



Congressional Health Insurance Plans 2018

For Members of Congress and designated Congressional Staff

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Why Blue?



Happy with your CareFirst plan?

Please take a minute to review plan changes for 2018. If you previously selected a CareFirst BlueCross BlueShield plan on the D.C. Health Link, and you would like to keep the same plan without making any changes, you do not have to re-enroll to receive your 2018 benefits.



Why choose Blue?

BlueCross BlueShield has a long-standing history—more than 50 years—of serving federal employees worldwide. In 2017, more than 85 percent of individuals eligible for D.C. Health Link coverage through Congress selected a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan and accessed care across the United States.

If you choose CareFirst, you will benefit from:

- **Access to nearly all providers throughout the nation**

When you use BlueCard you can get in-network benefits and access to more than 92 percent of all physicians in the country. BlueCard gives you peace of mind that you will always have the care you need throughout the United States.

- **Benefits everywhere/anywhere**

No matter where you live or travel, you have access to your benefits for emergency care everywhere—even overseas. BlueCross BlueShield Global Core (Global Core) provides medical assistance services and access to doctors, hospitals and other health care professionals in more than 200 countries.

- **Great service**

According to a recent survey, 86 percent of CareFirst members rated our service “8” or higher on a 10-point scale.*

- **Top three most popular plans**

BluePreferred PPO Gold 1000, HealthyBlue Advantage Gold 1500 and BluePreferred PPO Gold 500 have comprehensive benefits and large networks, making them the most popular plans.

- **Affordable prescriptions**

- Many plans have no deductible for prescriptions
- Low copays/coinsurance for non-specialty prescriptions

Whether you live inside or outside the greater Washington, D.C. area, Maryland or Northern Virginia, our national plans have the most to offer with coverage home and away. If you live in the D.C. area, CareFirst offers several HMO plans that are at least 15 percent less expensive.

*CareFirst 2017 real-time customer service survey of 2,383 large group members.

Why CareFirst?

See who you want to see, where you want to see them

- We have a vast network of more than 39,000 providers in our service area (Washington, D.C., Maryland and Northern Virginia)
- BlueCross and BlueShield networks include more than 96 percent of hospitals and 92 percent of doctors and other medical practitioners nationwide—more than any other insurer
- More than 69,000 participating pharmacies are available nationwide

Know you are covered with great benefits

- Pediatric vision and dental coverage is available for children under age 19
- Mail Service Pharmacy is a convenient and fast home delivery service
- 24-hour advice by a registered nurse is at your fingertips with FirstHelp

Free access to preventive care

As you review the details of each plan, keep in mind that all CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans feature no charge, no deductible, in-network benefits for the following:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits
- Cancer screenings, including mammograms, pap tests, prostate and colorectal screenings
- Preventive maternity services such as prenatal visits, diagnostic and lab services

Improve your well being with access to health and wellness programs, information and services

- **Blue Rewards**—our incentive program that rewards your health. You can earn up to \$600 for taking an active role in your health.
- **Wellness offerings**
 - Online health assessment
 - Quarterly health newsletter
 - Online health library
- **Exclusive discounts** on health and wellness services such as:
 - Weight loss programs
 - Gym memberships
 - Fitness gear
- **Information you want** at your fingertips on *My Account*, CareFirst's secure member website
 - Allows you to manage your health information easily anytime, anywhere
 - Has a wealth of medical, dental and pharmacy information available

Above are just some of the reasons our members have chosen CareFirst. For more information visit CongressandCareFirstBCBS.org.

Highest Member Satisfaction Ratings

CareFirst ranks best in class for member satisfaction* in these key categories:

- Overall satisfaction
- Likelihood to recommend
- Provide best coverage for you and your family
- Overall good reputation
- Networks include the doctors you want to see



* Results based on a survey of 1,790 health plan members, conducted by Mathew Greenwald & Associates, Inc. between January 1, 2017 and June 30, 2017.

What's changed

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) offer many plans with options to meet our members' needs. With so many choices, knowing what plans are most popular and what the plans offer can be helpful.

What's changing?

Effective January 1, 2018, CareFirst's managed formulary (list of covered drugs) will transition to a 5-Tier benefit design. This means:

- Specialty drugs have been divided into Preferred and Non-preferred Specialty Drug categories with the Preferred Specialty Drug category providing a lower cost share to you.
- Your list of covered drugs will change at renewal. Specifically, some drugs may no longer be covered. If you take drugs that are no longer covered, you—along with your doctor—will be notified about alternatives. There is an exception process: your doctor can point out facts related to medical need that may require you to take a drug that is not covered and, if approved, the exception will be granted.

During Open Enrollment, you can find more information by going to **CongressandCareFirstBCBS.org** and select *Drug Coverage*. After January 1, 2018, you can view your specific prescription drug benefit information by logging in to *My Account* at **CareFirst.com/myaccount** and select *Drug and Pharmacy Resources* under *Quick Links*.



We have made it easier to understand how to receive care in the most cost-efficient settings. Getting care and diagnostic services at non-hospital facilities will cost less than those services performed in a hospital setting. Our *Know before you go* section helps explain the details (see pages 8–9).

For 2018, we updated some of our plans to reflect lower out-of-pocket maximums and reduced inpatient hospital copays. Please review the Benefit Summaries on pages 35–53. For a complete summary of each plan's benefits visit **CongressandCareFirstBCBS.org**.

Your top three plans

Here is a brief overview of our top three plans based on member choice.

TOP 3	In-Network Plan Features					
	Deductible	Out-of-Pocket Maximum	Copays			Prescription
			PCP or Convenience Care/ Specialist	Lab/X-ray/Imaging Non-Hospital	Urgent Care	
BluePreferred PPO Gold 1000	\$1,000	\$4,000	\$15/\$30	\$15/\$30/\$200	\$50	\$10/\$45/\$65/50% ^{1,2}
HealthyBlue Advantage Gold 1500	\$1,500	\$7,150	\$0/\$30	\$0/\$0/\$100	\$50	\$0/\$45/\$65/50% ¹
BluePreferred PPO Gold 500	\$500	\$5,000	\$15/\$30	\$15/\$30/\$200	\$50	\$10/\$45/\$65/50% ^{1,2}

BluePreferred PPO Gold 500 and 1000 offer the richest benefits and greatest freedom of choice in addition to a global network with no referrals for medical services. HealthyBlue Advantage Gold 1500 offers flexible provider choices with the rich benefit of a national provider network.

¹ Preferred Specialty drugs are covered at 50% up to \$100 for a 30-day supply. Non-Preferred Specialty drugs are covered at 50% up to \$150 for a 30-day supply.

² The deductible must be met first for Preferred Brand, Non-Preferred Brand, Preferred Specialty and Non-Preferred Specialty drugs.



Before you shop

Understanding our plans



Happy with your CareFirst plan?

Please take a minute to review plan changes for 2018. If you previously selected a CareFirst BlueCross BlueShield plan on the D.C. Health Link, and you would like to keep the same plan without making any changes, you do not have to re-enroll to receive your 2018 benefits.

Before you actually start comparing CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans, make sure you're comfortable with the terms used to describe how plans provide coverage.

Plans and providers

Plan types—(HMO, POS, PPO) refers to how your plan provides coverage and from which network of providers you receive care.

- Our Health Maintenance Organization (HMO) plans use the BlueChoice network which is located in Washington, D.C., Maryland and Northern Virginia. When you see any of our more than 39,000 participating providers, you'll save the most money. If you go outside the BlueChoice network, your medical services will not be covered (except for emergency services).
- Our Point of Service (POS) plans offer more flexibility. These plans combine the benefits of an HMO with access to out-of-network providers. You can see providers in the BlueChoice network for the most savings or use the PPO network and pay slightly more but still be protected from balance billing. You can also visit a provider outside of CareFirst's networks, but you'll likely pay charges that exceed CareFirst's allowed benefit. HealthyBlue Advantage Gold 1500—one of our top three plans—is a POS plan.
- Our Preferred Provider Organization (PPO) plans offer the most choice of providers. You can receive care from the PPO network of more than 43,000 providers locally and hundreds of thousands nationally. In addition,

you can go out-of-network and pay more. Our top plan—BluePreferred PPO Gold 1000—is a PPO plan.

Cost-sharing—refers to the part of your health care costs that your plan doesn't pay.* There are three types of cost-sharing:

- Deductible—the amount of money you must pay each year before your plan begins paying its portion. Your deductible will start over every January 1.
- Copayment (copay)—a fixed-dollar amount you pay when you visit a doctor or other provider.
- Coinsurance—the percentage of the allowed benefit you pay after you meet your deductible.

For more detail and a better understanding of financial terms, please see *Important Terms* on page 12 or visit CongressandCareFirstBCBS.org.

Thinking about which plan to choose?

When narrowing down your choices, take a look at the **TOP 3** plans. See page 4.

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

Know before you go

There are simple ways you can help manage your health care costs, such as knowing where to go when you need medical care. Choosing the right setting for your care—whether you have a cold or need X-rays—helps you control your health care spending. The care you receive at a hospital for minor illnesses or injuries almost always costs more than a Convenience Care or Urgent Care Center. In a life-threatening situation, the hospital is definitely where you want to be. But for less urgent health needs, you will spend more money and more time waiting in the hospital. The following information may help you decide where to go for medical treatment.

Primary care providers (PCP)

The best place to get consistent, quality health care is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

FirstHelp—Free 24/7 nurse advice line

When you are unable to reach your PCP, FirstHelp registered nurses are available anytime, day or night, to help guide you to the most appropriate care. To speak with a nurse, call 800-535-9700.

CareFirst Video Visit

When your PCP isn't available, CareFirst Video Visit allows you to connect securely with a U.S. board-certified, licensed and credentialed doctor* on a smartphone, tablet or computer. Video Visit is intended for the treatment of non-emergency health concerns such as a cough or sore throat, pink eye, or cold and flu symptoms. Available 24/7/365. Visit [CareFirstvideovisit.com](https://www.CareFirstvideovisit.com) for more information.

Convenience care centers

Convenience care centers (retail health clinics) offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

*Example: CVS Minute Clinic, Walgreens Healthcare Clinic***

Urgent care centers

Urgent care centers provide treatment for injuries and illnesses that require prompt medical attention but are not life-threatening (examples: sprains, minor cuts, sore throats, flu, rashes, minor burns). These centers have doctors on staff and offer weekend/after-hours care.

