CareFirst BlueChoice

# BlueChoice Advantage

## Welcome to a healthy relationship.

**One where everyone is committed to keeping you healthy.**

*You* take steps to live well, exercise regularly and eat well. And see your primary care doctor early enough to catch problems when they are most treatable.

Your Doctor, who knows you best, understands how to keep you well, and if you get sick, can get you back on the road to good health.

CareFirst, there when you need us most. And there every day encouraging a healthy lifestyle and an active relationship with your primary care doctor.

*You* + Your Doctor + CareFirst

a healthy relationship

# Welcome

## Welcome to your plan for healthy living.

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) is there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

### How Your Plan Works

Find out how your health plan works and how you can access the highest level of coverage.

### What's Covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

### Getting the Most out of Your Plan

Take advantage of the added features you have as a CareFirst member:

- Options discount program offering discounts for alternative therapies, gym memberships, weight loss and hearing care.
- Online access to quickly find a doctor or search for benefits and claims.
- *My Care First* wellness website with health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips, and articles on nutrition, physical fitness, and stress management.

## *Free!*

### *My Account Mobile App*

*By CareFirst BlueCross BlueShield*

Get our free App from your favorite App store by searching for "CareFirst."

Health care information is in the palm of your hand with CareFirst's new mobile App that allows members to manage their care, access claims information, view their ID cards and find a doctor or urgent care center any time of the day or night from their smartphones or tablets.

# How Your Plan Works

# BlueChoice Advantage

## *Offers You the Freedom to Choose*

BlueChoice Advantage provides you with choices that offer control over your out-of-pocket costs. There's no need to select a primary care provider (PCP) or to obtain a referral to see a specialist with this plan. You have the freedom to visit any provider and your choice will determine your out-of-pocket costs.

No need to select a PCP or obtain a referral.

## Benefits of BlueChoice Advantage

- Choose from more than 30,000 CareFirst BlueChoice providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Access to more than 600,000 providers nationally through the BlueCard® PPO network when receiving care outside the CareFirst BlueCross BlueShield (CareFirst) service area.
- No PCP selection required.
- No PCP referral required to see a specialist.
- Pay predictable copays when you receive care from an in-network provider.
- Preventive services, including well child visits, annual adult physicals and routine cancer screenings are not subject to copays or deductibles.
- Enroll in a BlueChoice Advantage HSA plan and pay for qualified medical expenses with tax-free dollars.

## How Your Plan Works

The BlueChoice Advantage Plan offers you the flexibility and freedom to choose from both in and out-of-network providers.

**Receiving Care Inside the CareFirst Service Area**

When care is rendered in Maryland, D.C. or Northern Virginia, use the CareFirst BlueChoice Network to receive the highest level of coverage and pay lower out-of-pocket costs.

**Receiving Care Outside the CareFirst Service Area**

Members seeking care outside the CareFirst service area will lower costs by using a national BlueCard® PPO provider.

Members will still have the option to opt-out of this network but will pay a higher out-of-pocket expense.

If you receive services from a provider outside of the BlueCard network, you will have to:

- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a deductible and coinsurance.

The choice is entirely yours. That's the advantage of this plan.

**Hospital Authorization/Utilization Management**
If you are receiving care in Maryland, D.C. or Northern Virginia, your CareFirst BlueChoice or out-of-network participating provider in the service area will obtain any necessary admission authorizations for in-area covered services.

If you are receiving care outside of Maryland, D.C. or Northern Virginia, you'll be responsible for obtaining authorization for services. Call toll-free at (866) PREAUTH (773-2884) for authorization.

## Your Benefits

**Step 1: Meet Your Deductible (if applicable)**
If your plan requires you to meet a deductible, you will be responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your full benefits will become available to you.

You will have a combined deductible amount for both in-network and out-of-network benefits.

If more than one person is covered under your plan, once the total deductible amount is satisfied, the plan will start to make payments for everyone covered. Deductible requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed deductible information.

**Step 2: Your Plan Will Start to Pay for Services**
After you satisfy your deductible, your plan will start to pay for covered services. The level of those benefits will depend on whether you see in-network or out-of-network providers.

**In-network** refers to the use of providers who are in the health plan's provider network. Seeking care from in-network providers can reduce your out-of-pocket expenses.

**Out-of-network** refers to the use of health care providers who are either participating or have not contracted with the health plan to provide services (non-participating). Members can go out-of-network, but will pay higher out-of-pocket costs.

In general, non-participating providers don't have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, you may be balance billed based on the provider's actual charge. In addition, you may be required to pay the non-participating provider's total charges at the time of service and submit a claim for reimbursement.

**Step 3: Your out-of-pocket maximum or out-of-pocket limit is the maximum amount you'll pay during your benefit period.**
Should you ever reach your out-of-pocket limit, CareFirst will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period. Any amount you pay towards your deductible and most copays and/or coinsurance will count towards your out-of-pocket limit.

If more than one person is covered under your plan, once the out-of-pocket limit is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket limit requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed out-of-pocket limit information.

## Laboratory Services

You must use a LabCorp® facility for any laboratory services in order to obtain coverage for those services. LabCorp has approximately 70 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call (888) LAB-CORP or visit **www.labcorp.com**.

Services performed at a facility in Maryland, D.C. or Northern Virginia that is not part of the LabCorp network may be considered out-of-network and may require members to pay higher out-of-pocket costs. Also, any lab work performed in an outpatient hospital setting will require a prior authorization.

If you are outside Maryland, D.C. and Northern Virginia and require laboratory services, you may use any participating BlueCard® PPO laboratory and you will receive in-network benefits.

