



State of    
Maryland

# Healthcare Options

2009-2010



# State of Maryland

## CareFirst Customer Service

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### Important Phone Numbers

#### State of Maryland Open Enrollment Hotlines

**Monday – Friday**  
**8:00 a.m. – 10:00 p.m.**  
(410) 581-3602 (Baltimore)  
(800) 852-4463 (Outside Baltimore)

#### Preferred Provider Organization

**Monday – Friday**  
**Core Hours 8:00 a.m. – 10:00 p.m.**  
**Saturday Hours: 8:00 a.m. – 1:00 p.m.**  
(410) 581-3601 (Baltimore)  
(800) 225-0131 (Outside Baltimore)  
(410) 605-2492 (TTY/TDD)  
(800) 828-3196 (TTY/TDD)

#### Maryland POS

**Monday – Friday**  
**Core Hours 8:00 a.m. – 10:00 p.m.**  
**Saturday Hours: 8:00 a.m. – 1:00 p.m.**  
(410) 581-0021 (Baltimore)  
(800) 203-2763 (Outside Baltimore)  
(410) 605-2492 (TTY/TDD)  
(800) 828-3196 (TTY/TDD)

#### CareFirst EPO

**Monday – Friday**  
**Core Hours 8:00 a.m. – 10:00 p.m.**  
**Saturday Hours: 8:00 a.m. – 1:00 p.m.**  
410-654-8675 (Baltimore)  
(800) 445-6036 (Within Maryland)  
(410) 605-2492 (TTY/TDD)  
(800) 828-3196 (TTY/TDD)

#### Main Office

**Monday – Friday**  
**8:00 a.m. – 4:30 p.m.**  
10802 Red Run Blvd.  
Owings Mills, MD 21117  
(walk-in only)

#### Annapolis District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
151 West Street  
Annapolis, MD 21401  
(410) 268-6488

#### Cumberland District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
81 Baltimore Street, Suite 608  
Cumberland, MD 21502  
(301) 724-1313  
(301) 245-4215 (Oakland extension)

#### Easton District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
301 Bay Street, Suite 401  
Easton, MD 21601  
(410) 822-1850

#### Frederick District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
110 Baughman's Lane  
Frederick, MD 21702  
(301) 663-3138

#### Hagerstown District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
182 – 184 Eastern Blvd., North  
Hagerstown, MD 21740  
(301) 733-5995


#### Salisbury District Office

**Monday – Friday**  
**8:30 a.m. – 4:30 p.m.**  
224 Phillip Morris Drive,  
Suite 106  
Salisbury, MD 21804  
(410) 742-3274

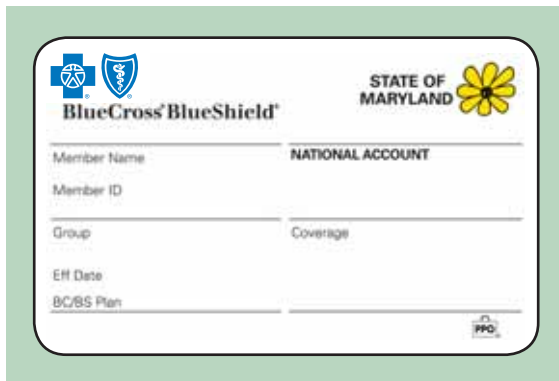
# Preferred Provider Organization (PPO)

Choosing a doctor is an important, personal decision. By selecting CareFirst BlueCross BlueShield's (CareFirst) Preferred Provider Organization (PPO), you are ensuring your freedom to choose your own doctor or specialist, every time you need care.

Offering the freedom you desire, while saving you money on health care services, is what CareFirst's PPO is all about.

- **No referrals needed.** You have direct access to any primary care provider or specialist.
- **Office visits,** maternity care, well-baby visits, routine physicals and GYN exams are covered – all for little or no copay.
- **Women's/Men's Health coverage** such as PAP tests and mammograms, and men's health coverage, which includes routine prostate screenings.
- **No paper work for you.** Our PPO physicians submit claims directly to us or directly to the local plan.
- **Out of Area Coverage** – 

You will receive one of the most widely recognized and accepted health care identification cards in the United States. So now, you can take your health care benefits with you – across the country and around the world.