*Example: Patient First, ExpressCare***

Non-hospital facilities and surgery centers

X-rays, lab work and outpatient surgery will almost always cost more in a hospital setting. Pay the least for these services by going to a participating non-hospital facility or surgery center. *Prior authorization may be required for non-hospital outpatient services.*

Emergency rooms

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing, or head trauma. *Prior authorization is not needed for emergency room services.*

Outpatient hospital versus inpatient hospital

Outpatient services are received in the hospital without being admitted, such as same-day surgeries. **Inpatient services** are those received when you are admitted to the hospital. *Prior authorization may be needed for hospital-based services.*

To find participating providers in your plan, visit [CareFirst.com/doctor](https://www.CareFirst.com/doctor)

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

* The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

**Subject to change. Visit [CareFirst.com/doctor](https://www.CareFirst.com/doctor) for the most up-to-date list of available facilities.

When you need care

You have full access to our expansive network of providers. Being familiar with all of your options will help you locate the most appropriate and cost-effective medical attention. Keep in mind; you will almost always pay more for hospital-based services, so consider using high quality and convenient non-hospital facilities and surgery centers whenever possible.

The graphic below shows how costs may vary for a sample health plan depending on where you receive care.

	Sample Cost*	Sample Symptoms	24/7	Rx
Video Visit	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✓	✓
Convenience Care <i>(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</i>	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✗	✓
Urgent Care <i>(e.g., Patient First or ExpressCare)</i>	\$60	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns 	✗	✓
Emergency Room	\$200	<ul style="list-style-type: none"> ■ Chest pain ■ Difficulty breathing ■ Abdominal pain 	✓	✓
<p>\$0 Free 24/7 nurse advice line</p> <p>If you are unsure about your symptoms or where to go for the most appropriate care, you can speak with a registered nurse at FirstHelp. Call 800-535-9700, anytime day or night. This service is provided at no additional cost.</p>				

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:

- Log in to *My Account* at [CareFirst.com/myaccount](https://carefirst.com/myaccount);
- Check your Evidence of Coverage or benefit summary;
- Ask your Health Benefits Officer (HBO); or
- Call Member Services at the telephone number on the back of your member ID card.

For more information and frequently asked questions, visit [CareFirst.com/needcare](https://carefirst.com/needcare).

BlueCard + BlueCross BlueShield Global Core

BlueCard

If you choose a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) PPO or POS plan you are automatically enrolled in the BlueCard program. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home.

More than 92 percent of all providers and hospitals throughout the United States contract with BlueCross BlueShield Association plans. With your BlueCross BlueShield member ID card, you have access to providers and hospitals almost anywhere.

Within the United States

1. Always carry your current member ID card for easy reference and access to services.
2. To find names and addresses of nearby providers and hospitals, visit **CareFirst.com/doctor**, or call BlueCard Access at 800-810-BLUE (2583).
3. Call Member Services for precertification or prior authorization, if necessary. Refer to the phone number on your member ID card because it's different from the BlueCard Access number listed in Step 2.
4. Present your member ID card when you arrive at the participating provider's office.
5. You should not have to complete any claim forms or pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete Explanation of Benefits (EOB).

Global Core

Just like your passport, you should always carry your CareFirst member ID card when you travel outside the United States. The Global Core program provides medical assistance services and access to providers, hospitals and other health care professionals in nearly 200 countries.

The process is the same as if you were in the United States, with the following exceptions:

- In most cases, at Global Core hospitals you shouldn't have to pay up front for inpatient care and the hospital should submit your claim. You are responsible for the usual out-of-pocket expenses.
- At non-Global Core hospitals, you pay the provider or hospital for inpatient care, outpatient hospital care and other medical services. Then, complete an international claim form and send it to the Global Core Service Center. The claim form is available online at **bcbsglobalcore.com**.
- To find a BlueCard provider outside the United States, visit **bcbbs.com**, select *Find a Doctor or Hospital*.

Medical assistance when outside the United States

Call 800-810-BLUE (2583) 24 hours a day, seven days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance vendor, in conjunction with a medical professional, will make an appointment with a provider or arrange hospitalization if necessary.

BlueCross BlueShield Global Core mobile app

Help in the palm of your hand. With the Global Core mobile app, world travelers have convenient access to doctors, hospitals and resources around the world. At a glance you can find doctors, translate medical terms, and access local emergency information.

bcbsglobalcore.com/Home/MobileApp



Health Savings Accounts (HSA)

A CareFirst BlueCross BlueShield Health Savings Account (HSA) plan has two main components:

- A medical plan that meets certain IRS criteria*
- A medical savings account called an HSA

An HSA is a tax-exempt medical savings account that can be used to pay for your and your dependents' eligible medical expenses. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

Eligible expenses include:

- Doctor and hospital visits
- Copays and coinsurance
- Prescriptions
- Dental and vision care, including prescription eyeglasses
- Health insurance or medical expenses if unemployed
- Medical expenses after retirement
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance premiums

With a CareFirst BlueCross BlueShield HSA plan such as BlueChoice HMO HSA/HRA Gold 1500 or BlueChoice Advantage HSA/HRA Gold 1500, you are responsible for the full cost of your medical coverage until you meet your annual deductible.

In-network preventive services are not subject to the deductible. These include routine physicals, well-child care and certain cancer screenings, as well as the lab tests associated with these preventive visits. Once you meet your annual deductible, your CareFirst coverage begins.

You own and control the money in your HSA.** Funds remain in your account from year to year. There is no “use it or lose it” provision. Even if you change health plan coverage and are no longer eligible to contribute to an HSA, you may continue to use your existing HSA funds.

HSA tax savings

An HSA provides you triple tax savings. In fact, as long as you use your HSA funds for qualified medical expenses, you are never taxed on those funds.

- Tax-free contributions to your account—you can decide how much to contribute, up to the IRS maximum.
- Tax-free interest and earnings on HSA investments—funds are initially deposited to an interest-bearing account. The funds can also be invested once the balance reaches a certain threshold.
- Tax-free withdrawal for qualified medical expenses.

HSA plans are linked to higher deductible versions of plans you are already familiar with such as HMOs and POSs.

Understanding HSAs

If you are looking for specific information on how an HSA works, visit irs.gov/publications/p969/ar02.html. This IRS website provides helpful tips including:

- Explanation of rules for having an HSA
- Clarifies how HSA funds can be used
- Provides various scenarios to help understand tax outcomes
- Details other types of tax-free funds

Need more information? Call our dedicated support line for Members of Congress and designated Congressional Staff at 855-541-3985, Monday – Friday, 8 a.m. – 6 p.m.

Is an HSA the right choice for you? HSAs reduce your premium cost and your taxes—while still providing comprehensive benefits and the same broad access to our provider networks. Now may be the best time for you to consider a high deductible health plan with a health savings account.

* To have an HSA, you must be enrolled in a high deductible health plan (HDHP) that meets the IRS requirements for a qualified HDHP, including having a combined deductible for medical and pharmacy benefits.

**Please note: the federal government does not contribute funds to your HSA.

Important terms

Here are the definitions for some of the most commonly used terms in this brochure.

Allowed benefit—the fee that providers in the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) network have agreed to accept for a particular medical service. CareFirst has negotiated very favorable discounts on medical services for the people we insure. If you see a doctor who is not in your plan's network who charges more, the difference is your responsibility.

Cost-sharing—the portion of the health care costs your plan doesn't pay is your share. Generally, the more costs you're willing to pay, the lower your premiums. The less cost-sharing you want to be responsible for, the higher your premiums will be. Cost-sharing is different from your premium. It's made up of three things:

1. **Deductible**—the amount of money you must pay each calendar year before a plan begins paying its portion of your costs. "Meeting your in-network deductible" of \$1,500, for example, means you'll pay the first \$1,500 for in-network health care services covered by your plan, and then CareFirst will start paying for part or all of the services after that. Only costs based on CareFirst's allowed benefit amount will count toward your deductible. For plans with out-of-network benefits, the out-of-network deductible will accumulate separately for out-of-network services.

Look closely at the plan options you are considering. All of them offer no charge preventive care that is not subject to a deductible. Some even cover all primary care visits, urgent care and drugs without needing to meet a deductible first.

2. **Copay/Copayment**—is a fixed-dollar amount you pay when you visit a provider, like \$25 when you visit a doctor or \$200 for a trip to the emergency room. Depending on the plan, you may pay copays before or after you meet your deductible.



3. **Coinsurance**—is the percentage you pay of the allowed benefit amount after you've met your deductible. So if the allowed benefit amount is \$100, and your plan has 20 percent coinsurance, you would pay \$20 and CareFirst would pay the remaining \$80. Many of our top plans do not include coinsurance when you stay within network. However, specialty drugs typically do require coinsurance.

D.C. Health Link—an online marketplace created for individuals, families, small business owners and their employees in the District of Columbia to shop, compare and select health insurance that meets their health needs and budgets.

Deductible, aggregate (for family coverage only)—the family deductible must be met before the plan starts to pay toward services for any one member. The deductible may be met by one member or any combination of members. Please note that this is product specific and is indicated on the benefit summaries found in this brochure and on CongressandCareFirstBCBS.org.

Deductible, integrated—a type of deductible where both prescription drug and medical expenses contribute toward the deductible.

Deductible, non-integrated—only medical claims accumulate to the medical deductible and prescription drug claims accumulate to the prescription drug deductible.

Deductible, separate (for family coverage only)—when one family member meets the individual deductible, their services will be covered at 100 percent up to the allowed benefit. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the services for all remaining family members will be covered at 100 percent up to the allowed benefit. Please note that this is product specific and is indicated on the benefit summaries found in this brochure and on CongressandCareFirstBCBS.org.

Facility charge—if a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

HSA-compatible plans—can help lower your health care costs. HSA stands for Health Savings Account, a tax-exempt account that works like an IRA for health expenses. Within your plan choices, CareFirst BlueCross BlueShield offers two HSA-compatible plans that can help lower health care costs for high-deductible, lower premium plans. By contributing tax-exempt money (usually the money you save on lower premiums), you build up savings in your HSA that can be used to cover you, your spouse and your dependents—even if they are not enrolled in your medical plan.

In-network—refers to the use of providers who participate in the health plan's provider network. Using participating in-network providers gives you a higher level of coverage, meaning you have lower out-of-pocket expenses and a lower in-network deductible.