**Important Terms**

**Allowed benefit** is the dollar amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

**Copay** is a fixed dollar amount a member must pay for a covered service.

**Coinsurance** is a percentage of the doctor's charge or allowed benefit a member must pay for a covered service.

**Deductible** is the dollar amount of incurred covered expenses that the member must pay before CareFirst BlueChoice makes payment.


**These benefits are issued under policy form numbers:**
MD: MD/CFBC/PPN SOB (R. 6/10); MD/CFBC/HPN/EOC (R. 6/10); MD/CFBC/PPN/DOCS (R. 6/10); MD/CFBC/GC (R. 7/10); MD/CFBC/ELIG (R. 10/10); MD/CFBC/RX3 (R. 7/08)
DC: DC/CFBC/GC (R. 7/10); DC/CFBC/HPN/EOC (R. 6/10); DC/CFBC/PPN DOCS (R. 6/10); DC/CFBC/PPN SOB (R. 6/10); DC/CFBC/ATTC (R. 1/10); DC/CFBC/RX3 (R. 12/08)
VA: VA/CFBC/GC (R. 1/10); VA/CFBC/HPN/EOC (R. 6/10); VA/CFBC/PPN DOCS (R. 6/10); VA/CFBC/PPN SOB (R. 6/10); VA/CFBC/ATTC (R.1/10); VA/CFBC/RX3 (R. 12/08)

CareFirst BlueChoice

# What's Covered

# BlueChoice Advantage

## Foundation for the Advanced Education in the Sciences *Summary of Benefits*

| Services | In-Network You Pay[1] | Out-of-Network You Pay[2] |
|---|---|---|
| **ANNUAL DEDUCTIBLE (Benefit period)[3]** | | |
| Individual | None | $500 |
| Individual & Child(ren)[4] | None | $1,000 |
| Individual & Adult | None | $1,000 |
| Family | None | $1,000 |
| **ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)[5]** | | |
| Individual | $1,500 | $3,000 |
| Individual & Child(ren)[4] | $3,000 | $6,000 |
| Individual & Adult | $3,000 | $6,000 |
| Family | $3,000 | $6,000 |
| **LIFETIME MAXIMUM BENEFIT** | None | |
| **PREVENTIVE SERVICES** | | |
| Well-Child Care | | |
| 0-24 months | No charge* | 30% of Allowed Benefit |
| 24 months-13 years (immunization visit) | No charge* | 30% of Allowed Benefit |
| 24 months-13 years (non-immunization visit) | No charge* | 30% of Allowed Benefit |
| 14-17 years | No charge* | 30% of Allowed Benefit |
| Adult Physical Examination | No charge* | 30% of Allowed Benefit |
| Routine GYN Visits | No charge* | 30% of Allowed Benefit |
| Breast Cancer Screening/Mammograms | No charge* | 30% of Allowed Benefit |
| Cancer Screening (Pap Test, Prostate and Colorectal) | No charge* | 30% of Allowed Benefit |
| **OFFICE VISITS, LABS AND TESTING** | | |
| Office Visits for Illness | $10 per visit | Deductible, then 30% of Allowed Benefit |
| Diagnostic Services[6] | Office- $10 per visit<br>Facility- No charge* | Office- Deductible, then 30% of Allowed Benefit<br>Family- Deductible then no charge* |
| X-ray and Lab Tests | No charge* | Deductible, then 30% of Allowed Benefit |
| Allergy Testing | No charge* | Deductible, then 30% of Allowed Benefit |
| Allergy Shots | $5 per visit | Deductible, then 30% of Allowed Benefit |
| Outpatient Physical, Speech and Occupational Therapy (limited to 30 visits/injury/benefit period) | $10 per visit | Deductible, then 30% of Allowed Benefit |
| Outpatient Chiropractic (limited to 20 visits/benefit period) | $10 per visit | Deductible, then 30% of Allowed Benefit |
| **EMERGENCY CARE AND URGENT CARE** | | |
| Physician's Office | $10 per visit | Paid as in-network |
| Urgent Care Center | $10 per visit | Paid as in-network |
| Hospital Emergency Room (limited to emergency services) | $100 per visit (copay waived if admitted) | Paid as in-network |
| Ambulance (if medically necessary) | No charge* | Paid as in-network |
| **HOSPITALIZATION** | | |
| Inpatient Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Outpatient Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Inpatient Physician Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Outpatient Physician Services | No charge* | Deductible, then 30% of Allowed Benefit |

| Services | In-Network You Pay[1] | Out-of-Network You Pay[2] |
|---|---|---|
| **HOSPITAL ALTERNATIVES** | | |
| Home Health Care | No charge* | Deductible, then 30% of Allowed Benefit |
| Hospice (limited for a maximum 180 day Hospice eligibility period) | No charge* | Deductible, then 30% of Allowed Benefit |
| Skilled Nursing Facility (limited to 100 days per benefit period) | No charge* | Deductible, then 30% of Allowed Benefit |
| **MATERNITY** | | |
| Prenatal and Postnatal Office Visits | No charge* | Deductible, then 30% of Allowed Benefit |
| Delivery and Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Nursery Care of Newborn | No charge* | No charge, subject to deductible |
| Initial Office Consultation(s) for Infertility Services/Procedures | $10 per visit | Deductible, then 30% of Allowed Benefit |
| Artificial and Intrauterine Insemination[7] (limited to 6 attempts per live birth) | 50% of Allowed Benefit | Deductible, then 70% of Allowed Benefit |
| In Vitro Fertilization Procedures[7] (limited to 3 attempts per live birth up to $100,000 lifetime maximum) | 50% of Allowed Benefit | Deductible, then 70% of Allowed Benefit |
| **MENTAL HEALTH AND SUBSTANCE ABUSE** | | |
| Inpatient Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Inpatient Physician Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Outpatient Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Outpatient Physician Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Office Visits | $10 per visit | Deductible, then 30% of Allowed Benefit |
| Partial Hospitalization Facility Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Partial Hospitalization Physician Services | No charge* | Deductible, then 30% of Allowed Benefit |
| Medication Management Visit | $10 per visit | Deductible, then 30% of Allowed Benefit |
| **MISCELLANEOUS** | | |
| Durable Medical Equipment | 25% of Allowed Benefit | Paid as In-Network |
| Acupuncture | Not covered, only when Plan approved for anesthesia | Not covered, only when Plan approved for anesthesia |
| Transplants | Covered as stated in the Evidence of Coverage | Covered as stated in the Evidence of Coverage |
| Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years) | No charge* | Paid as in-network |
| **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 |

* No copayments or coinsurance.

