

Your 2025 Healthcare Benefit Guide

United States Postal Service
January 11, 2025–January 10, 2026



With Care,



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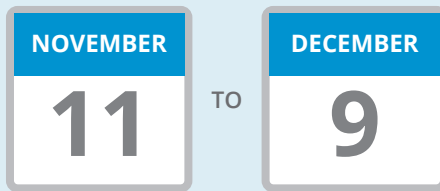
Welcome

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 on the health plan that will suit your needs. With this plan, 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.

United States Postal Service

Your open enrollment is



USPS Health Benefit Plan 2025 Biweekly Rates

	Self	Self Plus One	Self and Family
Total Premium	\$203	\$461	\$652
\$125 Subsidy			
Employee	\$78.00	\$336.00	\$527.00
USPS	\$125.00	\$125.00	\$125.00
75% Subsidy			
Employee	\$78.00	\$115.25	\$163.00
USPS	\$125.00	\$345.75	\$489.00
65% Subsidy*			
Employee	\$78.00	\$161.35	\$228.20
USPS	\$125.00	\$299.65	\$423.80
CCAs and RCAs Only			
Employee	\$50.75	\$115.25	\$163.00
USPS	\$152.25	\$345.75	\$489.00

*Self-only category receives \$125 subsidy within first 365 days of employment

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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.

Medical plan highlights

	BlueChoice Advantage
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$2,000 Individual/\$4,000 Family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$7,000 Individual/\$14,000 Family
Plan Includes Out-of-network Coverage	No
Staying healthy	
Annual Physical Exam	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit
Provider services	
Primary Care Provider (PCP)	\$30 per visit
Specialist (e.g. Dermatologist)	\$60 per visit
Mental Health Professional—Office	\$30 per visit
Urgent Care	\$50 per visit
Emergency Room	\$300 plus 30% of CareFirst member cost
Imaging (MRA/MRS, MRI, PET, CT Scans) (non-hospital facility)	\$30 PCP/\$60 Specialist per visit
Labs (non-hospital facility)	\$30 PCP/\$60 Specialist per visit
X-rays (non-hospital facility)	\$30 PCP/\$60 Specialist per visit
Physical, Speech and/or Occupational Therapy (limited to 60 days/benefit period)	\$60 per visit
Chiropractic (limited to 20 days/benefit period)	\$60 per visit
Acupuncture (limited to 24 days/benefit period)	\$60 per visit
Outpatient Surgery (surgical center)	After deductible is met, 30% of CareFirst member cost
Inpatient Surgery (including maternity)	After deductible is met, 30% of CareFirst member cost
Durable Medical Equipment	After deductible is met, 30% of CareFirst member cost

* Plans that have a 2025 effective date: Virtual Connect—pay \$0 for PCP, mental health video visits with CloseKnit. Plans that have a 2026 effective date: Virtual Connect Plus—pay \$0 for PCP, mental health video visits with CloseKnit and select in-person providers. Deductible always applies to HSA-eligible plans (carefirst.com/virtualconnect).

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.

BlueChoice Advantage Rx Plan	
Costs to consider	
Prescription Plan Tier	\$10/30%/40%
Prescription Deductible	\$0
Up to 34-day supply	
Generic Drugs (Tier 1)	Retail: \$10 non-maintenance \$20 maintenance \$20 Mail Order
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to \$250 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to \$350 maximum
90-day supply	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to \$500 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to \$700 maximum

Visit carefirst.com/rx for the most up-to-date drug lists and other important information. Benefit designs are subject to and may be impacted by certain state regulations.

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.

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 one-month supply of maintenance medications at any retail pharmacy, you will pay the 34-day copay for each fill.

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

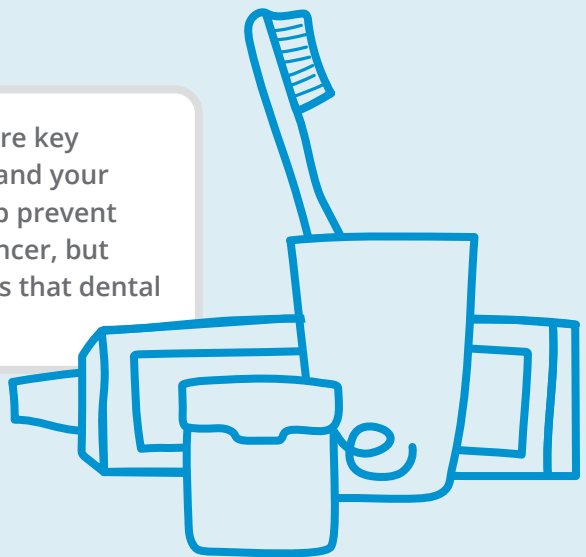
Members taking high-cost drugs for complex health conditions receive one-on-one care support.

Dental plan highlights

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

	Dental Plan
Costs to consider	
Plan Includes Out-of-network Coverage	No
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Two Cleanings per Year	\$0 per visit
Basic services	
X-rays (bitewings, periapical and full-mouth)	\$0 per visit
Fluoride Treatments for children under 16	\$0 per visit

Regular preventive dental checkups are key to maintaining both your oral health and your overall health. Checkups not only help prevent tooth decay, gum disease and oral cancer, but they help you avoid the pain and costs that dental problems can bring with them.



Perks included within the 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 Nook program."



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



With CareFirst, you get so much more

Unmatched access

With 95% of national providers¹ and 99% of local providers² within our Blues network, you have the **broadest access to care**.

