy (outpatient)	\$15 copay per visit
Renal dialysis	\$15 copay per visit
<b>HOSPITALIZATION (365 DAYS PER YEAR)</b>	
Room & Board (semi-private room)	No charge
Physician services	No charge

## BlueChoice HMO Open Access Summary of Benefits

Services	In-Network You Pay
<b>MATERNITY</b>	
Prenatal and postnatal care	\$15 copay per visit
Delivery and hospitalization	No charge
Nursery care of newborn	No charge
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Visits	\$10 copay
Hospitalization (includes halfway house)	No charge
Partial hospitalization	100%
Medication management	\$10 copay per visit
<b>EMERGENCY SERVICES</b>	
In plan urgent care center	\$15 copay
In plan physicians office	No charge*
Emergency room	\$100 (waived if admitted)
<b>SKILLED NURSING FACILITY</b>	
Room, board and physician and medical services	No charge
<b>HOSPICE CARE</b>	
Inpatient facility or at-home care	No charge
Home Health Care	No charge
<b>MISCELLANEOUS SERVICES</b>	
Ambulance	No charge
Medical devices (including durable medical equipment)	25% of Plan Allowance
Spinal Manipulation (up to 20 visits per calendar year)	\$15 copay

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

\* All services are reimbursed at the Plan Allowance.

\*\* Applies to services not specifically listed in the previous preventive care charts; In-Network only.

# BluePreferred EPO

*For retirees who reside outside the Maryland, Washington, D.C. or Northern Virginia service area*

With BluePreferred EPO, you have the freedom to visit any provider you choose. We also offer online tools and resources at [carefirst.com/mcps](https://carefirst.com/mcps) that give you the flexibility to manage your health care and wellness goals wherever you are.



## Take advantage of your benefits

- \$0 cost for comprehensive preventive health care visits.
- Choose any provider you want—no referrals required.
- You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard PPO, a program from the Blue Cross and Blue Shield Association. The BlueCard program includes more than 6,100 hospitals and 600,000 other health care providers nationally.
- Outside the United States, when you have Blue Cross Blue Shield Global Core, you have access to doctors and hospitals in nearly 200 countries and territories. For more information, visit [bcbsglobalcore.com](https://bcbsglobalcore.com).

## Benefits at a glance



### Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



### Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.



### Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.



### Hospital services

You're covered for overnight hospital stays. You are also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.



### Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).



### Well-child visits

All well-child visits and immunizations are covered.



### Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.



### Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

## How your plan works

CareFirst BlueCross BlueShield (CareFirst) has the region's largest network of doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

In-network doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket costs.

## Getting started with your plan

No matter which health plan you have, one of the first things you should do is choose an in-network primary care provider or PCP. By visiting your PCP for routine visits as recommended, he/she will get to know you, your medical history and your habits. Having a PCP who is familiar with your health can make it easier and faster to get the care you need. In addition, when you choose a PCP, you are one step closer to earning a financial reward!

With access to nearly 92 percent of all physicians in the United States, your doctor is likely in the network. To find regional and national providers, visit our *Find a Provider* tool ([carefirst.com/mcps](https://carefirst.com/mcps)) and search by the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan or by your doctor's name.

## Important terms

**ALLOWED BENEFIT:** The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the PPO network cannot charge our members more than the allowed amount for any covered service.

**COINSURANCE:** The percentage of the allowed benefit you pay after you meet your deductible.

**COPAY:** A fixed-dollar amount you pay when you visit a doctor or other provider.

**DEDUCTIBLE:** The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

**IN-NETWORK:** Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst's regional and national PPO network.

**OUT-OF-NETWORK:** Doctors, hospitals, labs and other providers or facilities that do not participate in CareFirst's regional and national PPO network.

\* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage. BluePreferred PPO is underwritten by Group Hospitalization and Medical Services, Inc. or CareFirst of Maryland, Inc.

