

# Your Healthcare Benefit Guide

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COMMISSIONERS OF ST. MARY'S COUNTY—  
MEDICARE ELIGIBLES/RETIREES 65+

*St. Mary's County Library*

*Metropolitan Commission of St. Mary's County*

# The CareFirst BlueCross BlueShield PROMISE

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A not-for-profit organization  
driven by mission

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Serving 3.5 million members  
in the Mid-Atlantic region

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

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# 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 CareFirst 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 benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



Make your selection and complete your enrollment

## WHAT'S INSIDE?

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### 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.

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

## CHOOSING THE RIGHT PLAN

Everyone has their own needs and concerns when it comes to healthcare. Adding Medicare into the mix means there's even more to consider. Take a few minutes to think about what plan features are most important to you. Here are a few examples:



### Robert

65 YEARS OLD  
MARRIED

Robert just turned 65, making him eligible for Medicare for the first time. He only goes to the doctor when something bothers him. At this point in life, he's more interested in saving money than having a wide variety of options.

#### ROBERT WANTS A HEALTH PLAN THAT:

- Fits within a budget
- Has value for what he pays



### Linda

56 YEARS OLD  
DIVORCED

Linda is an active empty-nester. She's always on the go, and plans her day around her workout. She wants to know she's covered no matter what comes up, but doesn't want to be overwhelmed with options.

#### LINDA WANTS A HEALTH PLAN THAT:

- Has a low monthly paycheck deduction
- Offers discounts for gym memberships



### Patricia

72 YEARS OLD  
MARRIED

Patricia has had the standard health plan for as long as she can remember. She's heard that the new health plans offer great coverage, so she's considering switching plans this year.

#### PATRICIA WANTS A HEALTH PLAN THAT:

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



### James

68 YEARS OLD  
SINGLE

James spends much of his free time hiking or walking the local trails. He's saving up money for a big trip, but doesn't want to sacrifice reliable, basic health coverage that will cover him no matter where he ends up.

#### JAMES WANTS A HEALTH PLAN THAT:

- Includes a robust wellness program
- Provides coverage when he travels

## MEDICAL PLAN HIGHLIGHTS

Let's compare some of your in-network costs for common services with these plans.

	BlueChoice HMO Open Access	BlueChoice Advantage
<b>Costs to consider</b>		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	None	\$250 Individual/\$500 Family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$2,000 Individual/ \$6,000 Family	\$1,000 Individual/ \$2,000 Family
Plan Includes Out-of-network Coverage	No	Yes
<b>Staying healthy</b>		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
<b>Feeling under the weather?</b>		
Primary Care Doctor	\$10 per visit	\$20 per visit
Specialist (e.g. Dermatologist)	\$20 per visit	\$20 per visit
Mental Health Professional—Office	\$10 per visit	\$20 per visit
Urgent Care	\$20 per visit	\$20 per visit
Emergency Room	\$75 per visit (waived if admitted)	\$100 per visit (waived if admitted)
<b>Following doctor's orders?</b>		
Allergy Shots	\$10 per visit (PCP)	\$0 per visit
Labs (non-hospital facility)	\$0 (LabCorp)	\$0 (LabCorp)
X-rays (non-hospital facility)	\$0	\$0 per visit
Physical, Speech and/or Occupational Therapy	\$10 per visit (limitations apply)	\$0 per visit (limitations apply)
Chiropractic	\$20 per visit (limitations apply)	\$20 per visit
Acupuncture	Not covered	\$20 per visit
Outpatient Surgery (surgical center)	\$0 per visit	\$35 per visit
Inpatient Surgery (including maternity)	\$0 per visit	After deductible is met, \$0 per visit
Artificial and Intrauterine Insemination	50% of CareFirst member cost	\$20 per visit (office)
In Vitro Fertilization Procedures	50% of CareFirst member cost	\$20 per visit (office)
Durable Medical Equipment	\$0	\$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.

## 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



Get inspired to be your healthiest by completing fun activities through your well-being program



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."



## HIGHLIGHTS OF THE STANDARD GROUP OVER 65 PLAN OPTION

	Medicare Pays	Standard Group 65+ Plan Pays
<b>Service</b>		
Inpatient Hospital Days 1–60	60 days of inpatient hospital care, except for \$1,632 (your Medicare Part A deductible)	The first \$1,632 of the inpatient hospital bill for the first 60 days of hospitalization
Inpatient Hospital Days 61–90	30 additional days of hospital inpatient care, except for a \$408 per day copay	\$408 per day copay for days 61–90
Inpatient Hospital Lifetime Reserve Days	60 additional “lifetime reserve” days of inpatient hospital care, except for a \$816 per day copay	\$816 per day copay for up to 60 “lifetime reserve” days
Skilled Nursing Facility	100 days of inpatient care, except for the \$204 per day copay for days 21–100	\$204 per day copay for days 21–100
Inpatient Medical/Surgery	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$240 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Outpatient Surgery Hospital visits and surgery for medical conditions*	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$240 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Emergency Services Minor surgery and emergency first aid provided in a physician’s office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$240 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Diagnostic Services X-rays or pathology examinations provided in a physician’s office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met Clinical laboratory services covered in full	For outpatient minor surgery or accidental injury: The first \$240 (your Medicare Part B deductible) and 20% of the Medicare-approved amount For all other cases: Covered by Major Medical
Radiation/Chemotherapy Services Services provided in an office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$240 (your Medicare Part B deductible) and 20% of the Medicare-approved amount

The Medicare deductibles and coinsurance amounts shown are based on 2024 figures. Your benefits will automatically adjust to meet any amounts that change in 2025.