Mandatory generic substitution—if your provider prescribes a non-preferred brand drug and you get that non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance **PLUS** the difference between the generic and non-preferred brand drug cost up to the cost of the prescription.

Out-of-network—the use of health care providers who have not contracted with CareFirst to provide services. Health Management Organization (HMO) members are generally not covered for out-of-network services except in emergency situations. Members enrolled in POS and PPO plans can go out-of-network, but will pay higher out-of-pocket costs and be subject to their out-of-network deductible.

Out-of-pocket maximum—is the most you will have to pay in deductibles, copays, coinsurance and prescription drug costs in a calendar year. After that, CareFirst will pay 100 percent of the allowed benefit amount for covered services—except for your premiums—for the rest of that year. For plans with in-network and out-of-network benefits, the deductible will accumulate separately for the in-network and out-of-network services.

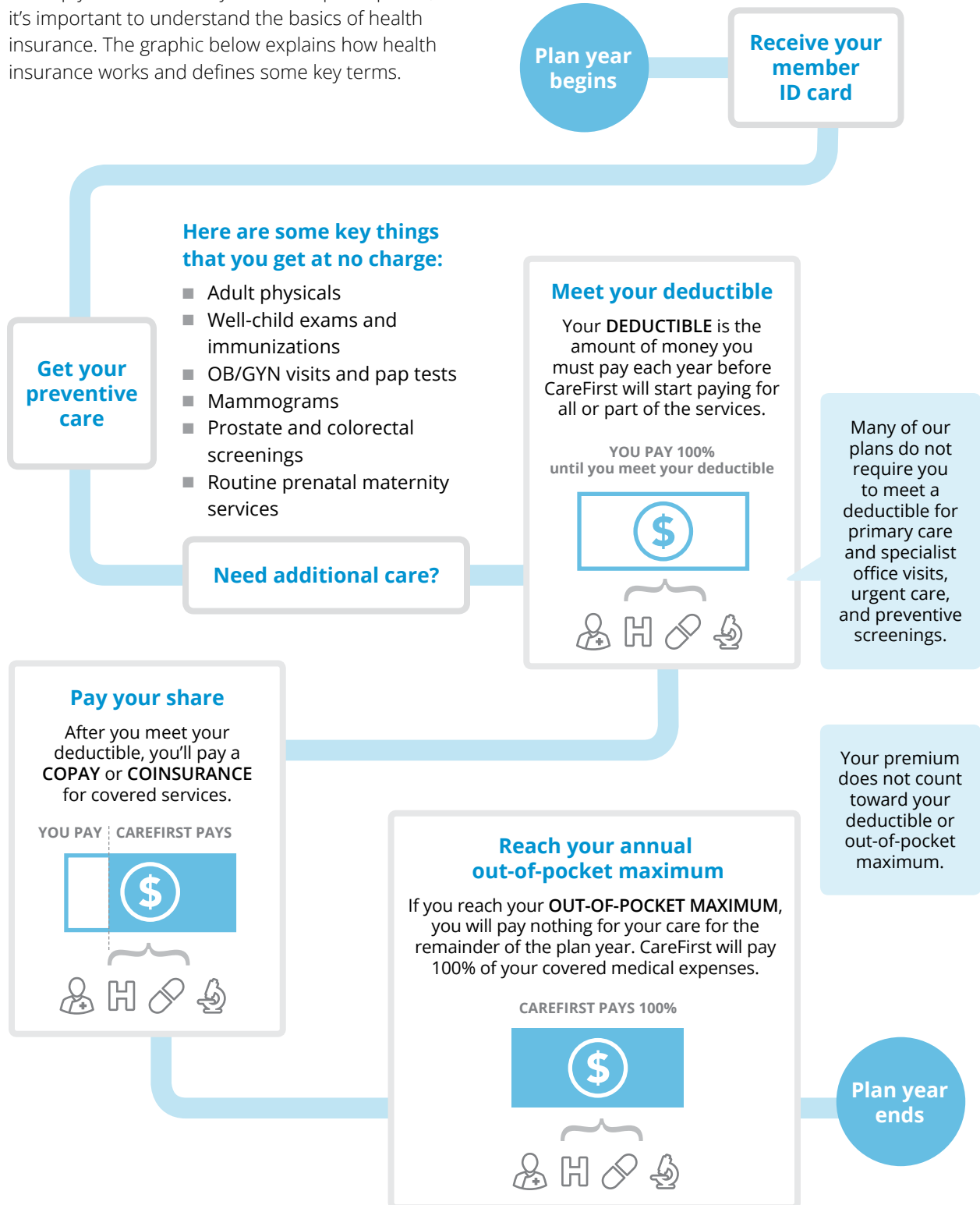
Premium—the money you pay each month for your plan, or policy, is your premium. Premiums are based on your age, the family members the plan will cover, and how much of your health care costs your employer pays.

Prescription drugs/devices—a written order or refill notice issued by a licensed medical professional for drugs or devices (e.g., syringes, needles for diabetics) that are only available through a pharmacy.

Service area—the geographic area in which a health plan delivers health care through a contracted network of participating providers. The CareFirst regional plans service area includes Washington, D.C., Maryland and Northern Virginia. National plans will have coverage across the country.

How Health Insurance Works

To help you understand your health plan options, it's important to understand the basics of health insurance. The graphic below explains how health insurance works and defines some key terms.



What plan is for me?

Health insurance concerns can vary from person to person. That's why CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) offer an array of plans designed to meet various financial, benefit and family needs. Reviewing the examples below can help show you how a certain plan can meet your needs.



Excited to be in D.C., Bryce is a 25-year-old legislative assistant. Like most young people, insurance is not first on his mind, but he knows having health insurance is important. He currently does not have a primary care provider (PCP) and uses the health care system infrequently. He does want to access care in the CareFirst service area of Washington, D.C., Maryland and Northern Virginia. Bryce might consider the **HealthyBlue HMO Gold 1500** plan. He will get all his wellness and preventive care only in the CareFirst service area but should he need urgent/emergency care out-of-area he is covered.



Michael is a 48-year-old Member of Congress with four dependent children between the ages of 16 and 23. They lead an active lifestyle and are high users of the health care system outside the CareFirst service area. A good choice for Michael and his family would be **HealthyBlue Advantage Gold 1500**. This plan provides in-network benefits outside of Washington, D.C., Maryland and Northern Virginia. He can access BlueChoice providers while in Maryland, D.C. and Northern Virginia and he and his family can also access PPO providers in his home state or any state outside the CareFirst service area. Both in and out of the CareFirst service area, Michael and his family are covered and protected from balance billing.



Jennifer is a 30-year-old married legislative director from Georgia. She and her husband are planning to have a baby in 2018 and they are concerned about upcoming expenses. Knowing ahead of time that one member of the family is most likely going to meet the deductible quickly, they are considering **BluePreferred PPO Gold 1000**. This plan offers a separate deductible for family coverage, meaning that as soon as Jennifer meets her individual deductible CareFirst will begin paying 100 percent of her allowed medical costs.



Grace is a Chief of Staff who needs to use multiple specialists in the CareFirst service area of Washington, D.C., Maryland and Northern Virginia. She wants access to care without a lot of out-of-pocket costs. She is 60 years old and married with no dependents. Grace is considering **BlueChoice Advantage Gold 500** because she will be able to quickly meet the deductible and then have low out-of-pocket expenses when she accesses the large local network of 39,000 providers.



For Doug, a 64-year-old Member of Congress, his main concern is network availability. He wants to be able to use a number of providers both within the CareFirst service area of Washington, D.C., Maryland and Northern Virginia and around the country. **BluePreferred PPO Gold 500** will meet his needs because he will quickly meet the deductible. He will then have easy access to a network of 92 percent of the providers in the United States.

Notes



Compare plans



Happy with your CareFirst plan?

Please take a minute to review plan changes for 2018. If you previously selected a CareFirst BlueCross BlueShield plan on the D.C. Health Link, and you would like to keep the same plan without making any changes, you do not have to re-enroll to receive your 2018 benefits.

National and regional plans

We have created comparison charts to make it easier for you to review the plans. Remember that with most CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans you:

- **See who you want to see, where you want to see them**

As a BlueCross BlueShield Plan, we provide network access beyond Washington, D.C., Maryland and Northern Virginia. Nationwide you have coverage available from more than 96 percent of hospitals and 92 percent of doctors.

- **Know you are covered with great benefits**

With 19 plans to choose from, you can find a plan to meet your needs—wherever you live or work.

- **Receive hassle-free care**

Whether you are visiting a provider or simply calling our dedicated Customer Service representatives, you can be assured you are receiving quality care and service.

National versus regional plans

Please review the benefit summaries on pages 35–53 carefully. The tab at the top of each summary will identify whether the plan is one of our national or regional options. Both national and regional plans offer you choices of different cost-sharing arrangements, premiums and networks.

- National plans have access to a large network of providers throughout the country (see the General Information row in each summary for specifics).
- Regional plans use the BlueChoice network of participating doctors, specialists and hospitals only available in Washington, D.C., Maryland and Northern Virginia for in-network coverage.



Want to find out which plans your doctor accepts?

Visit [CareFirst.com/doctor](https://www.carefirst.com/doctor) and search by your plan or by your doctor's name. To search for doctors located outside of Washington, D.C., Maryland and Northern Virginia, make sure to select the BlueCross BlueShield National Doctor and Hospital Finder.

Communicating with your provider

Remember that CareFirst BlueCross BlueShield national plans are recognized by doctors all across the United States even though you enrolled on the D.C. Health Link. It's important to let your provider know that you are a member of CareFirst BlueCross BlueShield.

National plans comparison

This chart shows the features used most often to compare plans so you can find your top three or four choices. For a more detailed description of the plan, please turn to the Benefit Summary section of this brochure (for a comprehensive summary of benefits visit **CongressandCareFirstBCBS.org**). Check the plans you want to find rates for and then go to the Estimate Premiums section on pages 27–31.

National Plans Comparison Chart

All national CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans include: Blue Rewards, in-network benefits for out-of-area access, and BlueCross BlueShield Global Core. The BlueCross BlueShield Global Core Program provides access to medical assistance services in nearly 200 countries. Coverage varies by product type. See your contract for more information.

