

Your 2024 Healthcare Benefit Guide

MARYLAND TRANSIT ADMINISTRATION

The CareFirst BlueCross BlueShield PROMISE



A not-for-profit organizatior driven by mission



Serving 3.3 million members in the Mid-Atlantic region



Recognized as one of the World's Most Ethical Companies®

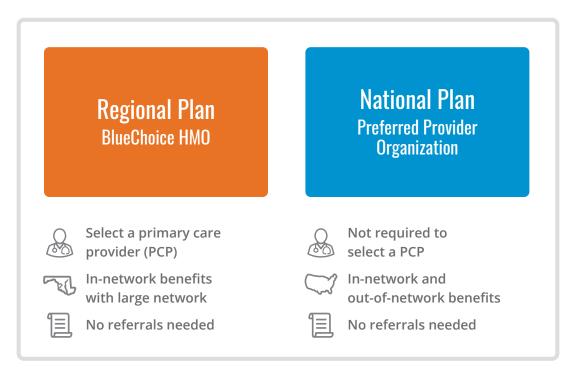
WELCOME

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing your CareFirst health plan an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

Ready to explore your 2024 benefits?

Let's find the best health plan for you. There are two CareFirst plans to choose from.



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Member Service Phone Numbers

- CareFirst BlueCross
 BlueShield Member Services
 833-556-1493
- CareFirst Mental & Behavioral Health Services 800-245-7013
- LabCorp 888-523-2677 (LAB-CORP)
- CareFirst Pharmacy Services 800-241-3371
- Dental Customer Service 866-891-2802
- Davis Vision 800-783-5602

It helps to understand some key terms

CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

NARROW YOUR CHOICES

To help narrow your choices, answer these questions:

With the exception of a college student living out of state, does your family routinely visit doctors in the region (Maryland, Washington, D.C. and Northern VA)?	YES	NO
Do you or any member of your family need the flexibility to see a doctor anywhere and still have a portion of your cost covered?	YES	NO
Do you anticipate needing any surgery, hospitalization, or long term care?	YES	NO
Would you prefer not having to select a PCP to coordinate your care?	YES	NO
Would you rather choose from doctors only in Maryland, Washington, D.C. and Northern Virginia?	YES	NO

Regional Plan

If most of the answers you checked are orange, the Regional plan may be more your style. This is a good plan for people who:

- Have a planned medical procedure, pregnancy, etc.
- Only need in-network coverage

National Plan

If most of the answers you checked are blue, the National plan may be the best fit. This plan is good for people who:

- Want the ability to see doctors outside the network and have a portion of the cost covered
- May need out-of-network coverage

CONSIDER WHAT OTHERS CHOSE

"We don't need referrals to see in-network specialists, so the Regional plan is best for my wife and me."

—Miguel (34), married





"I have allergies and go to the doctor regularly. I chose the National plan because my monthly allergy shots are more affordable on that plan."

—Renata (56), single

"I live in Baltimore and I don't have a car. All of my doctors are just a Metro ride away so the Regional plan is perfect for me."

—Jim (41), single





"I picked the National plan because I am living with a chronic condition and need the ability to see any specialist, even if they are out of network."

—Matt (29), single

"My husband and I have the same PCP, and our kids all see the same pediatrician, so the Regional plan meets all our needs."



—Rose (34), married mom of three

The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

MEDICAL PLAN HIGHLIGHTS

Let's look at some of your in-network costs for common services with this plan.

	Regional Plan	National Plan
Costs to consider		
In-network Deductible	\$0	\$0
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year Plan Includes Out-of-network	\$1,500 individual/ \$3,000 family	\$1,500 Individual/ \$3,000 family
Coverage	No	Yes
Staying healthy		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
Feeling under the weather?		
Primary Care Doctor	\$10 per visit	\$10 per visit
Specialist (e.g. Dermatologist)	\$20 per visit	\$20 per visit
Mental Health Professional— Office	\$10 per visit	\$10 per visit
Urgent Care	\$10 per visit	\$10 per visit
Emergency Room	\$50 per visit (this charge waived if admitted)	\$50 per visit (this charge waived if admitted)
Following doctor's orders?		
Allergy Shots	\$10 PCP/\$20 Specialist	\$0 per visit
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	\$0 per visit	\$0 per visit
Labs (non-hospital facility)	\$0 per visit	\$0 per visit
X-rays (non-hospital facility)	\$0 per visit	\$0 per visit
Physical, Speech and/or Occupational Therapy	\$20 per visit	\$20 per visit
Chiropractic	\$20 per visit	\$10 per visit
Acupuncture	Not covered	Not covered
Outpatient Surgery (surgical center)	\$0 per visit	\$0 per visit
Inpatient Surgery (including maternity)	\$0 per visit	\$0 per visit
Artificial and Intrauterine Insemination/In Vitro Fertilization Procedures	50% of CareFirst member cost	\$20 per visit
Durable Medical Equipment	25% of CareFirst member cost	\$0 per visit

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

PRESCRIPTION DRUG PLAN HIGHLIGHTS

Here are your costs for prescription drugs from a participating pharmacy.