# Maryland Point of Service® (MPOS)

Your Maryland Point of Service (MPOS) plan allows you the flexibility to select any doctor you wish. When you enroll, you must select a primary care physician (PCP) from the Maryland Point of Service network. Then, when you need medical care, you can choose to see your PCP or you can go “out of network” to see any doctor you choose. When you see your PCP, and stay in network, you save money by paying lower out-of-pocket costs.



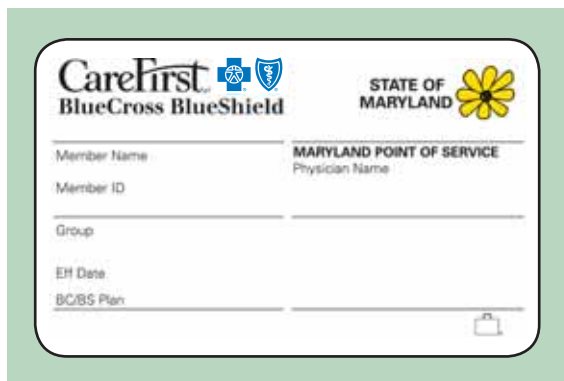
- Your MPOS plan offers you two levels of benefits in one health plan. At the time you need care, you can visit your PCP or go “out-of-network” and visit any doctor you wish.
- Office visits, maternity care, well-baby visits, routine physicals and GYN exams are covered – all for little or no copay when care is provided by your PCP or a referred specialist.
- Women’s/Men’s Health coverage such as PAP tests and mammograms, and men’s health coverage, which includes routine prostate screenings.
- *Great Beginnings* is for expectant mothers and is designed to complement the prenatal care and education you receive from your doctor. When you enroll in *Great Beginnings* you will receive information related to your condition and your baby’s development.
- Each MPOS doctor provides 24-hour-a-day availability so you are never out of reach of your PCP. If the condition is serious, but not life threatening, call your PCP and he or she will give you instructions on what to do next.
- No paper work for you. If you receive care from an MPOS doctor, he or she will submit claims directly to us.
- Out of Area Coverage is subject to “out-of-network” deductibles and coinsurance.

# How to Select a PCP (MPOS)

- 1 Please review all material carefully.
- 2 If you are new to the plan or making a change, select a Maryland Point of Service primary care physician (PCP) for yourself and each of your covered dependents. You may visit our State of Maryland website at [www.carefirst.com/statemd](http://www.carefirst.com/statemd) for the most current list of MPOS providers, or call the Customer Service line to see if your doctor participates with MPOS.
- 3 If you are a new enrollee, we will need a PCP selection from you and your dependents. Please contact us with that information, via a PCP selection form or a call to customer service at 410-581-0021 or 1-800-203-2763.

If you are currently enrolled in Maryland Point of Service and have already chosen a PCP, there is no need for you to complete another PCP selection card, unless you wish to change PCPs at this time.

- 4 If you are a new Maryland Point of Service member, please remember to present your new MPOS identification card upon your next visit to your physician, specialists, laboratory and radiologist and inform them that your health plan has changed.
- 5 For further information or questions on your health plan, please contact the State of Maryland Member Services hotline during your open enrollment period at (800) 852-4463 or (410) 581-3602.



The image shows a sample MPOS identification card form. It features the CareFirst BlueCross BlueShield logo on the left and the State of Maryland logo on the right. The form has two columns for data entry. The left column includes fields for Member Name, Member ID, Group, EH Date, and BC/BS Plan. The right column includes a field for MARYLAND POINT OF SERVICE Physician Name. A small icon of a briefcase is located at the bottom right of the form.



# CareFirst Exclusive Provider Organization (EPO)

Choosing a doctor is an important, personal decision. By selecting BlueCross and BlueShield's Exclusive Provider Organization (EPO), you are ensuring your freedom to choose your own doctor or specialist from a National Network of doctors, every time you need care.

**Best of all, with Blue Cross and Blue Shield's EPO plan, there's no need to select a Primary Care Physician or to seek a referral before receiving care.**

## The Benefits You Need

EPO offers you the features of a PPO with **in-network benefits only**. Once you have enrolled in the EPO, and your benefits are effective, you are ready to use your health insurance plan. **Whether you need routine care or specialty care, you will need to visit a participating provider in order to receive care.** You may pay only a copayment each time you see a physician or specialist.