TOP 3		TOP 3		
Plan Name	BluePreferred PPO Gold 500	HealthyBlue PPO Gold 1500	BluePreferred PPO Gold 1000	BluePreferred PPO Gold 1500
Check to compare plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOU PAY (IN-NETWORK)				
Individual Medical Deductible	\$500	\$1,500	\$1,000	\$1,500
Family Medical Deductible	\$1,000	\$3,000	\$2,000	\$3,000
Separate Family Deductible	✓		✓	✓
Aggregate Family Deductible		✓		
Individual Out-of-Pocket Maximum	\$5,000	\$7,150	\$4,000	\$3,500
Family Out-of-Pocket Maximum	\$10,000	\$14,300	\$8,000	\$7,000
PCP/Specialist	\$15 / \$30	\$0 / \$30	\$15 / \$30	\$15 / \$30
PLAN FEATURES (IN-NETWORK)				
HSA-Compatible				
Pay no copay or deductible for PCP and generic drugs		✓		
Pay no deductible for non-hospital labs, X-rays and imaging	✓	✓	✓	✓
Pay no deductible for urgent care or non-hospital outpatient surgery	✓	✓	✓	✓
Non-Integrated Prescription Drug Deductible Amount	\$250*	\$0	\$250*	\$250*

* per person

** copay/coinsurance applies once deductible is met

Remember, when you have a **POS plan** you can access providers in all three networks—HMO, PPO and outside of our network. In a **PPO plan** you can access providers in the PPO network and outside of our network. Refer to page 7 for a brief explanation of HMO, POS and PPO.

TOP 3

BluePreferred PPO 1000 90%/70%	HealthyBlue Advantage Gold 1500	BlueChoice Advantage Gold 500	BlueChoice Advantage Gold 1000	BlueChoice Advantage HSA/ HRA Gold 1500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000	\$1,500	\$500	\$1,000	\$1,500
\$2,000	\$3,000	\$1,000	\$2,000	\$3,000
		✓	✓	
✓	✓			✓
\$6,550	\$7,150	\$5,000	\$4,000	\$3,000
\$13,100	\$14,300	\$10,000	\$8,000	\$6,000
10% / 10%**	\$0 / \$30	\$15 / \$30	\$15 / \$30	\$10/\$20**
				✓
	✓			
	✓	✓	✓	
	✓	✓	✓	
Integrated	\$0	\$250*	\$250*	Integrated

Regional plans comparison

This chart shows the features used most often to compare plans in the Washington, D.C., Maryland and Northern Virginia area so you can find your top three or four choices. For a more detailed description of the plan, please turn to the Benefit Summary section of this brochure (for a comprehensive summary of benefits visit **CongressandCareFirstBCBS.org**). Check the plans you want to find rates for and then go to the Estimate Premiums section on pages 27–31.

Regional Plans Comparison Chart

All regional CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans include Blue Rewards and in-network benefits for urgent and emergency care. HealthyBlue Plus Gold 1500, BlueChoice Plus Gold 500 and BlueChoice Plus Gold 1000 include BlueCross BlueShield Global Core. The BlueCross BlueShield Global Core Program provides access to medical assistance services in nearly 200 countries. Coverage varies by product type. See your contract for more information.

Plan Name	HealthyBlue Plus Gold 1500	BlueChoice Plus Gold 500	BlueChoice HMO Referral Gold 0	HealthyBlue HMO Gold 1500
Check to compare plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOU PAY (IN-NETWORK)				
Individual Deductible	\$1,500	\$500	\$0	\$1,500
Family Deductible	\$3,000	\$1,000	\$0	\$3,000
Separate Family Deductible		✓	✓	
Aggregate Family Deductible	✓			✓
Individual Out-of-Pocket Maximum	\$7,150	\$5,000	\$5,000	\$7,150
Family Out-of-Pocket Maximum	\$14,300	\$10,000	\$10,000	\$14,300
PCP/Specialist	\$0 / \$30	\$15 / \$30	\$30 / \$40	\$0 / \$30
PLAN FEATURES (IN-NETWORK)				
HSA-Compatible				
Pay no copay or deductible for PCP and generic drugs	✓			✓
Pay no deductible for non-hospital labs, X-rays and imaging	✓	✓	✓	✓
Pay no deductible for urgent care or non-hospital outpatient surgery	✓	✓	✓	✓
Non-Integrated Prescription Drug Deductible Amount	\$0	\$250*	\$0	\$0

* per person

** copay/coinsurance applies once the deductible is met

Remember, if you have an HMO and go outside our service area **only emergency services** will be covered. Refer to page 7 for a brief explanation of HMO, POS and PPO.

BlueChoice HMO Gold 500	BlueChoice Plus Gold 1000	BlueChoice HMO Referral Gold 500	BlueChoice HMO Gold 1500	BlueChoice HMO Referral Gold 80	BlueChoice HMO HSA/HRA Gold 1500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$500	\$1,000	\$500	\$1,500	\$1,000	\$1,500
\$1,000	\$2,000	\$1,000	\$3,000	\$2,000	\$3,000
✓	✓	✓	✓		✓
				✓	
\$5,000	\$4,000	\$5,000	\$3,500	\$6,000	\$3,000
\$10,000	\$8,000	\$10,000	\$7,000	\$12,000	\$6,000
\$15 / \$30	\$15 / \$30	\$15 / \$30	\$15 / \$30	\$20 / \$40	\$10/\$20**
					✓
✓	✓	✓	✓	✓	
✓	✓	✓	✓	✓	
\$250*	\$250*	\$250*	\$250*	\$0	Integrated

Notes



Estimate premiums




Estimate your share of the premium

Premiums for plans on the D.C. Health Link, and all Exchanges, are based on the number and ages of each family member covered by the plan. Use the charts on pages 28–31 to estimate your individual or family premium for the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan you have selected.

How to calculate your monthly premium


1. Using the age rows in the plan column, circle the corresponding premiums for:
 - ☐ You
 - ☐ Your spouse
 - ☐ Your three oldest children under age 21 (if you have more than three children under age 21, they are all covered, but only the oldest three count toward your overall premium)
 - ☐ All your children ages 21–25
2. Add up everyone's premium to find your total premium before any employer contribution.
3. Estimate your contribution. The Office of Personnel Management (OPM) Premium Contribution Calculator will provide the most accurate estimate of your contribution as well as your employer's contribution. Visit 1.usa.gov/OPMCALC and enter your total from Step 2 above into the Premium Contribution Calculator.

National plan rates

TOP 3		TOP 3			TOP 3	
	BluePreferred PPO Gold 500	HealthyBlue PPO Gold 1500	BluePreferred PPO Gold 1000	BluePreferred PPO Gold 1500	BluePreferred PPO 1000 90%/70%	HealthyBlue Advantage Gold 1500
Age	Monthly Premium (before employer contribution)					
<=20	\$360.21	\$356.12	\$349.72	\$343.17	\$327.79	\$304.42
21	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
22	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
23	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
24	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
25	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
26	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
27	\$400.42	\$395.87	\$388.76	\$381.47	\$364.38	\$338.40
28	\$409.78	\$405.12	\$397.85	\$390.39	\$372.90	\$346.31
29	\$418.59	\$413.84	\$406.40	\$398.79	\$380.92	\$353.76
30	\$429.06	\$424.18	\$416.56	\$408.76	\$390.44	\$362.60
31	\$440.07	\$435.07	\$427.26	\$419.25	\$400.47	\$371.91
32	\$449.99	\$444.87	\$436.88	\$428.70	\$409.49	\$380.29
33	\$460.45	\$455.22	\$447.04	\$438.67	\$419.01	\$389.13
34	\$471.47	\$466.11	\$457.74	\$449.16	\$429.04	\$398.44
35	\$482.48	\$477.00	\$468.43	\$459.65	\$439.06	\$407.75
36	\$493.50	\$487.89	\$479.13	\$470.15	\$449.08	\$417.06
37	\$504.51	\$498.78	\$489.82	\$480.64	\$459.11	\$426.37
38	\$510.57	\$504.77	\$495.70	\$486.42	\$464.62	\$431.49
39	\$516.63	\$510.76	\$501.59	\$492.19	\$470.13	\$436.61
40	\$537.01	\$530.91	\$521.37	\$511.60	\$488.68	\$453.83
41	\$557.94	\$551.60	\$541.69	\$531.54	\$507.73	\$471.52
42	\$579.97	\$573.38	\$563.08	\$552.53	\$527.77	\$490.14
43	\$602.55	\$595.70	\$585.01	\$574.04	\$548.32	\$509.22
44	\$626.24	\$619.12	\$608.00	\$596.61	\$569.88	\$529.24
45	\$650.47	\$643.08	\$631.53	\$619.69	\$591.93	\$549.72
46	\$675.81	\$668.13	\$656.13	\$643.83	\$614.98	\$571.13
47	\$702.24	\$694.26	\$681.79	\$669.02	\$639.04	\$593.47
48	\$729.78	\$721.49	\$708.53	\$695.25	\$664.10	\$616.75
49	\$758.42	\$749.80	\$736.34	\$722.54	\$690.17	\$640.95
50	\$788.17	\$779.21	\$765.21	\$750.87	\$717.23	\$666.09
51	\$819.01	\$809.70	\$795.16	\$780.26	\$745.30	\$692.15
52	\$850.96	\$841.28	\$826.17	\$810.69	\$774.37	\$719.15
53	\$884.00	\$873.95	\$858.26	\$842.18	\$804.44	\$747.08
54	\$918.70	\$908.26	\$891.95	\$875.23	\$836.02	\$776.40
55	\$954.50	\$943.65	\$926.70	\$909.34	\$868.60	\$806.66
56	\$991.95	\$980.68	\$963.07	\$945.02	\$902.68	\$838.31
57	\$1,030.51	\$1,018.80	\$1,000.50	\$981.75	\$937.76	\$870.89
58	\$1,070.72	\$1,058.55	\$1,039.53	\$1,020.06	\$974.35	\$904.87
59	\$1,112.58	\$1,099.93	\$1,080.17	\$1,059.93	\$1,012.44	\$940.25
60	\$1,156.09	\$1,142.95	\$1,122.42	\$1,101.39	\$1,052.04	\$977.02
61	\$1,201.25	\$1,187.60	\$1,166.27	\$1,144.41	\$1,093.14	\$1,015.19
62	\$1,201.25	\$1,187.60	\$1,166.27	\$1,144.41	\$1,093.14	\$1,015.19
63	\$1,201.25	\$1,187.60	\$1,166.27	\$1,144.41	\$1,093.14	\$1,015.19
64 and over	\$1,201.25	\$1,187.60	\$1,166.27	\$1,144.41	\$1,093.14	\$1,015.19
	\$	\$	\$	\$	\$	\$