[1] 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 that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.

[2] 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.

[3] If you have "Individual and Adult" or "Individual and Child(ren)" coverage, each Member must satisfy his/her own out-of-network deductible by meeting the individual out-of-network deductible. If you have family coverage, all Members' individual expenses will be combined to meet the family deductible• however, no individual Member may contribute more than the individual out-of-network deductible amount.

[4] Please refer to your Evidence of Coverage to determine your coverage level.

[5] If you have "Individual and Adult" or "Individual and Child(ren)" coverage, each Member must satisfy his/her own out-of-pocket maximum by meeting the individual out-of-pocket maximum. If you have family coverage, all Members' individual expenses will be combined to meet the family out-of-pocket maximum• however, no individual Member may contribute more than the individual out-of-pocket amount.

[6] Diagnostic services performed at LabCorp only are paid at the in-network level. Services performed by any other provider will be considered out-of-network. For diagnostic services received outside the CareFirst BlueChoice service area, refer to your Inter-Plan Program contract documents for payment details.

[7] 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. However, assisted reproduction (AI, IVF & Intrauterine Insemination) services performed as treatment options for infertility are only available under the terms of the members contract. Prior Authorization 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 and any amendments. MD/CFBC/GC (R. 9/11); MD/CFBC/HPN/EOC (R. 6/10); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/PPN/DOCS (6/10); MD/CFBC/PPN SOB (R. 6/10); MD/CFBC/ELIG (R. 7/09); MD/CFBC/RX (R. 7/12) and any amendments.

CareFirst BlueChoice

CareFirst BlueCross BlueShield

**www.carefirst.com**

# Pharmacy Program

## $0 Deductible ■ $0/5/10/25 Retail Copays

### Foundation for the Advanced Education in the Sciences

## Summary of Benefits

| Plan Feature | Amount | Description |
|---|---|---|
| **Deductible** | None | Your benefit does not have a deductible. |
| **Family Deductible Maximum** | None | Your benefit does not have a family deductible maximum. |
| **Preferred Preventive Drugs** (up to a 34-day supply) | $0 | A Preferred Preventive Drug (not subject to any copay and deductible) is a medication or item on CareFirst's Preferred Preventive Drug List that is prescribed under certain medical criteria by a provider under a written prescription for – Aspirin, Folic Acid, Fluoride, Iron Supplements, Smoking Cessation Products, and FDA approved contraceptives for women. A full copy of this list can be obtained by going to **www.carefirst.com/rx**, clicking on the FAQ icon, and looking for the Preferred Preventive Drugs. This list is subject to change. |
| **Generic Drugs except Preferred Preventive Drugs (Tier 1)** (up to a 34-day supply) | $5 | All generic drugs are covered at this copay level. |
| **Preferred Brand Name Drugs (Tier 2)** (up to a 34-day supply) | $10 | All preferred brand name drugs are covered at this copay level. |
| **Non-Preferred Brand Name Drugs (Tier 3)** (up to a 34-day supply) | $25 | All non-preferred brand name drugs are covered at this copay level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist. |
| **Maintenance Copays** (up to a 90-day supply) | generic: $10<br>preferred: $20<br>non-preferred: $50 | Maintenance drugs of up to a 90-day supply are available for twice the copay only through the Rx Delivered or retail pharmacy. |
| **Restricted Generic Substitution** | Yes | If you choose a non-preferred brand name drug (Tier 3) instead of its generic equivalent, you will pay the highest copay plus, the difference in cost between the non-preferred brand name drug and the generic. If a generic version is not available, you will only pay the copay. Also, if your prescription is written for a brand name drug and DAW (dispense as written) is noted on the prescription, you will only pay the copay. |
| **Prior Authorization** | Yes | Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug website at **www.carefirst.com/rx**. |

- This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**Policy Form Numbers:** MD/CFBC/RX (R. 7/11) • MD/CF/RX (R. 7/11) • CFMI/51+/RX (R. 7/11)

Access **www.carefirst.com/rx** for more information and for the most up-to-date preferred drug list.

CareFirst BlueChoice

CareFirst BlueCross BlueShield

# Rx Delivered
## (Mail Order)
*Reliable. Fast. Convenient.*

Take advantage of Rx Delivered (Mail Order), a fast and accurate home delivery service that gives you a convenient way to order your prescriptions.

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. member, once you register for Rx Delivered you'll have access to:

- Consulting pharmacists available 24 hours a day by phone.
- Refill options by phone, mail or online.
- Automated phone system to check account balances and make payments.
- Email notification of order status.

## How to Register

### By Phone
To register for Rx Delivered, call (800) 241-3371. You can then ask the customer care representative to process your prescription. You'll also be asked to provide your credit card or debit card number for any applicable deductible, copay or coinsurance. You can also pay by check, electronic check, Bill Me Later®, or money order (cash is not accepted).

### By Mail
Complete and submit the "*Registration & Prescription Order Form*," along with any new prescription you need filled. You can download the form by visiting the "*Understanding Your Prescription Drug Plan*" section of **www.carefirst.com/rx**.