## Comprehensive benefits

With EPO, you not only have the strength of Blue Cross and Blue Shield Plans (BCBS) credentialed network providers, but also a wide range of benefits, including preventive benefits which can help you treat conditions before they become serious. Some of these benefits include:

- child immunization
- diagnostic tests
- doctor's office visits
- emergency care
- home care and hospice care
- immunizations
- inpatient hospital care
- mammography screenings
- maternity care
- routine adult physicals
- routine gynecological visits
- speech, occupational, and physical therapy
- surgery
- well-child care
- X-rays

## No Paperwork

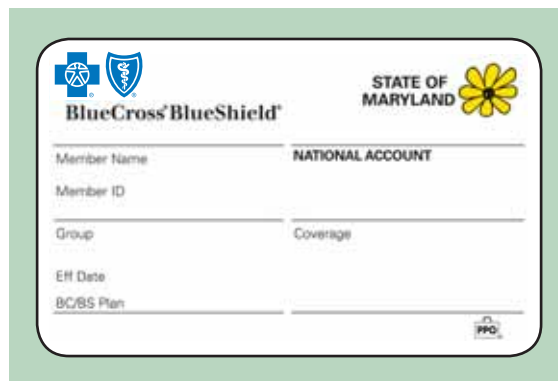
You have no claims to file when you visit any Blue Cross and Blue Shield preferred provider.

## Service That Counts

You can talk to knowledgeable Customer Service representatives who will be happy to answer any questions you may have about claims and benefits.

## Peace Of Mind

You can rest easy knowing that you have the most widely recognized and accepted insurance card in the country.



# Benefits at Glance

Benefits	PPO - Preferred Provider Option	
	In-Network	Out-of-Network
Benefit Period - 7/1/09 - 6/30/10		
Deductible	\$0	\$250 individual/\$500 family
Out-of-Pocket Limit	\$0	\$3,000 individual/\$6,000 family
Lifetime Maximum	\$2,000,000/Per Person (Combined In & Out of Network)	
<b><i>Inpatient Hospital/Facility Services (Pre-Certification Required)</i></b>		
Room & Board (includes maternity) 365 days of coverage (other special care units), and Ancillary Services (includes nursery charges)	100% of Allowed Benefit	80% of Allowed Benefit after deductible; 100% after emergency admission
Organ Transplants	100% of Allowed Benefit per plan year for cornea, kidney, and bone marrow: 100% per 365 days, up to \$1,000,000 per heart, heart-lung, single or double lung, liver and pancreas	80% of Allowed Benefit after deductible for cornea, kidney, and bone marrow: 100% per 365 days, up to \$1,000,000 per heart, heart-lung, single or double lung, liver and pancreas
Extended Care Facility (ECF) (medically necessary care - non custodial) 180 days per Benefit Period	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Hospice Care (inpatient or at home) - Treatment Plan Required	100% of Allowed Benefit	80% of Allowed Benefit after deductible
<b><i>Inpatient Professional/Practitioner Services</i></b>		
Physician Surgical Services	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Anesthesia	100% of Allowed Benefit	100% of Allowed Benefit
Consultations (including follow-visits) & Physician Visits (includes ECF)	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	100% of Allowed Benefit	80% of Allowed Benefit after deductible
<b><i>Outpatient Hospital/Facility Services</i></b>		
Emergency Room Facility Services- Inside and outside the service area <b>(Note: Separate copay from ER Physician)</b>	100% after a \$50 copay. <b>Copay waived if admitted.</b> If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.	
Emergency Room Physician Services- Inside and outside the service area <b>(Note: Separate copay from ER facility)</b>	100% after a \$50 copay. <b>Copay waived if admitted</b> If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.	
Cardiac Rehabilitation Outpatient Freestanding Clinic or Outpatient Hospital only, 36 sessions in 12-week period with physician supervision and in medical facility; medical necessity with physician authorization and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.	100% of Allowed Benefit	80% of Allowed Benefit; after deductible
Minor/All Surgery (includes hospital based and freestanding surgical centers)	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Preadmission Testing	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Radiation Therapy & Chemotherapy	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Diagnostic Tests (includes X-rays, machine tests, pathology, CAT scans, MRIs, and Holter Monitors)	100% of Allowed Benefit	80% of Allowed Benefit after deductible
<b><i>Outpatient/Office Professional Services</i></b>		
Physician Office Visit - <b>Primary Care</b>	100% of Allowed Benefit after \$15 copay	80% of Allowed Benefit after deductible
Physician Office Visit - <b>Specialist</b>	100% of Allowed Benefit after \$25 copay	80% of Allowed Benefit after deductible
Urgent Care Centers	100% of Allowed Benefit after \$20 copay	80% of Allowed Benefit after deductible plus \$20 copay
Minor/All Surgery	100% of Allowed Benefit	80% of Allowed Benefit after deductible