Visit [1.usa.gov/OPMCALC](https://www.1.usa.gov/OPMCALC) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

	BlueChoice Advantage Gold 500	BlueChoice Advantage Gold 1000	BlueChoice Advantage HSA/ HRA Gold 1500
Age	Monthly Premium (before employer contribution)		
<=20	\$303.65	\$294.54	\$275.94
21	\$337.55	\$327.41	\$306.74
22	\$337.55	\$327.41	\$306.74
23	\$337.55	\$327.41	\$306.74
24	\$337.55	\$327.41	\$306.74
25	\$337.55	\$327.41	\$306.74
26	\$337.55	\$327.41	\$306.74
27	\$337.55	\$327.41	\$306.74
28	\$345.44	\$335.07	\$313.91
29	\$352.87	\$342.27	\$320.66
30	\$361.69	\$350.83	\$328.68
31	\$370.98	\$359.84	\$337.11
32	\$379.33	\$367.94	\$344.71
33	\$388.15	\$376.50	\$352.73
34	\$397.44	\$385.51	\$361.16
35	\$406.73	\$394.52	\$369.60
36	\$416.01	\$403.52	\$378.04
37	\$425.30	\$412.53	\$386.48
38	\$430.41	\$417.48	\$391.12
39	\$435.51	\$422.44	\$395.76
40	\$452.69	\$439.10	\$411.37
41	\$470.34	\$456.21	\$427.40
42	\$488.91	\$474.23	\$444.28
43	\$507.94	\$492.69	\$461.58
44	\$527.91	\$512.06	\$479.72
45	\$548.34	\$531.88	\$498.29
46	\$569.70	\$552.59	\$517.70
47	\$591.98	\$574.21	\$537.95
48	\$615.20	\$596.73	\$559.04
49	\$639.34	\$620.15	\$580.98
50	\$664.41	\$644.47	\$603.77
51	\$690.41	\$669.69	\$627.40
52	\$717.34	\$695.81	\$651.87
53	\$745.20	\$722.83	\$677.18
54	\$774.45	\$751.20	\$703.76
55	\$804.63	\$780.47	\$731.19
56	\$836.20	\$811.10	\$759.88
57	\$868.71	\$842.62	\$789.41
58	\$902.60	\$875.50	\$820.21
59	\$937.89	\$909.73	\$852.28
60	\$974.57	\$945.31	\$885.61
61	\$1,012.64	\$982.24	\$920.21
62	\$1,012.64	\$982.24	\$920.21
63	\$1,012.64	\$982.24	\$920.21
64 and over	\$1,012.64	\$982.24	\$920.21

	\$	\$	\$
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A plan just for yourself?

For each plan you're interested in:

1. Go down the plan column to the row that matches your age when coverage will begin.
2. Circle that premium.
3. Repeat for all of the plans you're interested in.

Family plan? Use the same rate table.


1. Find the age rows in the plan column and circle the rates for:

- You
- Your spouse
- Your 3 oldest children under 21 (all are covered, but only the oldest 3 count toward overall rate)
- All children 21–25

2. Add up everyone's rate.
3. Circle that total premium.
4. Repeat for each plan you want to consider.


Visit 1.usa.gov/OPMCALC and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

Regional plan rates

	HealthyBlue Plus Gold 1500	BlueChoice Plus Gold 500	BlueChoice HMO Referral Gold 0	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 500	BlueChoice Plus Gold 1000
Age	Monthly Premium (before employer contribution)					
<=20	\$278.18	\$277.48	\$274.90	\$270.00	\$269.32	\$269.15
21	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
22	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
23	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
24	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
25	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
26	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
27	\$309.23	\$308.45	\$305.58	\$300.13	\$299.39	\$299.19
28	\$316.46	\$315.66	\$312.73	\$307.15	\$306.39	\$306.19
29	\$323.27	\$322.45	\$319.45	\$313.76	\$312.98	\$312.77
30	\$331.35	\$330.51	\$327.44	\$321.60	\$320.80	\$320.59
31	\$339.85	\$339.00	\$335.84	\$329.86	\$329.04	\$328.82
32	\$347.51	\$346.64	\$343.41	\$337.29	\$336.45	\$336.23
33	\$355.59	\$354.70	\$351.40	\$345.13	\$344.27	\$344.05
34	\$364.10	\$363.18	\$359.80	\$353.39	\$352.51	\$352.28
35	\$372.61	\$371.67	\$368.21	\$361.65	\$360.75	\$360.51
36	\$381.11	\$380.15	\$376.62	\$369.90	\$368.98	\$368.74
37	\$389.62	\$388.64	\$385.02	\$378.16	\$377.22	\$376.97
38	\$394.30	\$393.31	\$389.65	\$382.70	\$381.75	\$381.50
39	\$398.98	\$397.97	\$394.27	\$387.24	\$386.28	\$386.02
40	\$414.72	\$413.67	\$409.82	\$402.52	\$401.51	\$401.25
41	\$430.88	\$429.80	\$425.79	\$418.21	\$417.16	\$416.89
42	\$447.89	\$446.77	\$442.61	\$434.72	\$433.64	\$433.35
43	\$465.33	\$464.16	\$459.84	\$451.65	\$450.52	\$450.22
44	\$483.62	\$482.41	\$477.92	\$469.40	\$468.23	\$467.92
45	\$502.34	\$501.07	\$496.41	\$487.56	\$486.35	\$486.03
46	\$521.90	\$520.59	\$515.74	\$506.55	\$505.29	\$504.96
47	\$542.32	\$540.96	\$535.92	\$526.37	\$525.06	\$524.71
48	\$563.59	\$562.17	\$556.94	\$547.01	\$545.65	\$545.29
49	\$585.71	\$584.23	\$578.79	\$568.48	\$567.06	\$566.69
50	\$608.68	\$607.14	\$601.49	\$590.77	\$589.30	\$588.91
51	\$632.50	\$630.90	\$625.03	\$613.89	\$612.36	\$611.96
52	\$657.17	\$655.51	\$649.41	\$637.84	\$636.25	\$635.83
53	\$682.69	\$680.97	\$674.63	\$662.61	\$660.96	\$660.52
54	\$709.48	\$707.70	\$701.11	\$688.62	\$686.90	\$686.45
55	\$737.13	\$735.28	\$728.43	\$715.45	\$713.67	\$713.20
56	\$766.06	\$764.13	\$757.01	\$743.52	\$741.67	\$741.18
57	\$795.83	\$793.83	\$786.44	\$772.42	\$770.50	\$769.99
58	\$826.88	\$824.80	\$817.12	\$802.56	\$800.56	\$800.03
59	\$859.21	\$857.05	\$849.07	\$833.94	\$831.86	\$831.31
60	\$892.81	\$890.56	\$882.27	\$866.55	\$864.39	\$863.82
61	\$927.69	\$925.35	\$916.74	\$900.40	\$898.16	\$897.57
62	\$927.69	\$925.35	\$916.74	\$900.40	\$898.16	\$897.57
63	\$927.69	\$925.35	\$916.74	\$900.40	\$898.16	\$897.57
64 and over	\$927.69	\$925.35	\$916.74	\$900.40	\$898.16	\$897.57
	\$	\$	\$	\$	\$	\$

Visit [1.usa.gov/OPMCALC](https://www.1.usa.gov/OPMCALC) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

	BlueChoice HMO Referral Gold 500	BlueChoice HMO Gold 1500	BlueChoice HMO Referral Gold 80	BlueChoice HMO HSA/HRA Gold 1500
Age	Monthly Premium (before employer contribution)			
<=20	\$256.66	\$256.64	\$246.81	\$244.73
21	\$285.30	\$285.28	\$274.36	\$272.05
22	\$285.30	\$285.28	\$274.36	\$272.05
23	\$285.30	\$285.28	\$274.36	\$272.05
24	\$285.30	\$285.28	\$274.36	\$272.05
25	\$285.30	\$285.28	\$274.36	\$272.05
26	\$285.30	\$285.28	\$274.36	\$272.05
27	\$285.30	\$285.28	\$274.36	\$272.05
28	\$291.98	\$291.95	\$280.78	\$278.41
29	\$298.25	\$298.23	\$286.82	\$284.40
30	\$305.71	\$305.69	\$293.99	\$291.51
31	\$313.56	\$313.54	\$301.53	\$298.99
32	\$320.62	\$320.60	\$308.33	\$305.73
33	\$328.08	\$328.05	\$315.50	\$312.84
34	\$335.93	\$335.90	\$323.05	\$320.32
35	\$343.78	\$343.75	\$330.59	\$327.81
36	\$351.63	\$351.60	\$338.14	\$335.29
37	\$359.48	\$359.45	\$345.69	\$342.78
38	\$363.79	\$363.76	\$349.84	\$346.89
39	\$368.11	\$368.08	\$353.99	\$351.01
40	\$382.63	\$382.60	\$367.96	\$364.85
41	\$397.54	\$397.51	\$382.30	\$379.07
42	\$413.24	\$413.21	\$397.39	\$394.04
43	\$429.33	\$429.30	\$412.86	\$409.39
44	\$446.20	\$446.17	\$429.09	\$425.48
45	\$463.47	\$463.44	\$445.70	\$441.94
46	\$481.52	\$481.49	\$463.06	\$459.16
47	\$500.36	\$500.32	\$481.17	\$477.12
48	\$519.98	\$519.94	\$500.04	\$495.83
49	\$540.39	\$540.35	\$519.67	\$515.29
50	\$561.58	\$561.54	\$540.05	\$535.49
51	\$583.56	\$583.51	\$561.18	\$556.45
52	\$606.32	\$606.27	\$583.07	\$578.15
53	\$629.87	\$629.82	\$605.71	\$600.61
54	\$654.59	\$654.54	\$629.49	\$624.18
55	\$680.10	\$680.05	\$654.02	\$648.51
56	\$706.78	\$706.73	\$679.68	\$673.95
57	\$734.26	\$734.20	\$706.10	\$700.15
58	\$762.90	\$762.85	\$733.65	\$727.46
59	\$792.73	\$792.67	\$762.33	\$755.90
60	\$823.73	\$823.67	\$792.14	\$785.47
61	\$855.91	\$855.85	\$823.09	\$816.15
62	\$855.91	\$855.85	\$823.09	\$816.15
63	\$855.91	\$855.85	\$823.09	\$816.15
64 and over	\$855.91	\$855.85	\$823.09	\$816.15

	\$	\$	\$	\$
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A plan just for yourself?