	Pharmacy Program
Prescription Plan Tier	Formulary 1, 3 Tier
Prescription Deductible	\$0
Prescription Out-of-pocket Maximum	\$4,500 individual/\$9,000 family
Up to 34-day supply	
Generic Drugs (Tier 1)	\$8
Preferred Brand Drugs (Tier 2)	\$15
Non-preferred Brand Drugs (Tier 3)	\$25
90-day supply	
Generic Drugs (Tier 1)	Retail \$8/Mail order \$0
Preferred Brand Drugs (Tier 2)	Retail \$15/Mail order \$15
Non-preferred Brand Drugs (Tier 3)	Retail \$25/Mail order \$25

Visit **carefirst.com/rx** *for the most up-to-date drug lists and other important information.*

Mandatory Generics

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, you will only pay the copay.

CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

DENTAL PLAN HIGHLIGHTS

Let's review some of your in-network costs for common dental services.

	Preferred Dental
Costs to consider	
Annual Maximum Benefit	\$1,650
Annual In-network Deductible	\$1,650
Orthodontia Lifetime Maximum	\$800
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Space Maintainers	20% of CareFirst member cost
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	\$0 per visit
Periodontal Root Planing and Scaling	50% of CareFirst member cost
Major services	
Endodontics	\$0 per visit
Oral Surgery	20% of CareFirst member cost
Periodontal Surgery	50% of CareFirst member cost
Major Restorative (dentures, crowns, bridges)	50% of CareFirst member cost
Appliance Repair	20% of CareFirst member cost
Orthodontia (up to the lifetime max. per person)	50% of CareFirst member cost (deductible does not apply)

VISION PLAN HIGHLIGHTS

Let's review some of your in-network costs for common vision services.

(24-month benefit period)	BlueVision Plus
Routine checkup	
Annual Eye Exam	\$0
Corrective measures	
Davis Vision Frame Collection	\$0
Other Frames	Plan pays up to \$45, you pay balance
Spectacle lenses (single-vision, lined bifocal, trifocal)	\$0
Medically Necessary Contact Lenses	\$0
Elective Contact Lenses	Plan pays up to \$97 (single vision) and up to \$127 (bifocal contacts), you pay balance

PERKS INCLUDED WITH EVERY PLAN



Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the weight loss program."



"I like knowing I can call the 24-hour nurse line at any time."



VIRTUAL CARE OPTIONS

It's important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

24-Hour Nurse Advice Line

Talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling **800-535-9700**.

CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more* through your desktop or the convenient CloseKnit mobile app.

CloseKnit offers:

Primary Care

Full-service primary care from a dedicated care team. For adults age 18+.

Urgent Care

The care you need to treat minor injuries and illnesses fast. Average wait time is 30 minutes or less. For adults and children (age 2+).

Behavioral Health Services

Expert help, including therapy for depression, anxiety or other behavioral health diagnoses. Psychiatric services coming soon.

Lactaction Support

Assistance for nursing mothers with breastfeeding challenges.

Diet & Nutrition

Guidance and support for healthy eating, weight loss and more.

Learn more and register at **closeknithealth.com**.

* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

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CAREFIRST WELLBEING [™]

We're pleased to introduce CareFirst WellBeing—your personalized digital connection to your healthiest life. CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- RealAge[®]: Find out if your healthy habits are truly making an impact by taking the RealAge[®] health assessment.
- Health coaching: Trained clinical professionals provide one-on-one support to help you reach your wellness goals.
- Weight management programs: Better understand your relationship with food, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- Tobacco cessation: Our program's expert guidance, support and online tools make quitting easier than you might think.
- Financial well-being: Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.

CareFirst WellBeing puts the power of health in your hands. Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.

FIND A DOCTOR

CareFirst has one of the world's largest networks of participating providers over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Try it for yourself. Visit **carefirst.com/doctor**. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

MY ACCOUNT BENEFITS

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

TREATMENT COST ESTIMATOR

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



Receive personalized estimates based on your planCompare costs from different doctors and facilities

BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global[®] Core (BCBS Global[®] Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.



"I'm constantly traveling for work and for fun. It's good to know I'm covered—wherever I go."

UNDERSTANDING YOUR OPTIONS FOR CARE

It's helpful to know where you can go for care before you need it. Becoming familiar with the information below can help you save time and money.