**Allowed Benefit:** The maximum dollar amount allowed for services covered, regardless of the provider's actual charge.

MPOS - Maryland Point of Service		CareFirst EPO
In-Network	Out-of-Network	
\$0	\$250 Individual/\$500 family	\$0
\$0	\$3,000 individual/\$6,000 family	\$0
\$2,000,000/Per person (Combined In & Out of Network)		Unlimited
100% of Allowed Benefit	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit for cornea, kidney, and bone marrow: 100% per 365 days, up to \$1,000,000 per heart, heart-lung, single or double lung, liver and pancreas	80% of Allowed Benefit after deductible for cornea, kidney, and bone marrow: 80% after deductible per 365 days, up to \$1,000,000 per heart, heart-lung, single or double lung, liver and pancreas*	100% for cornea, kidney, and bone marrow: 100% per 365 days, up to \$1,000,000 per heart, heart-lung, single or double lung, liver and pancreas
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	100% of Allowed Benefit*	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible*	100% of Allowed Benefit
100% after a \$50 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.		100% after a \$50 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.
100% after a \$50 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.		100% after a \$50 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$50 copay.
100% of Allowed Benefit	80% of Allowed Benefit	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	100% of Allowed Benefit*	100% of Allowed Benefit
100% of Allowed Benefit when preauthorized	100% of Allowed Benefit*	100% of Allowed Benefit
100% of Allowed Benefit after \$15 copay	80% of Allowed Benefit after deductible	100% of Allowed Benefit after \$15 copay
100% of Allowed Benefit after \$25 copay	80% of Allowed Benefit after deductible	100% of Allowed Benefit after \$25 copay
100% of Allowed Benefit after \$20 copay	80% of Allowed Benefit after deductible plus \$20 copay	100% of Allowed Benefit after \$20 copay
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit

\*Direct access service (written referral not required). Paid same as In-Network.

# Benefits at Glance

Benefits	PPO - Preferred Provider Option	
	In-Network	Out-of-Network
<b>Benefit Period - 7/1/09 - 6/30/10</b>		
<b>Outpatient/Office Professional Services (Continued)</b>		
Anesthesia	100% of Allowed Benefit	100% of Allowed Benefit
Allergy testing and Injections - copay applies to testing only	100% of Allowed Benefit after \$15 copay (PCP) 100% of Allowed Benefit after \$25 copay (Specialist)	80% of Allowed Benefit after deductible
X-rays, machine tests and pathology, CAT SCANS, MRIs, and Holter Monitors (physician interpretation of results)	100% of Allowed Benefit	100% of Allowed Benefit after deductible
Nutritional Counseling and Health Education for Diabetics	100% of Allowed Benefit after \$15 copay	80% of Allowed Benefit after deductible
Physical Therapy, Occupational Therapy and Speech Therapy	100% after \$25 copay; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.	80% after deductible; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.
Hearing Exams and Hearing Aids (Includes Hearing Aid Mandate for minor children)	100% after \$15 copay; 100% for basic modeling hearing aid. 1 exam and hearing aid per ear every 3 years.	80% after deductible; 100% for basic model hearing aid. 1 exam and hearing aid per ear every 3 years.
Chiropractic and Acupuncture Pain Management	100% of Allowed Benefit after \$20 copay	80% of Allowed Benefit after deductible
In Vitro Fertilization (IVF) and Artificial Insemination (AI) (For further details on pre-authorization requirements please call our member services department) - Only covered for married couples as recognized by Maryland Law	100% of Allowed Benefit	80% after deductible
	When preauthorized by the plan for up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.	
<b>Preventive/Well Care (Routine)</b>		
Well Baby/Child Visits (0-19 yrs.)	100% after \$15 copay. Up to 2 years - 8 visits; 2-19 years - 1 visit per year	80% after deductible. Up to 2 years - 8 visits; 2-19 years - 1 visit per year
Immunizations for adults and children as recommended by the Centers for Disease Control and published annually in the Morbidity and Mortality Weekly Report, including Lyme Disease, but excluding recommendations for travelers and excluding immunizations for influenza.	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Adult Physicals/Immunizations: Includes associated diagnostic tests. (1 every 3 years)	100% of Allowed Benefit after \$15 copay	80% of Allowed Benefit after deductible
Annual GYN Services (includes pap)	100% of Allowed Benefit after \$15 copay	80% of Allowed Benefit after deductible
Routine Mammography Screening (per mandate). One baseline screening for ages 35-39 years, One screening every twenty-four months or more frequently if recommended by a health care practitioner for ages 40-49 years, One screening every twelve months for ages 50 years and over	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Home Health Care (120 days per Benefit Period)	100% of Allowed Benefit	80% of Allowed Benefit after deductible
<b>Routine Vision</b>		
<b>Mental Health/Substance Abuse</b>		Not covered under Medical Plan. Refer to your 2009 Summary
<b>Prescription Drugs</b>		Not covered under Medical Plan. Refer to your 2009 Summary
<b>Routine Dental</b>		Not covered under Medical Plan. Refer to your 2009 Summary
	This chart is a general summary of benefits and does not guarantee coverage. Please contact Customer Service or refer to <a href="http://www.carefirst.com/statemd">www.carefirst.com/statemd</a> after the Open Enrollment for on-line PPO, MPoS and EPO group benefit booklets or Evidence of Coverage with plan details.	