### Online
In the "*Prescription Drug Tools*" section of **www.carefirst.com/rx**, select "*Order Drugs Online"* to set-up your account.

CareFirst

The CareFirst BlueCross BlueShield family of health care plans.



BRC6500-1P (9/13)

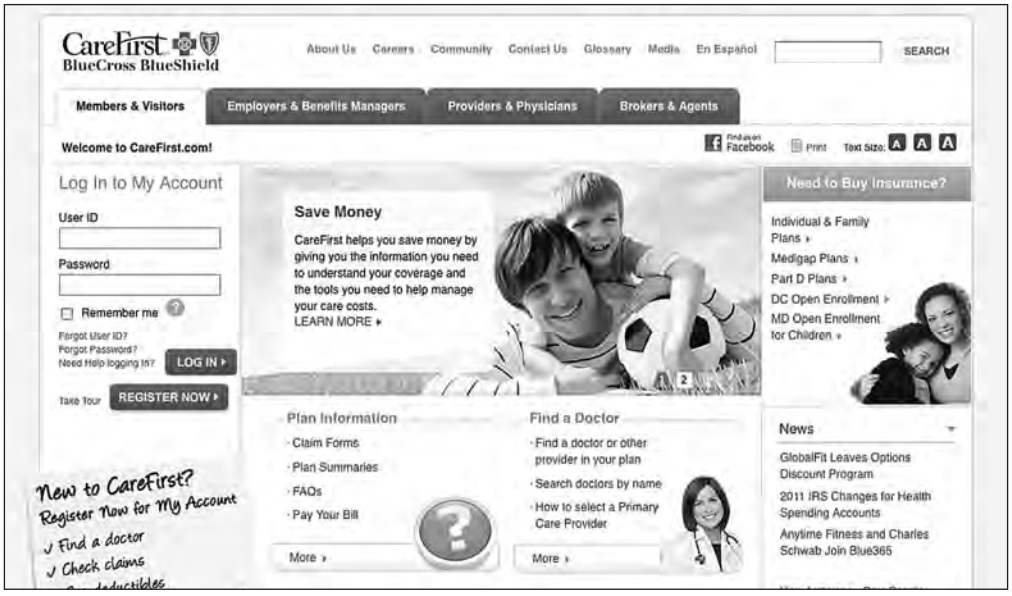
# Getting the Most From Your Plan

# Getting the Most from Your Plan

## *There's More to Your Health Plan Than You Might Think*

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at **www.carefirst.com** to learn more about the following member benefits:




**Find a doctor**
Quickly search for the type of doctor you need in your area.

**Check claims and benefits**
Manage many aspects of your CareFirst plan, online, day or night.

**Compare plans**
Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

**Get discounts**
Access exclusive discounts on acupuncture, massage therapy, yoga, gym memberships, laser eye correction, and more through our Options program.

**Read up about your health**
Access health calculators, tracking tools, podcast videos on specific health topics, nutrition and recipe libraries and the latest health news on the My Care First website or download the latest issue of our Vitality magazine to learn more about your plan and staying healthy.

Find out how you can get the most from your CareFirst plan...

# health+wellness

take charge.

Whether you're looking for health and wellness tips, discounts on health and wellness services, assistance during your pregnancy or support to manage a health condition, we have the resources to help you get on the path to good health.

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## With our Health + Wellness Program you can:

- Stay healthy by identifying habits that could put your health at risk.
- Get healthy with programs that target specific health or lifestyle issues.
- Deal with unexpected health issues or medical emergencies with help from our case management program.
- Live with a condition with the support of a coordinated health care team, by participating in our Patient-Centered Medical Home program.
- Access to online tools and services to help you get healthy and stay healthy.

## Staying Healthy

**Health Assessment**

Get an immediate picture of your health status with our confidential, online questionnaire. You'll be asked about lifestyle choices including nutrition, physical activity and tobacco use. The survey takes about 15 minutes to complete and, based on your health status, you'll receive recommendations for improving your health. To take the Health Assessment, log into *My Account* at **www.carefirst.com**, click on the tab *Manage My Health* and then click on the Health *Assessment and Coaching*.

Health and wellness programs and resources help you and your family live a healthy life.

health+wellness
take charge.

### Online Health Coaching

Once you've completed the Health Assessment, you may participate in a variety of free, confidential Online Health Coaching programs to help improve your health:

***Lifestyle Management***

- Weight management
- Smoking cessation
- Stress management
- Physical activity

***Behavioral Health***

- Overcome depression
- Overcome insomnia
- Overcome binge eating

***Self-Management for Chronic Conditions***

- Chronic condition management
- Back pain management
- Diabetes management
- Hip pain management
- Chronic pain management

These programs include access to an online health library, healthy recipes, exercise planners, enhanced goal-setting capabilities, quizzes, videos and links to relevant health information. You can also download most of the tools to an iPod™.

## Getting Healthy

### Health Advising

After completing the Health Assessment, a Health Advisor may contact you to discuss your results.

The Health Advisor will refer you to the appropriate resources, tools, care management and Health Coaching programs that can guide you toward better health.

### Telephonic Health Coaching

Depending on your Health Assessment results, you may also qualify for Telephonic Health Coaching programs related to:

***Physical Activity***

- Aerobic exercise
- Strength
- Flexibility

***Healthy Eating***

- Unhealthy fats
- Fruits
- Overeating
- Skipping meals
- Sodium
- Sugary drinks
- Vegetables
- Whole grains

***Healthy Living***

- Smoking cessation
- Stress management

You may interact with your coach through a private, secure Web-based message board or by phone.

You'll work together to develop a personal health action plan and your coach will monitor your progress and provide guidance and support as needed.