CareFirst’s allowed amount for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.



	Medicare Pays	Standard Group 65+ Plan Pays
Diabetic Self-Management	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the Medicare Part B deductible has been met	80% of Medicare Part B deductible and coinsurance
<b>Preventive Services</b>		
Annual Physical	One Annual Wellness visit every 12 months	Covered in full by Medicare
Routine GYN Pap Smears, Pelvic and clinical breast exams	Covered once every 2 years; covered once a year for women at high risk	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount after the Medicare Part B deductible of \$240 has been met; 100% for the PSA test; 80% for other related services. Covered once a year	100% of Medicare Part B deductible and coinsurance
Colorectal Cancer Screening Procedures	No coinsurance, copay or deductible to meet for screening colonoscopy or screening flexible sigmoidoscopy	Covered in full by Medicare
Mammography Screening	No coinsurance, copay or deductible to meet; One baseline between ages 35-39. Once every 12 months for age 40 and older	Covered in full by Medicare
Bone Mass Measurement	No coinsurance, copayment or deductible; Once every 24 months for persons at high risk for osteoporosis	Covered in full by Medicare

In addition to the Standard Group 65+ Benefits, the Retirees of Commissioners of St. Mary's County, Metropolitan Commission and Library also have Major Medical benefits. Major Medical benefits are then reimbursed at 80% of Allowed Benefit up to \$500 Out-of-Pocket Maximum. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

## PRESCRIPTION DRUG PLAN HIGHLIGHTS

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

	Prescription Drug Plan
Prescription Plan Tier	\$10/20/\$35/50%/50%
Prescription Deductible	\$0
<b>Up to 34-day supply</b>	
Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$20
Non-preferred Brand Drugs (Tier 3)	\$35
Preferred Specialty Drugs (Tier 4)*	50% up to \$75 maximum
Non-preferred Specialty Drugs (Tier 5)*	50% up to \$150 maximum
<b>90-day supply</b>	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	\$40
Non-preferred Brand Drugs (Tier 3)	\$70
Preferred Specialty Drugs (Tier 4)*	50% up to \$150 maximum
Non-preferred Specialty Drugs (Tier 5)*	50% up to \$300 maximum

\* Specialty drugs only available when purchased by Mail Order.

Visit [carefirst.com/rxgroup](https://www.carefirst.com/rxgroup) for the most up-to-date drug lists and other important information.

### Restricted Generics Program

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.

### Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.

### Voluntary Maintenance Choice® Program

Save money by filling your maintenance medications through CVS Caremark Mail Service or at a CVS retail location. You'll pay just two copays for a three-month supply. While you can fill a three-month supply of maintenance medications at any retail pharmacy, you will pay the 34-day copay for each fill.

## DENTAL PLAN HIGHLIGHTS

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

	Preferred Dental
<b>Costs to consider</b>	
Calendar Year Maximum Benefit	\$1,500
Calendar Year In-network Deductible	\$25 Individual/\$75 Family
Orthodontia Lifetime Maximum	\$1,000
Plan Includes Out-of-network Coverage	Yes
<b>Routine checkups</b>	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
<b>Basic services</b>	
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, 20% of CareFirst member cost
<b>Major services</b>	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, 20% of CareFirst member cost
Major Restorative (dentures, crowns, bridges and night guards)	After deductible is met, 50% of CareFirst member cost
Orthodontia (up to the lifetime max. per person)	50% of CareFirst member cost

## VISION PLAN HIGHLIGHTS

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

(12-month benefit period)	BlueVision Plus
<b>Routine checkup</b>	
Annual Eye Exam	\$10
<b>Corrective measures</b>	
Davis Vision Frame Collection	\$0 (for approximately 200 frames)
Other Frames	Plan pays up to \$100, you pay balance
Spectacle Lenses (single-vision, lined bifocal, trifocal)	\$0
Medically Necessary Contact Lenses	\$0 (with prior approval)
Elective Contact Lenses	Plan pays \$97, you pay balance

## 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.



#### Lactation 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](https://closeknithealth.com).

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

*CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing telehealth services to CareFirst members.*

## CAREFIRST WELLBEING<sup>SM</sup>

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

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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](https://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

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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

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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 plan
- Compare costs from different doctors and facilities

## AWAY FROM HOME CARE®

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When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

## BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE

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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.

## 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



### **Need care soon: Primary Care Provider**

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



### **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 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](https://www.carefirst.com/mentalhealth).



**You're never alone. If you or someone you know is in crisis, call or text 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	Plan 1	Plan 2
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 x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	Yes    No	Yes    No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	Plan 1	Plan 2
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 x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
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 cost for that procedure	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
<b>TOTALS</b>	\$_____	\$_____

## NEXT STEPS

### Ready to enroll?

- Complete the enrollment process
- Look for your member ID cards in the mail

### Not ready to choose your plan just yet?

- For more detailed plan information, visit [carefirst.com/stmarys](https://carefirst.com/stmarys)
- We're here to help! If you have additional questions, please email [benefits@stmarysmd.com](mailto:benefits@stmarysmd.com).



Be sure to download the CareFirst mobile app to access your plan on-the-go!

*"We're excited to have you join us in the CareFirst Family. We hope our stories helped you make a decision."*







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。

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.

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., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, 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 PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, 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.