# BluePreferred EPO Summary of Benefits

Services	In-Network You Pay <sup>1,2</sup>
Visit <a href="https://carefirst.com/mcps">carefirst.com/mcps</a> to locate providers	
<b>FIRSTHELP—24/7 NURSE ADVICE LINE</b>	
Free advice from a registered nurse. Visit <a href="https://carefirst.com/mcps">carefirst.com/mcps</a> 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.
<b>PREVENTIVE SERVICES***</b>	
Well-Child Care (including exams & immunizations)	\$10 PCP
Adult Physical Examination (including routine GYN visit)	\$10 PCP/\$15 Specialist
Breast Cancer Screening	\$10 PCP
Pap Test	No charge*
Prostate Cancer Screening	\$10 PCP
Colorectal Cancer Screening	\$10 PCP
<b>OFFICE VISITS, LABS AND TESTING</b>	
Office Visits for Illness	\$10 per visit
Imaging (MRA/MRS, MRI, PET & CAT scans)	No charge*
Lab	No charge*
X-ray	No charge*
Allergy Testing	\$10 PCP/\$15 Specialist per testing series
Allergy Shots	\$10 PCP/\$15 Specialist per visit
Physical, Speech and Occupational Therapy (limited to 30 visits combined per year)	\$15 Specialist per visit
Chiropractic	\$15 per visit
<b>EMERGENCY SERVICES</b>	
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*
<b>HOSPITALIZATION</b> (Members are responsible for applicable physician and facility fees)	
Outpatient Facility Services	No charge*
Outpatient Physician Services	\$15 Specialist per visit
Inpatient Facility Services	No charge*
Inpatient Physician Services	No charge*
<b>HOSPITAL ALTERNATIVES</b>	
Home Health Care	No charge*
Hospice	No charge*
Skilled Nursing Facility	No charge*



## BluePreferred EPO Summary of Benefits

Services	In-Network You Pay <sup>1,2</sup>
<b>MATERNITY</b>	
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 <sup>7</sup>	50% of Allowed Benefit
In Vitro Fertilization Procedures <sup>7</sup> (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	50% of Allowed Benefit
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b> (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	\$15 per visit
Office Visits	\$10 per visit
Medication Management	\$10 per visit
<b>MEDICAL DEVICES AND SUPPLIES</b>	
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.

\*\*\* See MCPS Preventive Care Policy

<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 by a provider in the Preferred Provider network, care is reimbursed at the in-network level. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, the Allowed Benefit for a Preferred Provider may be established by law.

<sup>3</sup> Out-of-network: When covered services are rendered by a provider not in the Preferred Provider network, care is reimbursed as out-of-network. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, the Allowed Benefit for an out-of-network provider may be established by law. When services are rendered by Non-Preferred Providers, charges in excess of the Allowed Benefit are the member's responsibility.

<sup>4</sup> 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.

<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.

<sup>6</sup> Plan has a separate out-of-pocket maximum for medical and drug expenses which accumulate independently.

<sup>7</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."

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: CFMI/51+/GC (R. 1/13); CFMI/51+/EOC (4/09); CFMI/DOL APPEAL (R. 9/11); CFMI/51+/DOCS (4/09); CFMI/51+/PPO SOB (4/09); CFMI/VISION RIDER (10/11); CFMI/51+/RX (R. 7/12); CFMI/51+/ELIG (R. 1/10) and any amendments. MD/CF/GC (R. 1/13); MD/BP/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BP/DOCS (10/07); MD/CF/BP/SOB (R. 4/08); MD/CF/ATTC (R. 7/09); MD/CF/RX (R. 7/12) and any amendments."

# What Medicare Does and Doesn't Cover

## What does Medicare cover?

Medicare has two parts, A and B. Medicare Part A (hospital insurance) partially pays for medically necessary:

- Inpatient hospital facility charges.
- Care in a skilled nursing facility after a hospital stay.
- Home health care provided by a Medicare—participating home health agency.
- Hospice care for the terminally ill.

Medicare Part B (medical services insurance) partially pays for medically necessary:

- Physician's services.
- Outpatient hospital services.
- Home health visits.
- Physical and speech therapy.
- Services and supplies covered by Medicare, such as x-rays and durable medical equipment.

## What isn't covered by Medicare?

Medicare does not pay the full cost of all covered services. Medicare requires that you pay a share of the costs in the form of deductibles and coinsurance/copays.



# Words You Need to Know

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## Approved amount

The amount that Medicare allows participating providers to be paid for Medicare-covered services. Payments are made according to the Medicare fee schedule. Participating providers agree to accept the approved amount as payment in full for covered services. Non-participating providers can charge you more than this amount for your care (see limiting charge). The “approved amount” also may be called the “allowed amount” or “assignment”.