For each plan you're interested in:

1. Go down the plan column to the row that matches your age when coverage will begin.
2. Circle that premium.
3. Repeat for all of the plans you're interested in.

Family plan? Use the same rate table.

1. Find the age rows in the plan column and circle the rates for:

- You
- Your spouse
- Your 3 oldest children under 21 (all are covered, but only the oldest 3 count toward overall rate)
- All children 21–25

2. Add up everyone's rate.
3. Circle that total premium.
4. Repeat for each plan you want to consider.

Visit [1.usa.gov/OPMCALC](https://www.1.usa.gov/OPMCALC) and enter your total from the above chart into the Premium Contribution Calculator for the most accurate estimate of your contribution as well as your employer's contribution.

Notes



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BluePreferred PPO Gold 500 TOP 3

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Separate	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Maximum (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

HealthyBlue PPO Gold 1500

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Aggregate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)	\$7,150/\$14,300	\$14,300/\$28,600
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	No charge PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	No charge	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	\$200 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	\$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	No charge	Deductible, then \$50 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$80 per visit
X-ray Non-Hospital	No charge	Deductible, then \$50 per visit
X-ray Hospital	Deductible, then \$45 per visit	Deductible, then \$80 per visit
Imaging Non-Hospital	\$100 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$200 per visit	Deductible, then \$250 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$100 per visit	Deductible, then \$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$200 per visit	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	No charge	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$0 (30-day supply)/ \$0 (90-day supply) ²	
Preferred Brand Name Drugs	\$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	\$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BluePreferred PPO Gold 1000 TOP 3

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)	\$4,000/\$8,000	\$8,000/\$16,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BluePreferred PPO Gold 1500

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Separate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)	\$3,500/\$7,000	\$7,000/\$14,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	No charge	Deductible, then \$50 per visit
Outpatient Facility Services	No charge	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BluePreferred PPO 1000 90%/70%

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Aggregate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)	\$6,550/\$13,100	\$13,100/\$26,200
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	20% of allowed benefit
Adult Physical Exam	No charge	Deductible, then 20% of allowed benefit
Breast Cancer Screening/PAP Test	No charge	20% of allowed benefit
Prostate/Colorectal Screening	No charge	Deductible, then 20% of allowed benefit
Office Visits ¹	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Convenience Care (Retail Health Clinic)	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
URGENT AND EMERGENCY CARE		
Urgent Care Center	Deductible, then 10% of allowed benefit	Paid as in-network
Hospital Emergency Room	Deductible, then 10% of allowed benefit	Paid as in-network
Emergency Room — Physician Services	Deductible, then 10% of allowed benefit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Lab Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
X-ray Non-Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
X-ray Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Imaging Non-Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Imaging Hospital	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Outpatient Hospital Facility Surgical	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Outpatient Non-Hospital Physician Surgical	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Outpatient Hospital Physician Surgical	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Inpatient Facility Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Inpatient Physician Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then 20% of allowed benefit
Delivery and Facility Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Outpatient Facility Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
Inpatient Facility Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)		
Preventive Drugs	No charge	
Generic Drugs	Deductible, then \$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then 20% (30-day supply)/ 20% (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then 40% (30-day supply)/ 40% (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

HealthyBlue Advantage Gold 1500 TOP 3

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam) — Aggregate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)	\$7,150/\$14,300	\$14,300/\$28,600
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	No charge PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	No charge	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	\$200 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	\$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	No charge	Deductible, then \$50 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$80 per visit
X-ray Non-Hospital	No charge	Deductible, then \$50 per visit
X-ray Hospital	Deductible, then \$45 per visit	Deductible, then \$80 per visit
Imaging Non-Hospital	\$100 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$200 per visit	Deductible, then \$250 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$100 per visit	Deductible, then \$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$200 per visit	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	No charge	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$0 (30-day supply)/ \$0 (90-day supply) ²	
Preferred Brand Name Drugs	\$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	\$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice Advantage Gold 500

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam) — Separate	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Maximum (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice Advantage Gold 1000

General Information	In-Network BlueChoice (in MD, DC and Northern VA) BlueCard PPO (out of MD, DC and Northern VA)	Out-of-Network PPO/BlueCard PPO Non-Participating Providers
Deductible (Ind/Fam) — Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)	\$4,000/\$8,000	\$8,000/\$16,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice Advantage HSA/HRA Gold 1500

General Information	In-Network BlueCard PPO	Out-of-Network Non-Participating Providers
Deductible (Ind/Fam) — Aggregate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)	\$3,000/\$6,000	\$6,000/\$12,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	Deductible, then \$10 PCP/\$20 Specialist per visit	Deductible, then \$40 per visit
Convenience Care (Retail Health Clinic)	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	Deductible, then \$20 per visit	Deductible, then \$40 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	Deductible, then \$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$100 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$20 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Lab Hospital	Deductible, then \$20 per visit	Deductible, then \$80 per visit
X-ray Non-Hospital	Deductible, then \$20 per visit	Deductible, then \$40 per visit
X-ray Hospital	Deductible, then \$40 per visit	Deductible, then \$80 per visit
Imaging Non-Hospital	Deductible, then \$50 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$100 per visit	Deductible, then \$200 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	Deductible, then \$50 per visit	Deductible, then \$150 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$100 per visit	Deductible, then \$200 per visit
Outpatient Non-Hospital Physician Surgical	Deductible, then \$20 per visit	Deductible, then \$40 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$20 per visit	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
Inpatient Physician Services	Deductible, then \$20 per visit	Deductible, then \$40 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$40 per visit
Delivery and Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	Deductible, then \$10 per visit	Deductible, then \$40 per visit
Outpatient Facility Services	Deductible, then \$20 per visit	Deductible, then \$40 per visit
Inpatient Facility Services	Deductible, then \$200 per admission	Deductible, then \$300 per admission
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)		
Preventive Drugs	No charge	
Generic Drugs	Deductible, then \$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

HealthyBlue Plus Gold 1500

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)	Out-of-Network PPO/BlueCard PPO Non-Participating Provider
Deductible (Ind/Fam) — Aggregate	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Ind/Fam)	\$7,150/\$14,300	\$14,300/\$28,600
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	No charge PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	No charge	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	\$200 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	\$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	No charge	Deductible, then \$50 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$80 per visit
X-ray Non-Hospital	No charge	Deductible, then \$50 per visit
X-ray Hospital	Deductible, then \$45 per visit	Deductible, then \$80 per visit
Imaging Non-Hospital	\$100 per visit	Deductible, then \$150 per visit
Imaging Hospital	Deductible, then \$200 per visit	Deductible, then \$250 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$100 per visit	Deductible, then \$200 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$200 per visit	Deductible, then \$300 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	No charge	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$500 per admission	Deductible, then \$600 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$0 (30-day supply)/ \$0 (90-day supply) ²	
Preferred Brand Name Drugs	\$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	\$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs	50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice Plus Gold 500

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)	Out-of-Network PPO/BlueCard PPO Non-Participating Provider
Deductible (Ind/Fam) — Separate	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Maximum (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply ²)	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply ²)	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply ²)	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO Referral Gold 0

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Separate		\$0/\$0	
Out-of-Pocket Maximum (Ind/Fam)		\$5,000/\$10,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits ¹		\$30 PCP/\$40 Specialist per visit	
Convenience Care (Retail Health Clinic)		\$30 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹		\$40 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		\$250 per visit (waived if admitted)	
Emergency Room — Physician Services		\$40 per visit	
DIAGNOSTIC SERVICES			
LabCorp		\$30 per visit	
Lab Hospital		\$80 per visit	
X-ray Non-Hospital		\$40 per visit	
X-ray Hospital		\$100 per visit	
Imaging Non-Hospital		\$200 per visit	
Imaging Hospital		\$400 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$200 per visit	
Outpatient Hospital Facility Surgical		\$300 per visit	
Outpatient Non-Hospital Physician Surgical		\$40 per visit	
Outpatient Hospital Physician Surgical		\$40 per visit	
Inpatient Facility Services		\$500 per admission	
Inpatient Physician Services		\$40 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		\$500 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits ¹		\$30 per visit	
Outpatient Facility Services		\$50 per visit	
Inpatient Facility Services		\$500 per admission	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$10 (30-day supply)/ \$20 (90-day supply ²)	
Preferred Brand Name Drugs		\$45 (30-day supply)/ \$90 (90-day supply ²)	
Non-Preferred Brand Name Drugs		\$65 (30-day supply)/ \$130 (90-day supply ²)	
Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ³)	
Non-Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ³)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

HealthyBlue HMO Gold 1500

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Aggregate		\$1,500/\$3,000	
Out-of-Pocket Maximum (Ind/Fam)		\$7,150/\$14,300	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits¹		No charge PCP/\$30 Specialist per visit	
Convenience Care (Retail Health Clinic)		No charge	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies¹		\$30 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		\$200 per visit (waived if admitted)	
Emergency Room — Physician Services		\$30 per visit	
DIAGNOSTIC SERVICES			
LabCorp		No charge	
Lab Hospital		Deductible, then \$30 per visit	
X-ray Non-Hospital		No charge	
X-ray Hospital		Deductible, then \$45 per visit	
Imaging Non-Hospital		\$100 per visit	
Imaging Hospital		Deductible, then \$200 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$100 per visit	
Outpatient Hospital Facility Surgical		Deductible, then \$200 per visit	
Outpatient Non-Hospital Physician Surgical		\$30 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$30 per visit	
Inpatient Facility Services		Deductible, then \$500 per admission	
Inpatient Physician Services		Deductible, then \$30 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then \$500 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits¹		No charge	
Outpatient Facility Services		\$50 per visit	
Inpatient Facility Services		Deductible, then \$500 per admission	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$0 (30-day supply)/ \$0 (90-day supply²)	
Preferred Brand Name Drugs		\$45 (30-day supply)/ \$90 (90-day supply²)	
Non-Preferred Brand Name Drugs		\$65 (30-day supply)/ \$130 (90-day supply²)	
Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$100/90-day supply up to \$200²)	
Non-Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$150/90-day supply up to \$300²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO Gold 500