Seeking advice: 24-Hour Nurse Advice Line

- General questions about health issues or where to go for care
- Registered nurses are available 24/7 by phone



Want care quickly: Virtual Urgent Care

- Treatment for minor illnesses and injuries as well as therapy, and more through CloseKnit
- Highly-credentialed providers available 24/7 by computer or easy-to-use mobile app



Need care soon:Primary Care Provider

- Diagnosis & treatment of illness, chronic conditions, check-ups
- Night/weekend hours & some may have 24-hour phone lines

Need care now: Urgent Care Center

- Non-life-threatening illness or injury requiring immediate care
- Open 7 days a week

Emergency: 911 or nearest ER

- Life-threatening illness or injury
- Open 24/7

MENTAL AND BEHAVIORAL HEALTH SUPPORT

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions. Our support team of professionals is 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

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more about all the free mental and behavioral support available at **carefirst.com/mentalhealth**.



You're never alone. If you or someone you know is in crisis, dial 988 or contact the CareFirst support line at 800-245-7013.

COST COMPARISON WORKSHEET

Use this worksheet to compare plans or to compare this year's plan to your old plan.

Annual costs to consider	Regional Plan	National Plan
For each row, fill in the amounts from the benefit summary included in this guide, along with your company's health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$ per month	\$ per month
	x 12 months =	x 12 months =
	\$	\$
Annual in-network deductible	\$ Individual	\$ Individual
	\$ Family	\$ Family
Are any services covered before the deductible is met?	⊖ Yes ⊖ No	⊖ Yes ⊖ No
Annual out-of-pocket maximum	\$ Individual	\$ Individual
	\$ Family	\$ Family

Costs when using your plan	Regional Plan	National Plan
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$ per visit	\$ per visit
	x visits per year =	x visits per year =
	\$	\$
	\$ per visit	\$ per visit
About how many times did you visit specialists in the past year?	x visits per year =	x visits per year =
specialists in the past year:	\$	\$
	\$ per visit	\$ per visit
In the past year, how many times did you go to urgent care?	x visits per year =	x visits per year =
	\$	\$
	\$ per visit	\$ per visit
In the past year, how many times did you go to the emergency room?	x visits per year =	x visits per year =
you go to the emergency room	\$	\$
Is there anything coming up in the next 12-18 months that you didn't have to plan for last year?	🔿 Yes 🔿 No	🔿 Yes 🔿 No
If Yes, use this line to estimate the	\$ per visit	\$ per visit
cost for that procedure	x visits per year =	x visits per year =
	\$	\$
TOTALS	\$	\$

NEXT STEPS

I'm choosing the Regional Plan BlueChoice HMO

l'm choosing the National Plan Preferred Provider Organization

Ready to enroll?

- Visit https://my.adp.com
- Complete the enrollment process
- Look for your member ID cards in the mail

Not ready to choose your plan just yet?

- If you need more detailed plan information, visit www.carefirst.com/mta
- Set a reminder on your phone so you don't miss the deadline!



download the CareFirst mobile app to access your plan on-the-go.



We're here to help! If you have additional questions, please call 833-556-1493, Monday–Friday 8 a.m. to 9 p.m. Dental 866-891-2802 = Vision 800-783-5602

QUALIFYING LIFE EVENTS

Employees or Retirees who: **get married** or **divorced**, **welcome a new baby**, **adopt a child**, **gain or lose other insurance** or experience a **death of a covered individual**, have 60 days from the date of the life event to submit/make applicable benefit changes. Depending on the type of life event, you may be allowed to add or remove dependents from your benefits.

How can you make applicable changes to your benefits?

All Qualifying Life Event changes must be processed through the ADP Vantage (Payroll Plus) system via a computer. Qualifying Life Events cannot be completed via a smartphone.

Any changes submitted later than 60 days after the qualifying change in status will not be accepted, and you will have to wait until the next Open Enrollment period to make a change.

What else am I required to do?

You <u>must</u> email supporting documentation to change your coverage to MTABenefits@mdot. maryland.gov. ADP Vantage (Payroll Plus) system <u>does not</u> allow you to upload any documentation.

Failure to provide the supporting documentation will result in termination of requested benefit changes.

Major Life Event or Open Enrollment	Supporting Documentation Required
Marriage	Certified Marriage Certificate
	Spouse Social Security Card
	Dependent Birth Certificate
	Dependent Social Security Card
Divorce	Final Divorce Decree
Birth of a Child	Birth Certificate
	Hospital Certificate
	Social Security Card (once received)
	IMPORTANT NOTE:
	Hospitals no longer request birth certificates.
	You must order your child's birth certificate from Vital Records.
Adopting a Child	Final Adoption Decree
	Social Security Card
Lost or Gained Other	Proof of Lost or Gained other coverage.
Coverage	Letter of Creditable Coverage (request from previous insurance provider)
	Letter from previous Employer on Company Letter Head



MTA Office of Human Resources Benefits Section, 6 St. Paul St., 5th Floor, Baltimore, MD 21202 = 410-767-3860 = MTABenefits@mdot.maryland.gov



CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518. **注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電** 855-258-6518.

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This well-being 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.

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