## Coinsurance

Some services require that you pay a percentage of the costs for your medical care.

Some services require that you pay a set-dollar amount for your care. For example, under Medicare Part A, you must pay a set amount per day for inpatient hospital care after you’ve been hospitalized for over 60 days.

Your plan pays the Part A coinsurance for you.

## Deductibles

Some services require that you pay a deductible before Medicare begins to pay.

## Limiting charge

Some providers do not accept the Medicare approved amount as payment in full for Medicare-covered services. To protect you from high charges for these services, Medicare limits the amount that these non-participating providers can bill you. The limiting charge does not apply to any of the Traditional Medicare Supplemental Plan benefits that Medicare does not cover.

## Medicare fee schedule

In general, payments for services are made according to the standard Medicare-approved fee schedule.

## Medicare participating provider

Physicians and suppliers who agree to always accept the Medicare approved amount as payment in full for services. (You still pay deductibles and coinsurance.) Medicare participating providers can charge you full price for services that Medicare does not cover.

## Medicare non-participating provider

Other physicians and suppliers who do not agree to always accept the Medicare Non-Participating approved amount as payment in full for services. Medicare limits the amount that non-participating providers can charge for Medicare-covered services. If you choose to see a non-participating provider, you must pay any difference between the limiting charge and the Medicare approved amount.

## Provider

Any licensed doctor, nurse or professional. A provider may also be a health care facility, such as a hospital, laboratory or clinic.

## BlueChoice Advantage Medicare Supplemental Summary of Benefits

Benefits	Costs	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment
<b>FACILITY</b>		
<b>Inpatient Hospital</b> Days 1 – 60 Days 61 – 90 Lifetime reserve	Part A initial deductible— \$1,364 \$341 per day \$682 per day	\$1,364 \$341 per day \$682 per day
<b>Skilled Nursing Facility</b> Days 1 – 20 Days 21 – 100	None \$170.50 per day	None \$170.50 per day
<b>Home Health</b>	None	None
<b>Hospice Care</b>	Medicare pays most charges. Remaining costs include drug copayment and limited cost for respite care.	Remaining cost
<b>PHYSICIAN SERVICES</b>		
<b>Inpatient</b>	20% of Medicare's approved amount and Part B deductible of \$185	100% up to CareFirst allowed benefit—CareFirst pays Part B deductible
<b>Emergency</b>	20% of Medicare's approved amount and Part B deductible	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>Surgery</b>	20% of Medicare's approved amount and Part B deductible	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>Laboratory Services</b>	You pay \$0	Not applicable
<b>Radiology Services (Inpatient)</b>	20% of Medicare's approved amount and Part B deductible	100% up to CareFirst allowed benefit
<b>Radiology Services (Outpatient or Office)</b>	20% of Medicare's approved amount and Part B deductible	100% up to CareFirst allowed benefit
<b>Office Visit</b>	20% of Medicare's approved amount and Part B deductible	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>OFFICE THERAPY</b>		
<b>Radiation/Chemotherapy</b>	20% of Medicare's approved amount	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>Physical Therapy</b>	20% of Medicare's approved amount and Part B deductible	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>OTHER SERVICES</b>		
<b>Ambulance Services</b>	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit

## BlueChoice Advantage Medicare Supplemental Summary of Benefits

Benefits	Costs	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment
<b>Durable Medical Equipment</b>	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
<b>Prosthetic Appliances</b>	20% of Medicare's approved amount deductible	Plan pays the Medicare Part B deductible and 20% Medicare coinsurance
<b>Whole Blood</b> (Part A — Paid in full; Part B — 3 pint deductible)	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
<b>Medical Supplies</b>	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
<b>Mammograms</b>	Pays for one every 12 months	Difference up to Medicare's approved amount or 100% of CareFirst allowed benefit when not covered by Medicare

- The Medicare deductibles and coinsurance amounts shown are based on 2019 figures. Your benefits will automatically adjust to meet any amounts that change in 2020.
- CareFirst's allowed benefit for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.
- If Medicare benefits are exhausted, or service is not covered by Medicare, CareFirst Medicare Plan benefits may be provided.
- Blue Cross and Blue Shield benefits for inpatient hospital services are provided for 90 days per inpatient stay with a 60-day renewal interval. That is, an inpatient stay will be one stay if discharge date and readmission date are not separated by at least 60 days.