**AB (Allowed Benefit):** The maximum dollar amount allowed for services covered, regardless of the provider's actual charge.

MPOS - Maryland Point of Service		CareFirst EPO
In-Network	Out-of-Network	
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit after \$15 copay (PCP) 100% of Allowed Benefit after \$25 copay (Specialist) when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit after \$15 copay (PCP) 100% of Allowed Benefit after \$25 copay (Specialist)
100% of Allowed Benefit	80% of Allowed Benefit after deductible*	100% of Allowed Benefit
100% of Allowed Benefit after \$15 copay when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit after \$15 copay
100% after \$25 copay when preauthorized up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.	80% after deductible; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.*	100% after \$25 copay; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.
100% after \$15 copay when preauthorized; 100% for basic model hearing aid. Exam and hearing aid per ear every 3 years	Not covered except for hearing aids as mandated for minor children (ages 0-18)	100% after \$15 copay; 100% for basic model hearing aid. Exam and hearing aid per ear every 3 years.
100% of Allowed Benefit when preauthorized	80% of Allowed Benefit after deductible	100% of Allowed Benefit requires preauthorization
100% of Allowed Benefit when preauthorized	80% after deductible; when preauthorized	100% of Allowed Benefit – When preauthorized by the plan for up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.
When preauthorized by the plan for up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.		
100% of Allowed Benefit after \$15 copay. Up to 2 years - 8 visits; 2-19 years - 1 visit per year	Not covered	100% after \$15 copay. Up to 2 years - 8 visits; - 2-19 years - 1 visit per year
100% of Allowed Benefit	80% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit after \$15 copay when preauthorized	Not covered	100% of Allowed Benefit after \$15 copay
100% of Allowed Benefit after \$15 copay when preauthorized	80% of Allowed Benefit after deductible; 100% when rendered by Preferred OB/GYN in the provider's office*	100% of Allowed Benefit after \$15 copay
100% of Allowed Benefit when preauthorized	100% of Allowed Benefit*	100% of Allowed Benefit
100% of Allowed Benefit	100% of Allowed Benefit*	100% of Allowed Benefit
<b>See Vision Insert</b>		
of Health Benefits booklet provided by the Employee Benefits Division.		Inpatient - 100% for up to 365 days when preauthorized by plan Outpatient - 80% visits 1-5, 65% visits 6-30, 50% visits 30+ per Benefit Period
of Health Benefits booklet provided by the Employee Benefits Division.		
of Health Benefits booklet provided by the Employee Benefits Division.		
This chart is a general summary of benefits and does not guarantee coverage. Please contact Customer Service or refer to <a href="http://www.carefirst.com/statemd">www.carefirst.com/statemd</a> after the Open Enrollment for on-line PPO, MPOS and EPO group benefit booklets or Evidence of Coverage with plan details.		