### Utilization Management

Our program ensures you'll receive the most appropriate care when you need it. If you have to be hospitalized, or need therapy, our team will review your case, help coordinate care with your provider and assist with discharge planning. If necessary, our team will also approve additional inpatient hospital days.

## Dealing with the Unexpected

### Case Management

If you have a serious illness or injury, our Case Management program can help you navigate through the health care system and provide support along the way.

Our Case Managers, who are registered nurses, will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Contact you regularly to see how you're doing.
- Answer any of your questions.
- Suggest available community resources.

Our Case Management program is voluntary and confidential. To enroll or for more information, call (888) 264-8648.

## Living with a Condition

### Patient-Centered Medical Home (PCMH)

Our PCMH program promotes higher quality health care, while striving to control health care costs over time. PCMH was designed to provide your PCP with a more complete view of your health needs, as well as the care you receive from other providers. This enables the PCP to better manage your health risks, while encouraging you to maintain better health and ultimately produce better outcomes. To participate in PCMH, talk to your PCP.

## Health and Wellness Tools

### My Care First Website

Take an active role in managing your health by visiting My Care First at **www.mycarefirst.com**. Find nearly 300 interactive health-related tools, a multi-media section with more than 400 podcasts, and recipes to search by food group or dietary restrictions. Plus, there are videos and tutorials on chronic diseases and an encyclopedia with information on more than 3,000 conditions.

### FirstHelp™

Speak with a FirstHelp™ nurse any time, day or night. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care. Simply call (800) 535-9700 and a registered nurse will ask about your symptoms and help you decide on the best source of care.

### Ask Our Nurses

Our Ask Our Nurses program lets you email questions about conditions, symptoms, treatments or diagnostic tests to our registered nurses through a secure and confidential email system. Simply log on to *My Account* at **www.carefirst.com** and click on "*Ask Our Nurses*" to submit your question. You'll receive a personalized response within 24 hours.

# health+wellness
take charge.

### *Vitality* Magazine
Our member magazine has the tools to help you achieve a healthier lifestyle. *Vitality* provides you with updates to your health care plan and a variety of health and wellness topics, including food and nutrition, physical fitness and preventive health.

### Great Beginnings—Support During Your Pregnancy
Our Case Managers strive to help you and your baby stay healthy during pregnancy. Once enrolled, the Case Manager will provide education and information on prenatal care and pregnancy. For more information or to enroll, visit **www.carefirst.com/greatbeginnings** or call (888) 264-8648.

### Options Discount Program/Blue365 Program
As a CareFirst member, you have access to discounts on alternative therapies, as well as health and wellness resources such as fitness centers, acupuncture, massages, chiropractic care, nutritional counseling, laser vision correction and more. To learn more, visit **www.carefirst.com/options**.

### Health News
Get the latest information to help you, and your family, maintain a healthy lifestyle. Sign up for our monthly electronic member newsletter by visiting **www.carefirst.com/healthnews** to receive health-related articles and recipes.

### Symptom Checker App
Better health is just a click away with our new Symptom Checker App. You have access to reliable health information wherever you go. Find out when to manage symptoms at home and when to seek medical care, locate the nearest emergency room, or look up the prescribed dosage of common over-the-counter medicines. The app can be downloaded at **www.carefirst.com/socialmedia**.

Don't forget to take your Health Assessment to get an immediate picture of your health.

CareFirst

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CUT7071-1P (3/12)

# Discounts on Health & Wellness Services

Our discount programs offer the health and wellness information, support and services you need — while providing you with special savings.

For details on the health and wellness discounts available to you, visit **www.carefirst.com/options**.

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## Discount Program Directory

| Health and Wellness Service | Discount/Special Offer | Provider |
|---|---|---|
| Alternative Therapies and Wellness | Up to 30% off chiropractic care, acupuncture, massage therapy, nutritional counseling, personal training, yoga, guided imagery, spa services, and more. | **Healthways WholeHealth Networks, Inc.**<br>(800) 514-6502<br>http://options.wholehealthmd.com |
| Eldercare Services | Free service to find referrals and information for elders and their families. | **ElderCarelink**<br>www.eldercarelink.com/carefirst<br>**SeniorLink Care**<br>(866) 797-2341 |
| Financial Services | Help successfully manage health care costs while maintaining a healthy financial future. | **H&R Block**<br>**Experian** |
| Fitness Apparel and Gear | Exclusive discounts on fitness apparel, workout gear and equipment. | **Sportline**<br>(866) 324-4438<br>**Fitness Gear and Equipment**<br>**Leisure Fitness**<br>(866) 324-4438<br>**Polar**<br>**Balance Walking**<br>**Gaiam** |
| Fitness Centers | Discounts on membership fees, initiation fees and more depending on the fitness network and location you choose. | **Healthways Fitness Your Way**<br>(888)242-2060<br>**Snap Fitness**<br>(877) 474-5422 |

# Discounts on Health & Wellness Services

## Discount Program Directory

| Health and Wellness Service | Discount/Special Offer | Provider |
|---|---|---|
| Gifts and Office Supplies | Various discounts on personal gifts as well as office supplies. | **Red Envelope**<br>**Cheap Office Supplies**<br>**Personal Creations**<br>**ProFlowers**<br>**Restaurant.com** |
| Hearing Care | Free screenings, discounts on hearing aids and more. | **Beltone**<br>(888) 896-2365<br>**TruHearing**<br>(877) 343-0745 |
| Laser Vision Correction and Contact Lenses | Discounts on mail-order contact lenses, laser vision correction and 100% patient financing with approved credit. | **QualSight LASIK**<br>(877) 285-2010 or<br>www.qualsight.com/–carefirst<br>**LasikPlus**<br>(866) 713-2044<br>**TruVision**<br>(800) 398-7075<br>www.truvision.com/carefirst/LASIK.htm |
| Magazine Discounts | Up to 90% off the cover prices on magazine subscriptions. | **MagazineLine** |
| Medical IDs | 22% discount on personalized medical ID bracelets and necklaces. | American Medical ID<br>(800) 363-5985<br>www.americanmedical-id.com/extras/carefirst.php |
| Nutritional Foods | Discounts on organic and specialty foods. | **Frontier**<br>**Simply Organic**<br>**Shari's Berries**<br>**Cherry Moon Farms** |
| Recreation and Travel | Enjoy savings on travel and leisure expenses. | **Travelocity** |
| Weight Loss and Management | Nationally recognized weight loss plan discounts. | **Jenny Craig®**<br>(800) 96-JENNY<br>**Medifast**<br>(800) 209-0878 |