## Indemnity Plan Summary of Benefits

Services	Indemnity You Pay
<b>ANNUAL DEDUCTIBLE<sup>3,8</sup></b>	
Individual	\$200
Individual & Child(ren) <sup>5</sup>	\$400
Individual & Adult	\$400
Family	\$400
<b>ANNUAL OUT-OF-POCKET LIMIT<sup>4,7</sup></b>	
Individual	\$1,500
<b>LIFETIME MAXIMUM BENEFIT</b>	
Lifetime Maximum Benefit	None
<b>PREVENTIVE SERVICES**</b>	
Well-Child Care	
▪ 0–24 months	20% of Allowed Benefit*
▪ 24 months–13 years (immunization visit)	20% of Allowed Benefit*
▪ 24 months–13 years (non-immunization visit)	20% of Allowed Benefit*
▪ 14–19 years	20% of Allowed Benefit*
Adult Physical Examination	20% of Allowed Benefit
Routine GYN Visits**	20% of Allowed Benefit
Mammograms**	20% of Allowed Benefit
Cancer Screening** (Pap Test, Prostate and Colorectal)	20% of Allowed Benefit
<b>OFFICE VISITS, LABS &amp; TESTING</b>	
Office Visits for Illness	Deductible, then 20% of Allowed Benefit*
Diagnostic Services <sup>6</sup>	Deductible, then 10% of Allowed Benefit*
X-ray and Lab Tests	Deductible, then 10% of Allowed Benefit*
Allergy Testing <sup>6</sup>	Deductible, then 10% of Allowed Benefit*
Allergy Shots <sup>6</sup>	Deductible, then 10% of Allowed Benefit*
Outpatient Physical, Speech and Occupational Therapy	Deductible, then 10% of Allowed Benefit*
Outpatient Spinal Manipulation	Deductible, then 10% of Allowed Benefit*
<b>EMERGENCY CARE AND URGENT CARE</b>	
Physician's Office	No charge*
Urgent Care Center	20% of Allowed Benefit*
Hospital Emergency Room	\$100 per visit copay (waived if admitted)
Ambulance (if medically necessary)	No charge*
<b>HOSPITALIZATION</b>	
Inpatient Facility Services	Deductible, then 10% of Allowed Benefit*
Outpatient Facility Services	Deductible, then 10% of Allowed Benefit*
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit*
Outpatient Physician Services	Deductible, then 10% of Allowed Benefit*
<b>HOSPITAL ALTERNATIVES</b>	

## Indemnity Plan Summary of Benefits

Services	Indemnity You Pay
Home Health Care (up to 40 visits per calendar year combined in- and out-of-network)	Deductible, then 10% of Allowed Benefit*
Hospice	Deductible, then 10% of Allowed Benefit*
Skilled Nursing Facility (up to 60 visits per calendar year combined in- and out-of-network)	Deductible, then 10% of Allowed Benefit*
<b>MATERNITY</b>	
Prenatal and Postnatal Office Visits	Deductible, then 10% of Allowed Benefit*
Delivery and Facility Services	Deductible, then 10% of Allowed Benefit*
Nursery Care of Newborn	Deductible, then 10% of Allowed Benefit*
Initial Office Consultation(s) for Infertility Services/ Procedures	Deductible, then 10% of Allowed Benefit*
In Vitro Fertilization Procedures <sup>1</sup>	Deductible, then 10% of Allowed Benefit* (limited to 3 attempts/live birth up to \$100,000 lifetime maximum)
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>	
Inpatient Facility Services	Deductible, then 10% of Allowed Benefit*
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit*
Outpatient Services	Deductible, then 10% of Allowed Benefit*
Medication Management Visit	Deductible, then 20% of Allowed Benefit*
<b>MISCELLANEOUS</b>	
Durable Medical Equipment	Deductible, then 20% of Allowed Benefit*
Acupuncture	Deductible, then 20% of Allowed Benefit*
Hearing Aids for ages 0-18 (limited to \$1,400 max per hearing aid every 3 years)	No charge <sup>2</sup>

<sup>1</sup> Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment option for infertility. However, assisted reproduction (AI & IVF) services performed as treatment option for infertility are only available under the terms of the members contract. Preauthorization required.

<sup>2</sup> No copayments or coinsurance.