\*Direct access service (written referral not required). Paid same as In-Network.

# CareFirst BlueCross BlueShield's Plan for Retirees – With Medicare

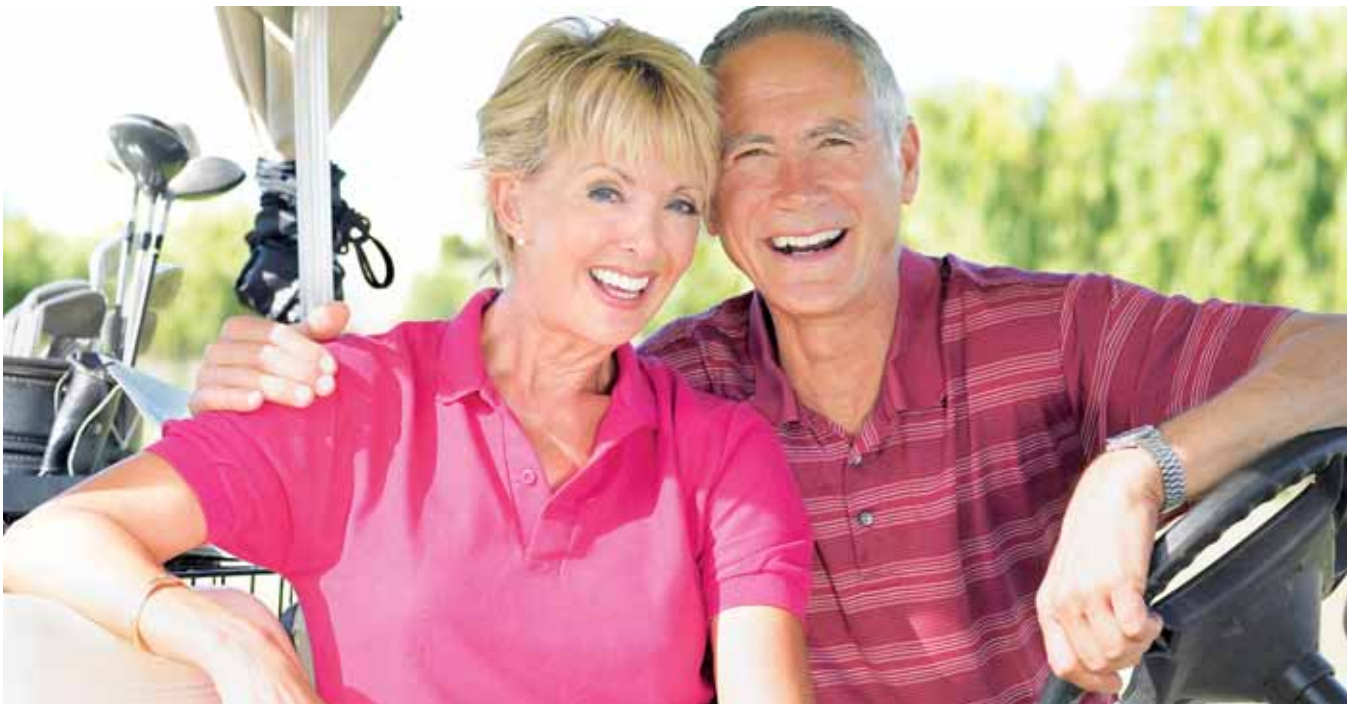
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## THESE PLANS PAY DEDUCTIBLES AND COINSURANCE FOR PREFERRED MEDICARE NETWORK

### Benefits and Services for PPO, EPO and POS Members

Preferred Medicare Network (PMN) is a Medicare complementary plan that provides comprehensive medical/surgical benefits to Medicare recipients. PMN covers your Medicare deductibles and coinsurances. It also provides valuable benefits for these preventive services: hearing care, annual mammograms and pap tests. CareFirst BlueCross BlueShield plans are your secondary coverage to Medicare. This means that Medicare always pays first and your CareFirst BlueCross BlueShield PMN then pays as your secondary insurance. All providers – doctors and hospitals – participating in the Medicare Network (accept Medicare assignment) have agreed to accept as full payment the Medicare allowed amount for covered services. Once Medicare processing is complete you will receive a copy of the Medicare Explanation of Benefits (EOB) for your records and your secondary processing will occur automatically which will generate a CareFirst BlueCross BlueShield EOB to you. If a provider does not accept Medicare assignment the provider of care will still file your claim to the local Medicare carrier, however any payment of covered services would be paid directly to the member by Medicare and CareFirst BlueCross BlueShield.

