# BlueChoice Advantage Premium Summary of Benefits

Westat

#### Non-Integrated Deductible

Visit carefirst.com/needcare to learn more about your phositons for care.about your phositons for care.ANNUAL DEDUCTIBLE (Benefit period)*\$300FamilyNone\$300ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)*\$3,000 Individual/\$6,000 Family\$3,000 Individual/\$6,000 FamilyMedical*\$1,500 Individual/\$9,000 Family\$3,000 Individual/\$6,000 FamilyPrescription Drug*\$4,500 Individual/\$9,000 Family\$3,000 Individual/\$6,000 FamilyPrescription Drug*\$4,500 Individual/\$9,000 Family\$3,000 Individual/\$6,000 FamilyPREVENTIVE SERVICESVertex maximum20% of Allowed BenefitImmunizationsNo charge*Deductible, then 20% of Allowed BenefitImmunizationsNo charge*No charge*Adult Physical ExaminationNo charge*No charge*Prostate Cancer ScreeningNo charge*No charge*Poot Diffee Visits for Illness—PCP*A\$25 per visitDeductible, then 20% of Allowed BenefitColorectal Cancer ScreeningNo charge*No charge*PO ADD SPECIALIST SERVICESS25 per visitDeductible, then 20% of Allowed BenefitColorectal Cancer Screening\$25 per visitDeductible, then 20% of Allowed BenefitColorectal Cancer Screening\$25 per visitDeductible, then 20% of Allowed BenefitProstate Cancer (retail health clinics such as CVS MinuteClinic or Walgreesh\$25 per visitDeductible, then 20% of Allowed BenefitAllergy Totsity10% of Allowed BenefitDeductible, then 20% of Allowed BenefitDespisal ScreechAllergy Totsity<	Services	In-network You Pay <sup>1,2</sup>	Out-of-network You Pay <sup>1,3</sup>		
Free advice from a registered nurse.     When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your options for care.       Visit carefirst.com/necdcare to learn more about your options for care.     about your options for care.       ANNUAL DEDUCTIBLE (Benefit period)*     individual       Individual     None     \$300       Family     None     \$300       Prescription Drug*     \$1,500 Individual/\$3,000 Family     \$3,000 Individual/\$6,000 Family       Prescription Drug*     \$4,500 Individual/\$3,000 Family     All drug costs are subject to in-network out-of-pocket maximum       Prescription Drug*     \$4,500 Individual/\$3,000 Family     All drug costs are subject to in-network out-of-pocket maximum       Vell-Child Care (including exams & No charge*     Deductible, then 20% of Allowed Benefit     Individual/\$6,000 Family       Prestrate Cancer Screening     No charge*     No charge*     No charge*       Pap Test     No charge*     No charge*     No charge*       Colorectal Cancer Screening     No charge*     No charge*       Port ND SPECIALIST SERVICES     S25 per visit     Deductible, then 20% of Allowed Benefit       Conversione Care (retail health clinks such as CVS MinuteClinic or Walgreens PCP2*A     \$25 per visit     Deductible, then 20% of Allowed Benefit       Such as 2CS MinuteClinic or Walgreens     \$25 per visit     Deductible, then 20% of Allowed Benefit       Metarge		Visit carefirst.com/doctor to locate prov	viders		
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Family     None     \$600       ANNUAL OUT-OF-POCKET MAXIMUM (8=     5       Medical <sup>6</sup> \$1,500 Individual/\$3,000 Family     \$3,000 Individual/\$6,000 Family       Prescription Drug <sup>6</sup> \$4,500 Individual/\$9,000 Family     All drug costs are subject to in-network out-of-pocket maximum       PREVENTIVE SERVICES     Utell Child Care (including exams & No charge*     20% of Allowed Benefit (including routine GYN visit)       Breast Cancer Screening     No charge*     No charge*       Pap Test     No charge*     No charge*       Prostate Cancer Screening     No charge*     No charge*       Olorectal Cancer Screening     No charge*     No charge*       Olorectal Cancer Screening     No charge*     No charge*       Office Visits for Illness—PCP <sup>1,4</sup> \$25 per visit     Deductible, then 20% of Allowed Benefit       Convenience Care (retail health clinics such as CVS MinuteClinic or Walgreens Health Clinics \$25 per visit     Deductible, then 20% of Allowed Benefit       Allergy Testing?     10% of Allowed Benefit     Deductible, then 20% of Allowed Benefit       Allergy Testing?     55 per visit     Deductible, then 20% of Allowed Benefit       Allergy Testing?     10% of Allowed Benefit     Deductible, then 20% of Allowed Benefit       Allergy Testing?     10% of Allowed Benefit     Deductible, then 20% of Allowed Benefit       Allergy Testing?     55 per visit     Ded		1			
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## BlueChoice Advantage Premium Summary of Benefits