<sup>3</sup> If you have two-party coverage, each Member must satisfy his/her own deductible by meeting the individual deductible. If you have family coverage, all Members' individual deductibles will be combined to meet the family deductible; however, no individual Member may contribute more than the individual deductible amount.

<sup>4</sup> If you have two-party coverage, each Member must satisfy his/her own out-of-pocket limit by meeting the individual out-of-pocket limit. If you have family coverage, all Members' individual out-of-pocket limits will be combined to meet the family out-of-pocket limit; however, no individual Member may contribute more than the individual out-of-pocket amount.

<sup>5</sup> Please refer to your Evidence of Coverage to determine your coverage level.

<sup>6</sup> If office copayment has been paid, additional copayment not required for this service.

<sup>7</sup> The actual out-of-pocket limit may vary based on the types of coverage selected by your employer.

<sup>8</sup> Copayment or portion of deductible may be required at the point of sale while in the deductible period. Member will never be required to pay more than CareFirst's Allowed Benefit for service rendered.

\* Out-of-network coinsurances are based on a percentage of the out-of-network Allowed Benefit. If services are received from a non-participating provider, the member is responsible for 100% of charges above the Allowed Benefit. However, if services are received from a participating provider, the member is only responsible for amount up to the Allowed Benefit.

\*\* Applies to services not listed in the previous preventive care charts; In-Network only.

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

# Preferred PPO Dental

*Includes access to a national provider network*

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)<sup>1</sup> 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.
- **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 [carefirst.com/mcps](https://carefirst.com/mcps). 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: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

<sup>1</sup> 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.

## Preferred PPO Dental Summary of Benefits

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

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 [carefirst.com/mcps](https://carefirst.com/mcps) 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 [carefirst.com/mcps](https://carefirst.com/mcps), locate *For Members*, then click on *Forms, Vision, Davis Vision*.

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

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

### Mail order replacement contact lenses

[DavisVisionContacts.com](https://DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?  
Visit [carefirst.com/mcps](https://carefirst.com/mcps)  
or call 800-783-5602.



## CareFirst Vision Summary of Benefits

(18-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	Plan pays up to \$25 allowance Optometrist; \$33 Ophthalmologist; you pay balance.
<b>FRAMES</b>	
All Frames	Plan pays up to \$20 allowance, you pay balance
<b>SPECTACLE LENSES</b>	
Basic Single Vision (including lenticular lenses)	Plan pays up to \$20 allowance, you pay balance
Basic Bifocal	Plan pays up to \$35 allowance, you pay balance
Basic Trifocal	Plan pays up to \$45 allowance, you pay balance
<b>CONTACT LENSES</b> <i>(initial supply)</i>	
Medically Necessary Contacts	Plan pays up to \$230 allowance with prior approval, you pay balance
All Contact Lenses	Plan pays up to \$40 allowance, you pay balance
<b>LENS OPTIONS</b> <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	\$15
Plastic Photosensitive Lenses	\$70
Refractions	\$32

<sup>1</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>2</sup> These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

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

Out-of-Network	Member Files Claim
Routine Eye Examination with dilation (per benefit period)	Member is reimbursed up to \$25 Optometrist; \$33 Ophthalmologist
Frames	Member is reimbursed up to \$20
Single Lenses	Member is reimbursed up to \$20
Bifocal Lenses	Member is reimbursed up to \$35
Trifocal Lenses	Member is reimbursed up to \$45
Lenticular (post-cataract) Eyeglass Lenses	Member is reimbursed up to \$120
Medically Necessary Contacts	Member is reimbursed up to \$230
Elective Contact Lenses	Member is reimbursed up to \$40