Comprehensive care

Our comprehensive care approach meets you where you are, ensuring you have a consistent, whole health experience that helps you better manage your **physical, emotional, social and financial well-being**.

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



1 in 2 americans are covered by Blue regionally, 1 in 3 nationally³



Most chosen health plan in the Mid-Atlantic, serving 3.5 million members



A not-for-profit company driven by mission



Access to 1.7 million U.S. providers⁴



CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 12 consecutive years.



¹ CHP Network Compare Findings, Q3 2017

² CareFirst Book of Business Data, August 2020

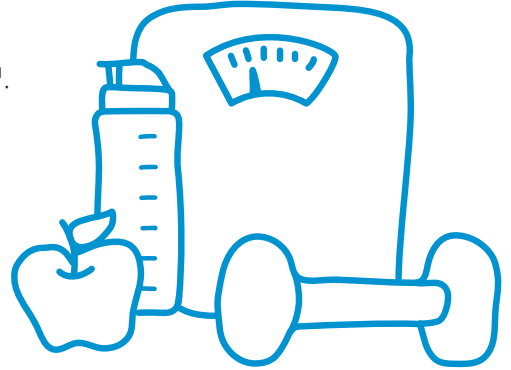
³ BCBSA Blue Facts, February 2022

⁴ Provider Data Repository (PDR), January 2021

CareFirst WellBeing

Live your healthiest life with CareFirst WellBeingSM. Access motivating digital resources anytime, plus specialized programs for extra support—at no cost to you—including:

- **RealAge[®]:** Discover if your healthy habits are making an impact by taking the RealAge health assessment.
- **Health coaching:** Get one-on-one confidential support from trained professionals to achieve your best health.
- **Lifestyle coaching:** Identify opportunities to improve your daily health, from managing stress to eating healthy and being active.
- **Disease management:** Get help to better understand and manage your chronic or complex condition.
- **Tobacco cessation:** Learn how to recognize and avoid tobacco cravings and habits with our voluntary and confidential 21-day program, Craving to Quit.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program, SmartDollar, can help.



- **Weight management programs:¹** Reach a healthier weight and reduce the risk of developing type 2 diabetes with the following programs:
 - **Noom weight management:** Gain confidence to make lasting change with this award-winning weight loss program designed by psychologists.
 - **Noom diabetes prevention program (DPP):** Access tracking tools, peer support and specially trained coaches to help lower the risk of diabetes.
 - **Eat Right Now:** Change your eating patterns with this 12-month program that combines neuroscience and mindfulness tools.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

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.



¹ To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

Blue Rewards incentive program

As part of your wellness program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities you can earn—and keep earning—as you continue to put your own care first. Each activity comes with its own reward. Once you've completed one or more of the activities, USPS will put money in your HIA.



Earn \$25
For completing the
RealAge® test

You can earn \$25 by completing the RealAge test before December 31. It takes about 10 minutes plus you'll learn which habits are helping you stay younger or making you age more quickly. You'll also receive personal recommendations to improve your good health.



Earn \$100
For completing an
annual physical or
preventive screening

When you complete an annual physical or preventive screening the claim will be processed and show completed in your Blue Rewards profile.



Earn \$25
For consenting to receive
wellness emails



Earn \$100
For completing a
biometric screening

Complete a biometric screening at your doctor's office, Quest Patient Service Center or a CVS Minute Clinic.

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa® Debit Card with your rewards on it. This card can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan¹. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.



Visit carefirst.com/wellbeing or download CareFirst WellBeing from your app store to get started.

¹ Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.

BlueCard and 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."

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 plan
- Compare costs from different doctors and facilities

Mental and behavioral health support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

- **CloseKnit**—access our leading virtual care practice through a simple, convenient app. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.
- **Behavioral Health**—if you need help, call the Behavioral Health Support Line at 800-245-7013. Our team will listen and help you find a path forward.
- **Substance Use Support**—get clinical counseling 24/7, or schedule substance use disorder treatment for you or a loved one within 48 hours.
- **Care Navigation**—talk to a Behavioral Health Care Manager who can help you find a path forward. LGBTQ+ members can contact our dedicated services specialist for help navigating care and understanding benefits.

To learn more about all the free mental and behavioral support available, visit 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.



"We all struggle at times, so knowing there are so many options my teens can turn to for help is a huge relief."

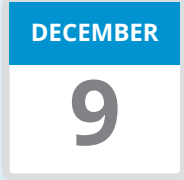
Next steps

Ready to enroll?

- Visit <https://liteblue.usps.gov>
- Complete the enrollment process
- Look for your member ID cards in the mail
- Be sure to download the CareFirst mobile app to access your plan on-the-go

Not ready to enroll just yet?

- If you need more detailed plan information, visit carefirst.com/usps
- Contact the HRSSC at 877-477-3273, Option 5 for eligibility concerns
- Set a reminder on your phone so you don't miss the deadline



DECEMBER
9

Don't worry—
you have until
December 9, 2024
to enroll.



We're here to help! If you have additional questions, please call 855-547-8508, Monday–Friday, 8 a.m. to 8 p.m.



“Everything in this guide is designed to help you and your family achieve your best health. Your plan, programs, tools and resources that we’ve built for you are exactly what we expect for ourselves and those we love. Because, like you, we’re CareFirst members, too.”

Tonya O.

CareFirst 

Employee since '22

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 www.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.
- 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.

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 877-261-8807.

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 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.

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.

Notes



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 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.

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 business name of CareFirst Advantage, 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., 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.