*The Options and Blue365 programs are not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite these programs because they are not insurance products. No benefits are paid by CareFirst under these programs.*

CareFirst

From the CareFirst BlueCross BlueShield family of health care plans.



CUT6053-1P (10/12)

# My Account

## *Online Access to Your Claims*

View personalized information on your claims and out-of-pocket costs online with My Account. Simply log on to **www.carefirst.com/myaccount** for real-time information about your plan.

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### Features of My Account

- View your deductible status and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims—total charges, benefits paid and costs for a specific date range
- Request an ID card
- Sign up for electronic communications and get your information faster and more securely

### Signing Up is Easy

Visit **www.carefirst.com/myaccount**, click on *"Register Now"* and set up your User ID and Password. You'll just need information from your member ID card.

### Additional Tools

Depending on your specific health plan, you may have access to the following services through My Account:

- Find out the exact dollar amount you'll pay at a particular pharmacy
- View a side-by-side comparison of costs at local pharmacies
- Download claim forms
- Find in-network providers

### Mobile Access

View the most-visited information in My Account on your smartphone or tablet.

Our mobile site is available from any browser-equipped mobile device. To try out the app, visit your favorite app store, search for "CareFirst" and install the CareFirst app on your device.

Enjoy access to:

- Find A Provider
- Search for nearby urgent care and ER facilities, based on your current location (as determined by your device's GPS).
- Searchable claims information
- Who's eligible and covered under your policy
- View your ID cards (App users can also print and email ID cards)
- Register for My Account and maintain your security and notification preferences.

For more information on our mobile site and app, visit **www.carefirst.com/mobileaccess**.

CareFirst

The CareFirst BlueCross BlueShield family of health care plans.



BRC6499-1P (6/13)

# BlueCard®

## *Wherever You Go, Your Health Care Coverage Goes with You*

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.

Visit **www.bcbs.com** to find providers within the U.S. and around the world.

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Your membership gives you a world of choices. More than 85% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, D.C., and Northern VA), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

## Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at **www.bcbs.com**, or call BlueCard Access at (800) 810-BLUE.
3. Call Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it's different from the BlueCard Access number listed in Step 2.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

**As always, go directly to the nearest hospital in an emergency.**

# BlueCard®

*Wherever You Go, Your Health Care Coverage Goes with You*

## Around the World

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The BlueCard Worldwide program provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At BlueCard Worldwide hospitals, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At non-BlueCard Worldwide hospitals, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BlueCard Worldwide Service Center. The claim form is available online at **www.bcbs.com**.
- To find a BlueCard provider outside of the U.S. visit **www.bcbs.com**, select *"Find a Doctor or Hospital."*

*Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.*

## Medical Assistance When Outside the U.S.

Call (800) 810-BLUE toll-free or (804) 673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.

CareFirst®

From the CareFirst BlueCross BlueShield family of health care plans.



BRC6290-9P (5/12)

# FirstHelp™ – 24-Hours

*Health Care Advice Line (800) 535-9700*

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

## How FirstHelp Works

Simply call (800) 535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

## When to Call FirstHelp

First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.

CareFirst

From the CareFirst BlueCross BlueShield family of health care plans.



BRC5286-9P (5/11)

# Away from Home Care®

## *Your HMO Coverage Goes With You*

We've got you covered when you're away from home for 90 consecutive days or more. 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.

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## Coverage While You're Away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, DC and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different then when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

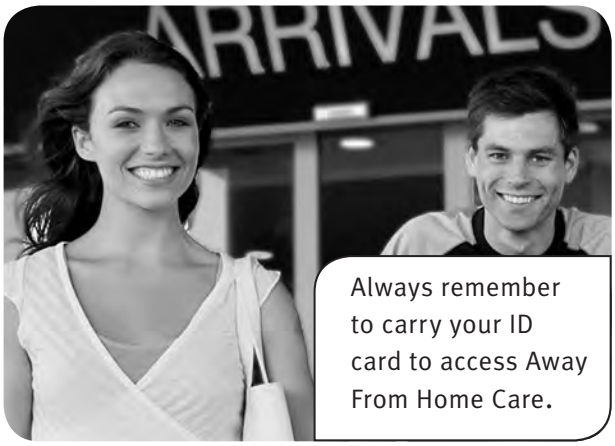
## Enrolling in Away from Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away from Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.
- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Simply call your Host HMO primary care physician for an appointment when you need care.

## No Paperwork or Upfront Costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.




Always remember to carry your ID card to access Away From Home Care.

CareFirst BlueChoice



BRC6389-1P (7/13)

# Find a Doctor, Hospital or Urgent Care

*www.carefirst.com/doctor*

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

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Whether you need a doctor or a facility, **www.carefirst.com** can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at **www.carefirst.com**. The site is updated weekly, so you always have the most up-to-date information available.


## The most up-to-date information:

Go to **www.carefirst.com/doctor**.

From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.
- Select a Primary Care Physician.