### Exclusions

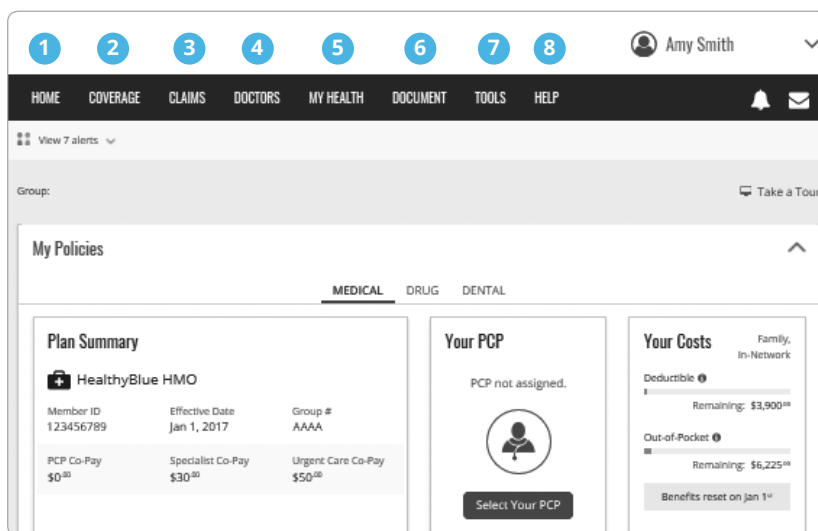
The following services are excluded from coverage:

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.

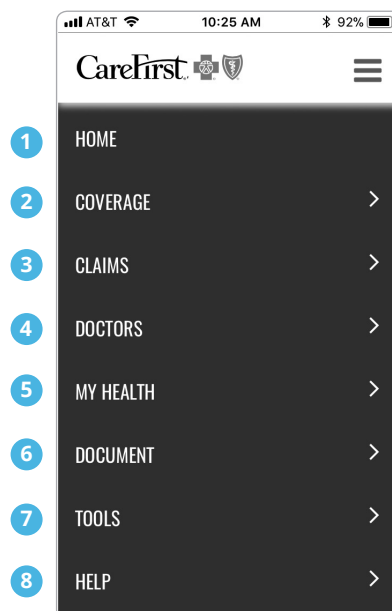
# My Account

Online access to your health care information

*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/mcps** 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)<sup>1</sup>
- Order and refill prescriptions
- View prescription drug claims

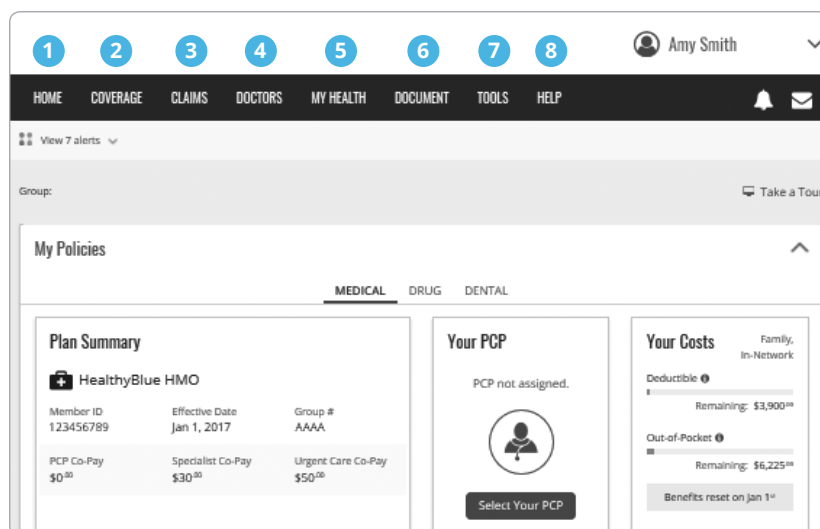
<sup>1</sup> Only if offered by your plan.



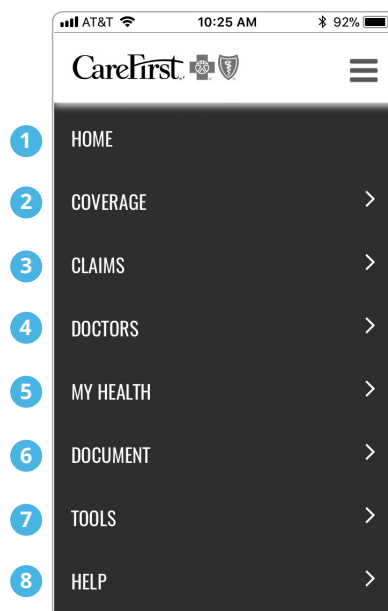
### Signing up is easy

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

- Visit [carefirst.com/mcps](https://carefirst.com/mcps)
- Select *Register Now*
- Create your username and password



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)
- Locate nearby pharmacies

### 5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options<sup>1</sup>
- Track your Blue Rewards progress<sup>1</sup>

### 6 Documents

- Look up plan forms and documentation<sup>2</sup>
- Download *Vitality*, your annual member resource guide

### 7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures<sup>3</sup>
- Use the drug pricing tool to determine prescription costs

### 8 Help

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

<sup>1</sup> Only if offered by your plan.