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Separate		\$500/\$1,000	
Out-of-Pocket Maximum (Ind/Fam)		\$5,000/\$10,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits¹		\$15 PCP/\$30 Specialist per visit	
Convenience Care (Retail Health Clinic)		\$15 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies¹		\$30 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		Deductible, then \$250 per visit (waived if admitted)	
Emergency Room — Physician Services		Deductible, then \$30 per visit	
DIAGNOSTIC SERVICES			
LabCorp		\$15 per visit	
Lab Hospital		Deductible, then \$30 per visit	
X-ray Non-Hospital		\$30 per visit	
X-ray Hospital		Deductible, then \$60 per visit	
Imaging Non-Hospital		\$200 per visit	
Imaging Hospital		Deductible, then \$400 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$200 per visit	
Outpatient Hospital Facility Surgical		Deductible, then \$300 per visit	
Outpatient Non-Hospital Physician Surgical		\$30 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$30 per visit	
Inpatient Facility Services		Deductible, then \$400 per admission	
Inpatient Physician Services		Deductible, then \$30 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then \$400 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits¹		\$15 per visit	
Outpatient Facility Services		\$50 per visit	
Inpatient Facility Services		Deductible, then \$400 per admission	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$10 (30-day supply)/ \$20 (90-day supply²)	
Preferred Brand Name Drugs		Deductible, then \$45 (30-day supply)/ \$90 (90-day supply²)	
Non-Preferred Brand Name Drugs		Deductible, then \$65 (30-day supply)/ \$130 (90-day supply²)	
Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200²)	
Non-Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice Plus Gold 1000

General Information	In-Network BlueChoice (in MD, DC and Northern VA only)	Out-of-Network PPO/BlueCard PPO Non-Participating Provider
Deductible (Ind/Fam) — Separate	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Ind/Fam)	\$4,000/\$8,000	\$8,000/\$16,000
FIRSTHELP FREE 24/7 NURSE ADVICE LINE		
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.		
Services		
PREVENTIVE AND PHYSICIAN SERVICES		
Well-Child Care	No charge	No charge
Adult Physical Exam	No charge	No charge after deductible
Breast Cancer Screening/PAP Test	No charge	No charge
Prostate/Colorectal Screening	No charge	No charge after deductible
Office Visits ¹	\$15 PCP/\$30 Specialist per visit	Deductible, then \$50 per visit
Convenience Care (Retail Health Clinic)	\$15 per visit	Deductible, then \$50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹	\$30 per visit	Deductible, then \$50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	\$50 per visit	Paid as in-network
Hospital Emergency Room	Deductible, then \$250 per visit (waived if admitted)	Paid as in-network
Emergency Room — Physician Services	Deductible, then \$30 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	\$15 per visit	Deductible, then \$65 per visit
Lab Hospital	Deductible, then \$30 per visit	Deductible, then \$110 per visit
X-ray Non-Hospital	\$30 per visit	Deductible, then \$80 per visit
X-ray Hospital	Deductible, then \$60 per visit	Deductible, then \$110 per visit
Imaging Non-Hospital	\$200 per visit	Deductible, then \$250 per visit
Imaging Hospital	Deductible, then \$400 per visit	Deductible, then \$450 per visit
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	\$200 per visit	Deductible, then \$300 per visit
Outpatient Hospital Facility Surgical	Deductible, then \$300 per visit	Deductible, then \$400 per visit
Outpatient Non-Hospital Physician Surgical	\$30 per visit	Deductible, then \$50 per visit
Outpatient Hospital Physician Surgical	Deductible, then \$30 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
Inpatient Physician Services	Deductible, then \$30 per visit	Deductible, then \$50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then \$50 per visit
Delivery and Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
MENTAL HEALTH AND SUBSTANCE ABUSE		
Office Visits ¹	\$15 per visit	Deductible, then \$50 per visit
Outpatient Facility Services	\$50 per visit	Deductible, then \$50 per visit
Inpatient Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preventive Drugs	No charge	
Generic Drugs	\$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs	Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs	Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200) ²	
Non-Preferred Specialty Drugs	Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300) ²	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO Referral Gold 500

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Separate		\$500/\$1,000	
Out-of-Pocket Maximum (Ind/Fam)		\$5,000/\$10,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits¹		\$15 PCP/\$30 Specialist per visit	
Convenience Care (Retail Health Clinic)		\$15 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies¹		\$30 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		Deductible, then \$250 per visit (waived if admitted)	
Emergency Room — Physician Services		Deductible, then \$30 per visit	
DIAGNOSTIC SERVICES			
LabCorp		\$15 per visit	
Lab Hospital		Deductible, then \$30 per visit	
X-ray Non-Hospital		\$30 per visit	
X-ray Hospital		Deductible, then \$60 per visit	
Imaging Non-Hospital		\$200 per visit	
Imaging Hospital		Deductible, then \$400 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$200 per visit	
Outpatient Hospital Facility Surgical		Deductible, then \$300 per visit	
Outpatient Non-Hospital Physician Surgical		\$30 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$30 per visit	
Inpatient Facility Services		Deductible, then \$400 per admission	
Inpatient Physician Services		Deductible, then \$30 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then \$400 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits¹		\$15 per visit	
Outpatient Facility Services		\$50 per visit	
Inpatient Facility Services		Deductible, then \$400 per admission	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$10 (30-day supply)/ \$20 (90-day supply²)	
Preferred Brand Name Drugs		Deductible, then \$45 (30-day supply)/ \$90 (90-day supply²)	
Non-Preferred Brand Name Drugs		Deductible, then \$65 (30-day supply)/ \$130 (90-day supply²)	
Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200²)	
Non-Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO Gold 1500

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Separate		\$1,500/\$3,000	
Out-of-Pocket Maximum (Ind/Fam)		\$3,500/\$7,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits ¹		\$15 PCP/\$30 Specialist per visit	
Convenience Care (Retail Health Clinic)		\$15 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹		\$30 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		Deductible, then \$250 per visit (waived if admitted)	
Emergency Room — Physician Services		Deductible, then \$30 per visit	
DIAGNOSTIC SERVICES			
LabCorp		\$15 per visit	
Lab Hospital		Deductible, then \$30 per visit	
X-ray Non-Hospital		\$30 per visit	
X-ray Hospital		Deductible, then \$60 per visit	
Imaging Non-Hospital		\$200 per visit	
Imaging Hospital		Deductible, then \$400 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$200 per visit	
Outpatient Hospital Facility Surgical		Deductible, then \$300 per visit	
Outpatient Non-Hospital Physician Surgical		\$30 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$30 per visit	
Inpatient Facility Services		Deductible, then \$400 per admission	
Inpatient Physician Services		Deductible, then \$30 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then \$400 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits ¹		No charge	
Outpatient Facility Services		No charge	
Inpatient Facility Services		Deductible, then \$400 per admission	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$10 (30-day supply)/ \$20 (90-day supply ²)	
Preferred Brand Name Drugs		Deductible, then \$45 (30-day supply)/ \$90 (90-day supply ²)	
Non-Preferred Brand Name Drugs		Deductible, then \$65 (30-day supply)/ \$130 (90-day supply ²)	
Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO Referral Gold 80

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Aggregate		\$1,000/\$2,000	
Out-of-Pocket Maximum (Ind/Fam)		\$5,000/\$10,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits¹		\$20 PCP/\$40 Specialist per visit	
Convenience Care (Retail Health Clinic)		\$20 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies¹		\$40 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		\$50 per visit	
Hospital Emergency Room		Deductible, then 20% of allowed benefit	
Emergency Room — Physician Services		Deductible, then 20% of allowed benefit	
DIAGNOSTIC SERVICES			
LabCorp		\$15 per visit	
Lab Hospital		Deductible, then 20% of allowed benefit	
X-ray Non-Hospital		\$30 per visit	
X-ray Hospital		Deductible, then 20% of allowed benefit	
Imaging Non-Hospital		20% of allowed benefit	
Imaging Hospital		Deductible, then 20% of allowed benefit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		\$200 per visit	
Outpatient Hospital Facility Surgical		Deductible, then 20% of allowed benefit	
Outpatient Non-Hospital Physician Surgical		\$40 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$40 per visit	
Inpatient Facility Services		Deductible, then 20% of allowed benefit	
Inpatient Physician Services		Deductible, then 20% of allowed benefit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then 20% of allowed benefit	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits¹		No charge	
Outpatient Facility Services		No charge	
Inpatient Facility Services		Deductible, then 20% of allowed benefit	
PRESCRIPTION DRUGS—NON-INTEGRATED (\$0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)			
Preventive Drugs		No charge	
Generic Drugs		\$10 (30-day supply)/ \$20 (90-day supply²)	
Preferred Brand Name Drugs		\$45 (30-day supply)/ \$90 (90-day supply²)	
Non-Preferred Brand Name Drugs		\$65 (30-day supply)/ \$130 (90-day supply²)	
Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$100/90-day supply up to \$200³)	
Non-Preferred Specialty Drugs		50% coinsurance (30-day supply up to \$150/90-day supply up to \$300³)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