Click *"Find Providers"* tab on **www.carefirst.com** to:

- Learn more about our Directory.
- Change your PCP.
- Research a Doctor or a Hospital.
- Learn about Specialists.

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The CareFirst BlueCross BlueShield family of health care plans.

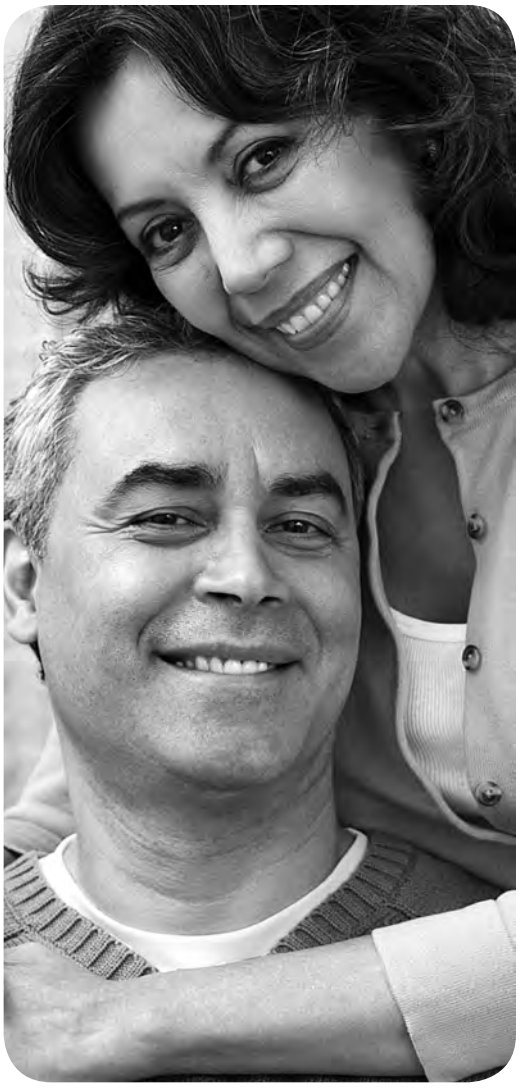


CUT5766-2P (8/13)

# Coordination of Benefits

## *If You're Covered by More Than One Health Plan*

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you're insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.



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## What is Coordination of Benefits (COB)?

It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

## How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The **primary plan** has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The **secondary plan** then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.

Covered by more than one health plan?

Contact Member Services at the number listed on your ID card.

# Coordination of Benefits

*If You're Covered by More Than One Health Plan*

## What if I have other coverage?

Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You're covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

## How do I submit claims?

**When CareFirst is the primary plan**

You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

**When CareFirst is the secondary plan**

Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

**When CareFirst is the primary and secondary plan**

You don't need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under "Other Health Insurance." In most cases, we'll automatically process a second claim to consider any balances.

## Which health plan is primary?

There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It's important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn't have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you're the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse's plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
  - For example, if your birthday is May 3 and your spouse's is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
  - When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
  - For dependent coverage only, if none of the above rules apply, the plan that's covered the dependent longer is primary.

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BRC5823-9P (9/12)

# Compensation and Premium Disclosure Statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your identification card, or write to:

**CareFirst BlueChoice, Inc.**
**840 First Street, NE**
**Washington, DC 20065**
**Attention: Member Services**

## A. Methods of Paying Physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services with a simple example of how each payment mechanism works.

The examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.

**Salary:** A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones' salary.

**Capitation:** A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

**Fee-for-Service:** A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.

**Discounted Fee-for-Service:** Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.

# Compensation and Premium Disclosure Statement

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs. Dr. Jones will be paid a discounted rate by the insurer or HMO.

**Bonus:** A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

**Case Rate:** The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by both the physician (or other provider) and the hospital for an episode of care.

This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

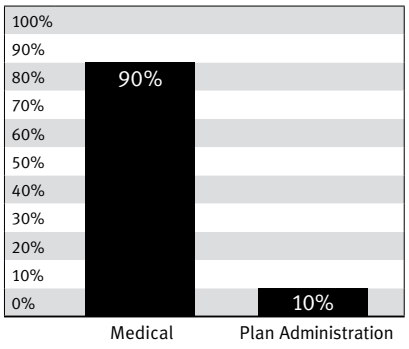
## B. Percentage of Provider Payment Methods

CareFirst BlueChoice, Inc. is a network model HMO and contracts directly with the primary care and specialty care providers. According to this type of arrangement, CareFirst BlueChoice, Inc. reimburses providers primarily on a discounted fee-for-service payment method. The provider payment method percentages for CareFirst BlueChoice, Inc. are approximately 99% discounted fee-for-service with less than 1% capitated.

## C. Distribution of Premium Dollars

The bar graph below illustrates the proportion of every $100 in premium used by CareFirst BlueChoice, Inc. to pay providers (or other providers) for medical care expenses, and the proportion used to pay for plan administration.

These numbers represent an average for all HMO accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.




CareFirst BlueChoice



CUT5264-1P (8/09)

# Rights & 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**

**Virginia:**
Complaint Intake, Office of Licensure and Certification,
Virginia Department of Health, 9960 Maryland Drive, Suite 401,
Richmond, VA 23233-1463
Phone #: (800) 955-1819 or (804) 367-2106
Fax #: (804) 527-4503

Office of the Managed Care Ombudsman, Bureau of Insurance
P.O. Box 1157, Richmond, VA 23218
Phone #: 1-877-310-6560 or (804) 371-9032

**District of Columbia:**
Department of Insurance, Securities and Banking
801 1st Street, NE, Suite 701, Washington, DC 20002
Phone #: (202) 727-8000

**Maryland:**
Maryland Insurance Administration, Inquiry and Investigation,
Life and Health, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202
Phone #: (800) 492-6116 or (410) 468-2244

Office of Health Care Quality, Spring Grove Center,
Bland-Bryant Building, 55 Wade Avenue, Catonsville, MD 21228
Phone #: (410) 402-8016 or (877) 402-8218

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.