<sup>2</sup> Only available when using a computer.

<sup>3</sup> 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.

## FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses will discuss your symptoms with you and recommend the most appropriate care.

## CareFirst Video Visit

See a doctor 24/7/365 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/mcps](https://carefirst.com/mcps) 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/mcps](https://carefirst.com/mcps).

\*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.

	BlueChoice HMO copay	BlueChoice Advantage POS copay	Sample symptoms	Available 24/7	Rx
Video Visit	\$10	\$15	<ul style="list-style-type: none"> <li>▪ Cough, cold and flu</li> <li>▪ Pink eye</li> <li>▪ Ear pain</li> </ul>	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$15	\$20	<ul style="list-style-type: none"> <li>▪ Cough, cold and flu</li> <li>▪ Pink eye</li> <li>▪ Ear pain</li> </ul>	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$15	\$20	<ul style="list-style-type: none"> <li>▪ Sprains</li> <li>▪ Cut requiring stitches</li> <li>▪ Minor burns</li> </ul>	✗	✓
Emergency Room	\$100	\$100	<ul style="list-style-type: none"> <li>▪ Chest pain</li> <li>▪ Difficulty breathing</li> <li>▪ Abdominal pain</li> </ul>	✓	✓

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

### To determine your specific benefits and associated costs:

- Log in to *My Account* at [carefirst.com/mcps](https://carefirst.com/mcps)
- 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/mcps](https://carefirst.com/mcps).



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.

# Health & Wellness

*Putting the power of health in your hands*

Improving your health just got easier! CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.\* to bring you a new, highly personalized wellness program. Catering to your unique health and wellness goals, our program offers motivating digital resources—accessible anytime—to help you live a healthier life.

## Ready to take charge of your health?

Want to find out if your healthy habits are truly making an impact? Take the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body versus your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

## Exclusive features

Our wellness program is full of tailored resources and tools that reflect your own preferences and interests. You get:

- **A personalized health newsfeed:** Receive insights, content and services.
- **Trackers:** Connect your wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges:** Having trouble staying motivated? Join a challenge to make achieving your health goals more entertaining.
- **A health profile:** Access your important health data like biometric information, vaccine history, lab results and medications all in one place.



*Download the mobile app to access wellness tools and resources whenever and wherever you want.*

\*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.

### Specialized programs

The following programs can help you focus on specific wellness goals.

#### Health coaching

You may receive a call or email inviting you to participate in health coaching. Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

#### Weight management program

If you are age 18 or older, have a body mass index (BMI) of 30 or greater and are looking to lose weight, our weight management program offers a personalized solution for long-term weight loss.

#### Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and wealth of tools make quitting easier than you might think.

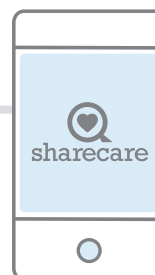
#### Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

### Additional offerings

- **Wellness discount program**—Sign up for Blue365 at [carefirst.com/wellnessdiscounts](https://carefirst.com/wellnessdiscounts) to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at [carefirst.com/vitality](https://carefirst.com/vitality).
- **Health education**—View our health library for more health and well-being information at [carefirst.com/livinghealthy](https://carefirst.com/livinghealthy).

To get started, visit [carefirst.com/sharecare](https://carefirst.com/sharecare). You'll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.



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.



# 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/mcps](https://carefirst.com/mcps).

# 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/doctor](https://carefirst.com/doctor)

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/mcps](https://carefirst.com/mcps) 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.

# Coordination of Benefits

*If you're covered by more than one health plan*

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you're insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

## What is Coordination of Benefits (COB)?

It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

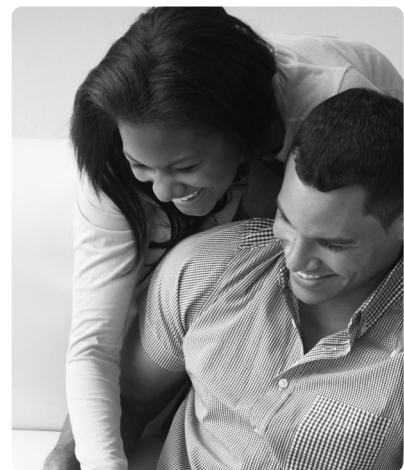
## How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The **primary plan** has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The **secondary plan** then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.