**NOTE TO POS MEMBERS:** The MPOS plan requires that you select a Primary Care Physician (PCP) who will coordinate your care so that all services will be covered as in network. Referrals are required for specialty care.



# Vision Plan

Healthy eyes are an important part of your overall health



## Routine Eye Examination

Routine eye examinations not only keep your eyewear current; they can also detect high-risk health issues such as diabetes and glaucoma before symptoms occur. Whether you have 20/20 vision or 20/200 vision, you should have a routine eye examination on a regular basis to keep your eyes healthy. **Visit the vision provider of your choice for your routine vision exam and the Plan pays \$45.**

## Mail Order Replacement Contact Lenses

Free membership and access to a mail order replacement contact lens service, Lens 1-2-3<sup>®</sup>, provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, go to [www.Lens123.com](http://www.Lens123.com).

Vision Benefit Benefit Period - 7/1/09 - 6/30/10	Plan Pays
<b>Routine Eye Care</b>	Vision benefits are the same for PPO, MPOS (In and Out-of-Networks) and EPO members. Plans pay up to \$45 per benefit period towards the exam
<b>Frames</b>	Plan pays \$45 toward one pair of frames per benefit period
<b>Prescription Lenses (per pair)</b> Available once every benefit period	Single Vision .....\$28.80 Bifocal, single .....\$48.60 Bifocal, double.....\$88.20 Trifocal .....\$70.20 Aphakic, Glass .....\$54.00 Aphakic, Plastic .....\$126.00 Aphakic, Aspheric .....\$162.00
<b>Contacts</b> (per pair, in lieu of frames and lenses) Available once per benefit period	Medically necessary.....\$201.60 Cosmetic .....\$50.40

# How to Locate a Provider

[www.carefirst.com/statemd](http://www.carefirst.com/statemd)

If you do not have internet access and would like to request a copy of a printed directory, please call the Member Services phone number listed on your member ID card.

1 Go to [www.carefirst.com/statemd](http://www.carefirst.com/statemd).

2 Click on the “Find a Doctor” button.

3 Click on Medical to verify which networks your doctor participates in.



## Online Access to Personalized Health Information

### Health Care Benefits Online (hcbo)

Imagine having your health plan account information available to you at the click of a mouse. Log into [www.carefirst.com/statemd](http://www.carefirst.com/statemd), then click on [hcbo.com](http://hcbo.com) tab, this offers completely secure, password-protected Internet access to the personal health plan account information you'll have real-time access to information on your claims, eligibility, network providers and more.

- Claim summary
- Eligibility status (effective dates)
- Coverage (medical and vision)
- View your out-of-pocket costs
- View and print explanation of benefits forms
- Elect to receive electronic EOB's
- Locate participating doctors and hospitals
- Order replacement member ID card
- Downloadable forms
- Contact Customer Service

# FirstHelp™

Health Care Advice Line (800) 535-9700

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## What is FirstHelp?

FirstHelp, is a medical advice service that is staffed by registered nurses who can answer your health care questions and help guide you to the most appropriate care.

FirstHelp nurses are ready to take your call 24 hours a day, 7 days a week: just call (800) 535-9700.

## How FirstHelp Works

Members can call anytime, day or night, to speak directly with a FirstHelp nurse. The FirstHelp nurse, supported by physicians and the most advanced information systems, will:

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

## When to Call FirstHelp

When you have a health concern, you should call your physician. If you cannot reach your physician and have questions about your health, an illness or an urgent medical condition, FirstHelp is available to answer your questions and assist you in determining your options.

In case of an emergency or if you cannot safely wait to speak with your physician, call 911 or go to the nearest emergency room.

## What FirstHelp Can't Do

FirstHelp representatives cannot provide the following services:

- Benefit Information (what is covered by CareFirst)
- Claims Information
- Utilization Management and Authorizations

If you have questions about your benefits or claims, please call the Member Services Department at the number listed on the front of your member identification card. If you have questions concerning utilization management or need authorization for a service, please call the number listed on the back of your member identification card.