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

Health Education and Advocacy Unit, Consumer Protection Division, Office of the Attorney General, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202
Phone #: (410) 528-1840 or (877) 261-8807
Fax #: (410) 576-6571 / web site: **www.oag.state.md.us**

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:

### 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.

CareFirst BlueCross BlueShield
From the CareFirst BlueCross BlueShield family of health care plans.



CUT6623-1P (4/12)

# How to Enroll

# Enrollment Made Easy

You're only 5 steps away from enrolling in a CareFirst health care plan. Just follow these steps and if you have any questions about the plan, simply contact your employer.

## 1. Review all your plan information in this guide.

This enrollment guide provides an overview of what you can expect from your health benefits package.

## 2. Compare coverages and costs.

Review the plan description and summary of benefits chart closely. If your employer offers more than one plan, compare the costs and coverage of each plan. And pay special attention to:

- Copay/coinsurance amounts.
- Deductibles.
- Referral requirements.
- Participating doctors – in-network vs. out-of-network.
- Out-of-area benefits.

## 3. Review the online provider directory.

Visit the online directory at **www.carefirst.com/doctor** to see a complete listing of participating doctors and medical facilities in the CareFirst provider network.

## 4. Ask questions.

If you need further information, contact your employer.

## 5. Complete the proper enrollment forms.

If you haven't already done so, complete the enrollment form(s) provided in this guide.

Thank you
for choosing
CareFirst!

CUT6905-1P (8/10)

# How to Complete Your Enrollment Form

## Step 1:

Before you complete your enrollment form, ask your HR representative to identify which enrollment plan is available to you.

1. Some health plans require you to elect both medical and dental benefits for yourself and all covered dependents.
2. Other plans allow you to elect benefits individually or together – medical only, dental only or dual benefits at the coverage level(s) of your choice.

You need to know which enrollment plan is available to you and your dependents so that you can properly complete your enrollment form(s).

## Step 2:

Once you have identified what your health plan offers, refer to the instructions (below) that apply to you.

### 1. Plans requiring both Medical and Dental

- If your health plan requires you to elect both medical and dental benefits, then you need to complete a CareFirst BlueChoice, Inc. enrollment form.
- There are three (3) medical benefit plans and four (4) dental benefit plans on the CareFirst BlueChoice, Inc. enrollment form, but your employer may not offer all of them. If you choose a benefit plan that your employer does not offer, the processing of your enrollment form may be delayed.
- **Important:** Please verify with your HR representative which benefit plans are available to you.

***Specific Guidelines for Completing the BlueChoice Enrollment Form***

**In addition to completing all other "subscriber" sections of your enrollment form, please complete the following sections:**

- In Section III of your form, called "Type of Coverage," you must choose the coverage level that applies to your medical and dental benefits.
- In the "Coverage Selected" portion, choose the medical and dental benefits in which you are enrolling.
- If your employer's health plan requires you to complete health questions, please complete the health questions in Section VII.

### 2. Plans allowing coverage levels of your choice

You may need to complete two (2) enrollment forms, depending on your benefit choices.

- If you choose both medical benefits and Traditional or Preferred dental benefits, you will need to complete both the CareFirst BlueChoice and the CareFirst BlueCross BlueShield enrollment forms.
- If you choose medical benefits only or medical benefits with Dental HMO benefits, you will need to complete a CareFirst BlueChoice enrollment form.
- If you choose dental benefits only – and are declining medical benefits – you need to complete a CareFirst BlueCross BlueShield enrollment form.

  **Note: If you choose to enroll in both the medical benefits and the Traditional or Preferred dental benefits, you are free to include different eligible**

# How to Complete Your Enrollment Form

**dependents on the enrollment forms if needed. For example, you may choose to cover both children on your medical benefits, but because one of the children is a newborn, you may choose to enroll only one child for dental benefits.**

**Important:** Although there are several medical benefit plans and dental benefit plans on the CareFirst BlueChoice and CareFirst BlueCross BlueShield enrollment forms, your employer may not offer all of them. If you choose a benefit plan that your employer does not offer, the processing of your enrollment form may be delayed. Before filling out this enrollment form, please confirm with your HR representative which benefit plans are available to you.

***Specific Guidelines for Completing the Enrollment Form(s)***

**For Medical benefits only or medical benefits with DHMO benefits, use the CareFirst BlueChoice Enrollment Form.**

- In Section III of your form, called "Type of Coverage," choose the coverage level that applies to your medical benefits and DHMO benefits, if applicable.
- Choose the medical benefit in which you are enrolling. Please confirm with your employer the medical benefit plans available to you. Do not indicate your dental benefit choice on this enrollment form unless you are choosing DHMO coverage.
- If your employer's plan requires that employees complete health questions, please complete the health questions in Section VII.

**For dental benefits (if applicable), use the CareFirst BlueCross BlueShield Enrollment Form.**

- Do **not** indicate a coverage level for medical benefits.
- Choose the coverage level for your dental benefits.
- Fill in the requested information under Subscriber Information. In the Coverage Level box, do not check the box indicating medical coverage.
- Next, indicate your choice of dental benefit. Please confirm with your employer the dental benefit plans available to you.
- Fill in the dependent information, if applicable. Again, do not check the medical coverage box.

CareFirst BlueChoice

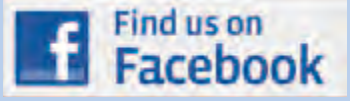


CUT6527-1P (8/10)

# Get Up. Get Active.
# Get Healthy.

Visit us online at www.carefirst.com.

Please keep this book for your records.

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