Covered by more than one health plan? Contact Member Services at the number listed on your ID card.

### What if I have other coverage?

Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You're covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

### How do I submit claims?

#### When CareFirst is the primary plan

You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

#### When CareFirst is the secondary plan

Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

#### When CareFirst is the primary and secondary plan

You don't need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under *Other Health Insurance*. In most cases, we'll automatically process a second claim to consider any balances.

### Which health plan is primary?

There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It's important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn't have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you're the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse's plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
  - For example, if your birthday is May 3 and your spouse's is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
  - When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
  - For dependent coverage only, if none of the above rules apply, the plan that's covered the dependent longer is primary.

# Rights and Responsibilities

## Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to **carefirst.com** and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices*. Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

## Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.

CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:

- ☐ Send an email to:  
**quality.care.complaints@carefirst.com**
- ☐ Fax a written complaint to: **301-470-5866**
- ☐ Write to:  
**CareFirst BlueCross BlueShield  
Quality of Care Department  
P.O. Box 17636  
Baltimore, MD 21297**

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

## Rights and Responsibilities

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

### **VIRGINIA:**

Complaint Intake, Office of Licensure and Certification, Virginia Department of Health,  
9960 Maryland Drive, Suite 401,  
Richmond, VA 23233-1463  
Phone #: 800-955-1819 or 804-367-2106  
Fax #: 804-527-4503

Office of the Managed Care Ombudsman,  
Bureau of Insurance, P.O. Box 1157,  
Richmond, VA 23218  
Phone #: 1-877-310-6560 or 804-371-9032

### **DISTRICT OF COLUMBIA:**

Department of Insurance, Securities and Banking, 801 1st Street, NE, Suite 701,  
Washington, DC 20002  
Phone #: 202-727-8000

### **MARYLAND:**

Maryland Insurance Administration, Inquiry and Investigation, Life and Health, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202  
Phone #: 800-492-6116 or 410-468-2244

Office of Health Care Quality, Spring Grove Center,  
Bland-Bryant Building, 55 Wade Avenue,  
Catonsville, MD 21228  
Phone #: 410-402-8016 or 877-402-8218

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Health Education and Advocacy Unit,  
Consumer Protection Division, Office of the Attorney General, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202  
Phone #: 410-528-1840 or 877-261-8807  
Fax #: 410-576-6571  
web site: [www.oag.state.md.us](http://www.oag.state.md.us)

## **Hearing impaired**

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258  
National Capital Area TTY: 202-479-3546  
Please have your Member Services number ready.

## **Language assistance**

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

## **Confidentiality of subscriber/ member information**

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

## **Our responsibilities**

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use



## Rights and Responsibilities

and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

### Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

### Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to [privacy.office@carefirst.com](mailto:privacy.office@carefirst.com).

### Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.

- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

### Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

### Eligible individuals' rights statement wellness and health promotion services

#### Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.



### Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

### Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

### Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

# 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	<a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a>
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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

## Foreign Language Assistance

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

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ 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) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfè. Àwọn ọmọ-ẹgbé gbòdò pe nọmbà fòdùn tò wà lẹyìn kààdì ìdánimọ wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.*

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

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikonekta 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।

Bàsɔ̀ò-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̃ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̃ kɛ dɛ wa mó m̃ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ m̃ nì kpé bǝ m̃ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̃ m̃óɛ dyé dɛ nì bídí-wùdù mú bǝ m̃ kɛ se wídí dò péè. Kpooò nyo bǝ m̃ dǝ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̃ dǝ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ wa kɛ m̃ gbo cǝ bǝ m̃ kɛ nòbà m̃òà 0 kɛ dyi pàdàin hwè. ɔ jǝ kɛ nyo dò dyi m̃ gǝ jǝin, po wuqu m̃ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ kɛ 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) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

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

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

*Igbo (Igbo)* 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 buia. 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-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.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólǫq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíłígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íłh. Bee ná ahóót'í' 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 náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diłts'íłt yałtí'ígíí t'áá níléljį áádóó éi bikéé'dóó naasbaqas bił adidiilchit. Áká'anidaalwó'ígíí neidiitąągo, saad bee yánilt'í'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.

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