

# Benefits At-a-Glance

## BlueChoice Triple Option



Effective Date 1/1/2022

Plan Features	BlueChoice Triple Option Open Access—3 Health Care Plans in 1		
	Option 1 BlueChoice HMO	Option 2 BluePreferred PPO (BlueCard)	Option 3 Indemnity Option
<b>ANNUAL DEDUCTIBLE</b>			
Individual	None	\$200 per calendar year	\$500 per calendar year
Family (aggregate)	None	\$600 per calendar year	\$1,000 per calendar year
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>			
Individual	\$1,000	\$1,000	\$2,000
Family (aggregate)	\$2,000	\$2,000	\$4,000
<b>LIFETIME MAXIMUM</b>			
	Unlimited	Unlimited	Unlimited
<b>COINSURANCE</b>			
	\$0	80% of Allowed Benefit	70% of Allowed Benefit
<b>ADULT DEPENDENT (PARENT)</b>			
	Not Eligible	Not Eligible	Not Eligible
<b>ADULT DEPENDENT (CHILD)</b>			
	Yes—Coverage ends at first month following 26th birthday		
	<b>You Pay:</b>	<b>You Pay:</b>	<b>You Pay:</b>
<b>PREVENTIVE SERVICES</b>			
Well-Child Care			
■ 0-24 months	Covered in Full	Covered in Full	Covered in Full
■ 2-18 years	Covered in Full	Covered in Full	Covered in Full
Routine GYN Exam, Routine Pap Test	Covered in Full	Covered in Full	Covered in Full
Annual Physicals	Covered in Full	Covered in Full	Covered in Full
Routine Mammogram			
Billed by Outpatient Hospital	Covered in Full	Covered in Full	Covered in Full
Billed by Independent Network Radiology Facility	Covered in Full	Covered in Full	Covered in Full
<b>DIAGNOSTIC AND TREATMENT SERVICES</b>			
Office Visits	\$10 PCP/\$25 specialist copayment per visit	\$20 PCP/\$35 Specialist copayment	30% of Allowed Benefit after deductible
X-ray and Lab Tests	100% at network locations	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Video Visit	\$10 PCP /\$25 Specialist copy	Covered under Option 1	Covered under Option 1
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$10 copay	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Urgent Care	\$15 per visit	\$30 per visit	\$30 per visit

Plan Features	BlueChoice Triple Option Open Access—3 Health Care Plans in 1		
	Option 1 BlueChoice HMO	Option 2 BluePreferred PPO (BlueCard)	Option 3 Indemnity Option
	You Pay:	You Pay:	You Pay:
<b>MATERNITY SERVICES</b>			
Inpatient Obstetrical Care	\$150 per admission copay	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Routine Newborn Care While Mother is Hospitalized for Maternity Care	Covered in Full	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
In Vitro Fertilization	50% of Allowed Benefit	50% of Allowed Benefit after deductible	50% of Allowed Benefit after deductible
<b>HOSPITAL SERVICES (OUTPATIENT)</b>			
Operating/Recovery Room	Covered in Full	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Diagnostic Procedures, Laboratory Tests, X-rays	\$25 copay	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
<b>HOSPITAL SERVICES (INPATIENT)</b>			
Semiprivate Room and Board, Anesthesia, Surgical Expenses, Lab Tests and X-rays	\$150 copay if authorized by CareFirst BlueChoice and provided by an approved Option 1 provider	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Emergency Room Care	\$150 for a bona fide medical emergency	All emergency care claims will be considered for benefits under Option 1 first. If benefits are not available under Option 1, benefits may be payable under the appropriate option, see above.	
<b>HOME HEALTH CARE</b>			
	Benefits limited to services meeting specific guidelines and receiving prior approval	20% of Allowed Benefit after deductible. Benefits provided up to 40 days per calendar year (combined with Option 3)	30% of Allowed Benefit after deductible. Benefits provided up to 40 days per calendar year (combined with Option 2)
<b>SKILLED NURSING FACILITY</b>			
	Covered in full if admission began within seven days following discharge from an authorized Option 1 admission	20% of Allowed Benefit after deductible, limited to 30 days per calendar year (combined with Option 3)	30% of Allowed Benefit after deductible, limited to 30 days per calendar year (combined with Option 2)
<b>HOSPICE CARE</b>			
Inpatient Facility of Home Hospice Care	Covered in Full	20% of Allowed Benefit after deductible. (Benefit maximums are combined with Option 3)	30% of Allowed Benefit after deductible. (Benefit maximums are combined with Option 2)
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>			
Inpatient Hospital-billed Services	\$150 copay if authorized by CareFirst BlueChoice	20% of Allowed Benefit after deductible	30% of Allowed Benefit after deductible
Inpatient Physician-billed Services	Covered in Full	Covered in Full	30% of Allowed Benefit after deductible
Outpatient Facility and Physician-billed Services	Covered in Full	Covered in Full	30% of Allowed Benefit after deductible
Office Visits for Mental Health & Substance Use Disorder	\$10 copay	\$20 copay	30% of Allowed Benefit after deductible

Member Services: 800-628-8549 ■ [carefirst.com/pgcps](http://carefirst.com/pgcps)

This Benefits At A Glance does not include every detail of the plan. The Plan is governed by an insurance contract. If there is a conflict between this document and the insurance contract, the insurance contract will govern.

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