CareFirst BlueChoice

2026 Benefits Summary

Overview

	HDHP	BVP
In-network care	✓	✓
Out-of-network care	✓	✗
No referrals	✓	✓
HSA/HRA eligible	✓	✗
Non-preferred brand name drugs	✓	✗

HDHP **BlueChoice Advantage HDHP Option** $

BVP **Blue Value Plus** $$

2026 Rate Information

	Enrollment Code	Your **Biweekly** Share	Your **Monthly** Share
HDHP Self Only	K4A	$88.02	$190.71
HDHP Self + One	K4B	$176.04	$381.41
HDHP Self and Family	K4C	$209.13	$453.12
Blue Value Plus Self Only	K4D	$99.26	$215.07
Blue Value Plus Self + One	K4E	$198.53	$430.14
Blue Value Plus Self and Family	K4F	$235.85	$511.00

In-network Payments

	HDHP	Blue Value Plus
Deductible	Self Only: $1,700* Self + One/Self and Family: $3,400**	$0
Out-of-pocket maximum	Self Only: $6,500 Self + One/Self and Family: $13,000	Self Only: $7,500 Self + One/Self and Family: $15,000
Annual physical (preventive care)	$0 copay	$0 copay
Primary care physician	$0 copay+	$15 copay
Specialists	$35 copay+	$50 copay
Urgent care centers	$50 copay+	$50 copay
Maternity (preventive)	$0 copay+	$0 copay
Inpatient hopsital	20% coinsurance	25% coinsurance
Outpatient hospital	$300+	$200
Surgery (ASC)	$100+	$150
Emergency room	$300+ (waived if admitted)	$275 (waived if admitted)
Labs	$0 copay+	$30 copay
X-rays	$35 copay+	$50 copay
Chiropractic care	$35 copay+	$50 copay

* The monthly $75 pass through amount is added directly to your Health Savings Account.

** The monthly $150 pass through amount is added directly to your Health Savings Account.

+ Deductible applies.

Pharmacy Benefits

	HDHP
PROGRAMS	
Retail Pharmacy Program	✓
Mail Service Pharmacy Program	✓
Annual deductibles	Combined medical and prescription drug deductible: $1,700 Self Only $3,400 Self + One/Self and Family
DRUG TIERS	
Tier 0: Preventive Drugs	$0, no deductible
Tier 1: Generics	$0, after deductible*
Tier 2: Preferred Brand Name	$50, after deductible (Insulin: $30, no deductible)
Tier 3: Non-preferred Brand Name	$75, after deductible (Insulin: $30, no deductible)
Tier 4: Preferred Specialty	$100, after deductible**
Tier 5: Non-preferred Specialty	$150, after deductible**

	Blue Value Plus
PROGRAMS	
Retail Pharmacy Program	✓
Mail Service Pharmacy Program	✓
Annual deductibles	$100 Self Only $200 Self + One/Self and Family
DRUG TIERS	
Tier 0: Preventive Drugs	$0, no deductible
Tier 1: Preferred Generics	$10, no deductible
Tier 2: Preferred Brand Name	$50, after deductible (Insulin: $30, no deductible)
Tier 3: Preferred Generic Specialty	$100, after deductible**
Tier 4: Preferred Brand Specialty	$150, after deductible**

* Select generics not subject to deductible

** Specialty drugs limited to 34-day supply for first fill and change in fills. Specialty drugs must be filled through CVS Specialty Pharmacy.

This is a summary for comparison purposes only and does not create rights not given through the benefit plan. Please refer to the 2026 BlueChoice brochure available at **carefirst.com/pshbp** for a comprehensive explanation of the coverage.