Services	In-network You Pay <sup>1,2</sup>	Out-of-network You Pay <sup>1,3</sup>
HOSPITALIZATION (Members are respon	sible for both physician and facility fee	es)
Outpatient Surgical Center Services		
<ul> <li>Facility</li> </ul>	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Physician	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Hospital Surgical Services		
<ul> <li>Facility</li> </ul>	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Physician	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Hospital Services		
<ul> <li>Facility</li> </ul>	10% of Allowed Benefit after \$200 per admission copay	Deductible, then 30% of Allowed Benefit
Physician	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hospice (Inpatient—limited to 30 days; Outpatient— unlimited during Hospice eligibility period)	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days/benefit period)	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	10% of Allowed Benefit after \$200 per admission copay	Deductible, then 30% of Allowed Benefit
Artificial and Intrauterine Insemination <sup>7,12</sup> (limited to 6 attempts per live birth)	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
In Vitro Fertilization Procedures <sup>7,12</sup> (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE I	DISORDER (Members are responsible fo	or both physician and facility fees)
Office Visits	\$25 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Services		
<ul> <li>Facility</li> </ul>	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Physician	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Services		
<ul> <li>Facility</li> </ul>	10% of Allowed Benefit after \$200 per admission copay	Deductible, then 30% of Allowed Benefit
Physician	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hearing Aids (limited to one hearing aid per hearing impaired ear every 3 years)	Children 0–18: No charge* Adults: No charge* after deductible	Children 0-18: No charge* Adults: Deductible, then 20% of Allowed Benefit

### **BlueChoice Advantage Premium Summary of Benefits**

Services	In-network You Pay <sup>1</sup>	Out-of-network You Pay <sup>1,3</sup>
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Total charge minus \$33 Allowed Benefit
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

- \* No copayment or coinsurance.
- <sup>1</sup> When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
  <sup>2</sup> In-Network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- <sup>3</sup> Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- <sup>4</sup> For Family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.
- <sup>5</sup> For Family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit.
- <sup>6</sup> Plan has an integrated medical and prescription drug out-of-pocket maximum.
- <sup>7</sup> If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.
- <sup>8</sup> "Telemedicine Services" refers to the use of a combination of interactive audio, including audio-only telephone conversation between a health care provider and the Member when required by law, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of e-mail, online questionnaires or Fax is not considered a telemedicine service.
- <sup>9</sup> There are no limits for children until the end of the month in which the insured or enrollee turns 19 years of age when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
- <sup>10</sup> If the out-of-network benefit is listed as contributing toward the in-network deductible, then it also contributes toward the in-network out-ofpocket maximum.
- <sup>11</sup> Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging for In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered Out-of-Network. Members accessing laboratory, X-rays, and specialty Imaging services outside of Maryland, D.C. or Northern Virginia, may use any participating BlueCard PPO facility and receive in-network benefits.
- <sup>12</sup> Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required

### Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.

The benefits described are issued under form numbers: In-Network: MD/CFBC/GC (R. 1/13); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/LG/ POS IN/EOC (1/19); MD/CFBC/LG/POS IN/DOCS (1/19); MD/CFBC/ZG/POS IN/SOB (1/19); MD/CFBC/ELIG (R. 7/09); MD/CFBC/RX (R. 1/18); MD/ CFBC/INCENT (1/19) Out-of-Network: CFMI/51+/GC (R. 1/13); CFMI/LG/POS OON/EOC (1/19); CFMI/DOL APPEAL (R. 9/11); CFMI/LG/POS OON/ DOCS (1/19); CFMI/LG/POS OON/SOB (1/19); CFMI/51+/ELIG (R. 1/10) Out-of-Network: MD/CF/GC (R. 1/13); MD/CF/LG/POS OON/EOC (1/19); MD/ GHMSI/DOL APPEAL (R. 9/11); MD/CF/LG/POS OON/DOCS (1/19); MD/CF/LG/POS OON/SOB (1/19); MD/CF/ATTC (R. 7/09) and any amendments.



#### Family of health care plans

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 Services, 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 For Maryland, Inc., Group Hospitalization 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.