Health Care Advice 24 Hours a Day  
(800) 535-9700



# Options

## Discounts on a variety of Alternative Therapies and Wellness Services

The Options Discount Program opens the door to discounts on a broad range of alternative therapies and wellness services.

Options is a free program for CareFirst BlueCross BlueShield and CareFirst members. Because it is a discount program, not a benefit under your medical plan, there are no claim forms, referrals or paperwork to fill out.

To save, just show your health plan ID card and pay the provider's fee at the time of service or visit the special members' Web site for online programs. We continually add new services to the Options program.

Visit [www.carefirst.com/options](http://www.carefirst.com/options) for the latest provider list and more information on each provider's discount or service.



This program is not offered as an inducement to purchase a policy of insurance from CareFirst BlueCross BlueShield. CareFirst BlueCross BlueShield does not underwrite this program because this program is not an insurance product. No benefits are paid by CareFirst BlueCross BlueShield under this program.



In addition to the Options program, the Blue Cross and Blue Shield Association gives you access to even more discounts through Blue365. Blue365 also provides tools and guides to help you learn more about wellness services that go beyond your covered services. There are four key areas of Blue365:

- Health and Wellness
- Health-Focused Financial Services
- Family Care
- Travel Information

Want to know more about what Blue365 has to offer? Look for the list of Blue365 vendors and resources on a special Web site designed just for CareFirst and members. It's all available at [www.carefirst.com/options](http://www.carefirst.com/options).

## Options Program Directory

<b>Alternative Health &amp; Wellness Services</b>	<b>Healthways WholeHealth Networks, Inc.</b> (800) 514-6502 <a href="http://options.wholehealthmd.com">http://options.wholehealthmd.com</a>
	Discounts up to 30% on acupuncture, chiropractic care, guided imagery, massage therapy, yoga, nutritional counseling, personal training and more. Discounts also available on fitness center memberships, spa services and magazines.
<b>Eldercare Information &amp; Referrals</b>	<b>ElderCarelink</b> (866) 451-5577 <a href="http://www.eldercarelink.com/carefirst">www.eldercarelink.com/carefirst</a>
	Referrals for services for elders and their families (home health care, home support, assisted living, adult day care, long term care, nursing home options, etc.)
<b>Fitness Centers</b>	<b>National Fitness Network</b> (800) 811-5454 <a href="http://www.nationalfitnessnetwork.com">www.nationalfitnessnetwork.com</a>
	<b>GlobalFit</b> (800) 294-1500 <a href="http://www.globalfit.com">www.globalfit.com</a>
	Discounts on gym memberships
<b>Hearing Care</b>	<b>TruHearing</b> (877) 587-3937 <a href="http://www.truhearing.com">www.truhearing.com</a>
	<b>Beltone</b> (800) 235-8663 <a href="http://www.beltone.com">www.beltone.com</a>
	Free screenings, discounts on equipment and more
<b>Laser Vision Correction &amp; Contact Lenses*</b>	<b>TruVision</b> (800) 398-7075 <a href="http://www.truvision.com/carefirst/LASIK.htm">www.truvision.com/carefirst/LASIK.htm</a> *Also offers discounts on mail-order contact lenses
	<b>QualSight LASIK</b> (877) 285-2010 <a href="http://www.qualsight.com/-carefirst">www.qualsight.com/-carefirst</a>
	Discounts on laser vision correction and 100% patient financing with approved credit
<b>Medical IDs</b>	<b>American Medical ID</b> (800) 363-5985 <a href="http://www.americanmedical-id.com/extras/carefirst.php">www.americanmedical-id.com/extras/carefirst.php</a>
	22% discount on personalized medical ID bracelets and necklaces
<b>Weight Loss &amp; Management</b>	<b>Jenny Craig®</b> (800) 597-JENNY <a href="http://www.jennycraig.com/corporatechannel/carefirst.aspx">www.jennycraig.com/corporatechannel/carefirst.aspx</a>
	<b>Weight Watchers Online®</b> <a href="http://www.weightwatchers.com/cs/cfbcb">www.weightwatchers.com/cs/cfbcb</a>
	Discounts on nationally recognized weight loss plans





[www.carefirst.com/statemd](http://www.carefirst.com/statemd)



10455 Mill Run Circle  
Owings Mills, Maryland 21117

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