BlueChoice HMO HSA/HRA Gold 1500

General Information		In-Network BlueChoice HMO (in MD, DC and Northern VA only)	
Deductible (Ind/Fam) — Aggregate		\$1,500/\$3,000	
Out-of-Pocket Maximum (Ind/Fam)		\$3,000/\$6,000	
FIRSTHELP FREE 24/7 NURSE ADVICE LINE			
When your doctor is not available, call 800-535-9700 to speak with a registered nurse about health and treatment options.			
Services			
PREVENTIVE AND PHYSICIAN SERVICES			
Well-Child Care		No charge	
Adult Physical Exam		No charge	
Breast Cancer Screening/PAP Test		No charge	
Prostate/Colorectal Screening		No charge	
Office Visits ¹		Deductible, then \$10 PCP/\$20 Specialist per visit	
Convenience Care (Retail Health Clinic)		Deductible, then \$10 per visit	
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies ¹		Deductible, then \$20 per visit	
URGENT AND EMERGENCY CARE			
Urgent Care Center		Deductible, then \$50 per visit	
Hospital Emergency Room		Deductible, then \$100 (waived if admitted)	
Emergency Room — Physician Services		Deductible, then \$20 per visit	
DIAGNOSTIC SERVICES			
LabCorp		Deductible, then \$10 per visit	
Lab Hospital		Deductible, then \$20 per visit	
X-ray Non-Hospital		Deductible, then \$20 per visit	
X-ray Hospital		Deductible, then \$40 per visit	
Imaging Non-Hospital		Deductible, then \$50 per visit	
Imaging Hospital		Deductible, then \$100 per visit	
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)			
Outpatient Non-Hospital Facility Surgical		Deductible, then \$50 per visit	
Outpatient Hospital Facility Surgical		Deductible, then \$100 per visit	
Outpatient Non-Hospital Physician Surgical		Deductible, then \$20 per visit	
Outpatient Hospital Physician Surgical		Deductible, then \$20 per visit	
Inpatient Facility Services		Deductible, then \$200 per admission	
Inpatient Physician Services		Deductible, then \$20 per visit	
MATERNITY			
Preventive Pre/Postnatal Office Visits		No charge	
Delivery and Facility Services		Deductible, then \$200 per admission	
MENTAL HEALTH AND SUBSTANCE ABUSE			
Office Visits ¹		Deductible, then \$10 per visit	
Outpatient Facility Services		Deductible, then \$20 per visit	
Inpatient Facility Services		Deductible, then \$200 per admission	
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)			
Preventive Drugs		No charge	
Generic Drugs		Deductible, then \$10 (30-day supply)/ \$20 (90-day supply) ²	
Preferred Brand Name Drugs		Deductible, then \$45 (30-day supply)/ \$90 (90-day supply) ²	
Non-Preferred Brand Name Drugs		Deductible, then \$65 (30-day supply)/ \$130 (90-day supply) ²	
Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$100/90-day supply up to \$200 ²)	
Non-Preferred Specialty Drugs		Deductible, then 50% coinsurance (30-day supply up to \$150/90-day supply up to \$300 ²)	

¹ Facility charge: If a service is rendered on a hospital campus, you may receive two bills, one from the physician and one from the facility. It is the member's responsibility to determine if they will be billed separately.

² Applies to 90-day supply of maintenance drugs only.

Notes



Enrolling in your plan

Getting ready to enroll

Need more information?

- Go to the CareFirst BlueCross BlueShield dedicated website for Congress **CongressandCareFirstBCBS.org**
 - Plan benefit comparison
 - Premiums for all plans
 - Additional plan information
- Visit the OPM website—**opm.gov/healthcare-insurance/**
 - Select *Insurance*
 - Select *Changes in Health Coverage*
 - Select *Eligibility & Enrollment*
 - Select *Members of Congress/Staff* tab
- Call our dedicated support line for Members of Congress and designated Congressional Staff at 855-541-3985, Monday – Friday: 8 a.m. – 6 p.m.
- Visit an Open Season Health Fair
 - **House**
November 15, 2017
10 a.m. to 2 p.m.
Rayburn House Office Building Foyer
 - **Senate**
December 5, 2017
10 a.m. to 3 p.m.
Hart Senate Office Building
Room SH-902

Ready to enroll?

Once you've decided on the best CareFirst plan for you and your family, go to **DCHealthLink.com**. Your payroll and benefits office will provide more specific information about how to enroll.



Happy with your CareFirst plan?

Please take a minute to review plan changes for 2018. If you previously selected a CareFirst BlueCross BlueShield plan on the D.C. Health Link, and you would like to keep the same plan without making any changes, you do not have to re-enroll to receive your 2018 benefits.

Still deciding?

When narrowing down your choices, take a look at the **TOP 3** plans. See page 4.



Federal benefits

Federal Employees' Dental and Vision Insurance Program

The Federal Employees' Dental and Vision Insurance Program (FEDVIP) Open Season begins November 13, 2017 and continues through December 11, 2017. During this period, if you are eligible for government benefits, you may enroll, cancel or make a change to your FEDVIP enrollment. The process for enrollment remains the same as last year and Open Season requests will be effective January 1, 2018.

How to enroll?

The FEDVIP enrollment process has not changed for 2018. To enroll, cancel or change your enrollment in a FEDVIP plan, you must visit **BENEFEDS.com** or call 877-888-3337 TTY: 877-889-5680. Once an election is made, the BENEFEDS website will send information to the dental/vision carriers and to payroll. The carrier will send you a final confirmation of enrollment, your member ID cards and plan information.



Open Season for enrolling in or changing the elections of your 2018 benefits is November 13, 2017 through December 11, 2017.

Federal Flexible Spending Account Program

The Federal Flexible Spending Account program, also known as FSAFEDS, lets you set aside pre-tax money from your salary to reimburse you for eligible dependent care and/or health care expenses. You pay less in taxes so you save money. Participating employees save an average of about 30 percent on products and services they routinely pay for out-of-pocket.

How do I enroll?

You enroll on the internet at **BENEFEDS.com**. For those without access to a computer, call 877-888-3337 TTY: 877-889-5680.

For more information, visit **FSAFEDS.com** or call an FSAFEDS benefits coordinator toll-free at 877-372-3337 Monday through Friday, 9 a.m. to 9 p.m. Eastern Time. TTY: 800-952-0450.





With every plan



Blue Rewards

Blue Rewards is our exclusive incentive program that rewards you for taking steps to get and stay healthy. When you complete the required steps and achieve certain health goals, you can earn up to \$600.

How Blue Rewards works

Blue Rewards gives you the opportunity to be rewarded twice! First, you can earn a participation-based reward for completing four important steps. After completing all the steps, you can earn an additional results-based reward when you reach certain health goals.

Get started by logging in to *My Account* at **CareFirst.com/myaccount** and clicking on *Blue Rewards*. You have 120 days from the date your health coverage begins to complete these steps to earn your reward.

For members inside the service area, the Patient-Centered Medical Home (PCMH) program is designed to provide your primary care provider (PCP) with a more complete view of your health needs, as well as the care you receive from other providers. When you choose a PCMH provider, the focus is on improving your overall health and preventing health problems before they begin.

Steps to earn your participation-based reward



Did you know?

You can visit your PCP or a CVS MinuteClinic* to complete your health screening!

Be sure to choose a PCP who participates in our Patient-Centered Medical Home (PCMH) program to earn your reward. They have access to additional resources like electronic medical records and a large network of nurses to help them better coordinate your overall health.

Tip: Earn a greater reward by selecting a PCMH **Plus** PCP. These PCPs have demonstrated high quality and efficiency and belong to a practice that has participated in our PCMH program for at least three years.

If you have a PPO or Advantage Plan, you can select a provider outside the CareFirst service area (D.C., Maryland or Northern Virginia) and earn up to \$300. You must select a provider who specializes in general practice, family practice, internal medicine, pediatrics, or geriatrics from the BlueCard PPO network to earn the reward. If you select a PCP outside of the CareFirst service area, you will not be eligible for the PCMH **Plus** incentive amount.

If you are not enrolled in a PPO or Advantage Plan, you will need to select a PCMH or PCMH **Plus** PCP for a reward. You will not have the option to select a PCP in the BlueCard PPO network for a reward.

Results-based reward

The results from your health screening will be measured against recommended health goals. If your results fall within the ranges, you earn an additional reward.

Measure	Results-based goals
Body Mass Index (BMI)	BMI between 19 and less than 30
Flu vaccine	Received within the last 12 months
Tobacco use	Never smoked/used tobacco or quit for more than 30 days
Blood pressure	Less than 140/90 (ages <60) or less than 150/90 (ages 60+)
Blood glucose	Fasting blood glucose less than 126 or non-fasting blood glucose less than 200

Don't worry if your health measures fall outside the desired ranges. You can still earn your results-based reward by working with your PCP to establish an action plan to reach your personalized goals. Once you reach those goals, you must submit your updated results in *My Account* at **CareFirst.com/myaccount** before the end of your benefit period.

To be eligible for Blue Rewards, you must be a subscriber, spouse, or domestic partner. Children, regardless of age, are not eligible.

Here's how much you can earn

	Participation-based reward		+	Results-based reward		=	Total reward	
	PCMH PCP	PCMH PLUS PCP		PCMH PCP	PCMH PLUS PCP		PCMH PCP	PCMH PLUS PCP
Eligible members ¹	\$100	or \$200		\$200	or \$400		\$300	or \$600

¹ Please note: If you have a PPO or Advantage Plan, you can select a PCP outside the CareFirst service area and earn up to \$300. If you do select a PCP outside the CareFirst service area, you will not be eligible for the PCMH **Plus** incentive amount.

Incentive card

Most members will receive their incentive card 10–14 days after completing the four participation-based steps. Only one card is issued to the policyholder but it can be used by everyone covered under your policy. If you earned a reward last year, that incentive card will be reloaded with your latest earned reward. Additional amounts earned during your benefit period will be automatically added to your card.

Members with a Health Savings Account (HSA) plan typically receive the incentive card once they have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan—\$1,350 for an individual or \$2,700 for a family. To receive the incentive card right away, eligible members can choose to certify either:

- The member nor employer will make contributions to the HSA for the current benefit period
- The member will only use the incentive card for CareFirst dental and vision expenses until they meet their minimum deductible**

Your incentive card can be used toward your annual deductible or other out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan. You have until the end of your benefit period to use your incentive card. You should always save your receipts as proof of your expenses. As long as you remain a CareFirst member you have the opportunity to earn rewards each plan year. Make sure you keep your incentive card.



Log in to My Account to track your steps and view the status of your Blue Reward.

* CVS MinuteClinic is an independent company that provides medical services to CareFirst members.

**Once the minimum deductible has been met, the card can be used for all qualified expenses (including medical) incurred after meeting the deductible.

Pediatric dental and vision

Pediatric dental (included)

	In-Network	Out-of-Network
	MEMBER PAYS	
Individual Cost Per Day	Included in your medical plan premium—no additional monthly charge	
Deductible	\$25 Individual per calendar year (Applies to Classes II, III & IV)	\$50 Individual per calendar year (Applies to Classes II, III & IV)
Network	Over 5,000 providers in DC, MD and Northern VA. 123,000 dentists nationally.	
Preventive & Diagnostic Services (Class I) Oral exams, X-rays, fluoride treatments, sealants, palliative treatment	No charge	20% of allowed benefit* (no deductible)
Basic Services (Class II) Fillings, simple extractions, non-surgical periodontics	20% of allowed benefit* after deductible	40% of allowed benefit* after deductible
Major Services—Surgical (Class III) Surgical periodontics, endodontics, oral surgery		
Major Services—Restorative (Class IV) Inlays, onlays, dentures, crowns	50% of allowed benefit* after deductible	65% of allowed benefit* after deductible
Orthodontic Services (Class V) when medically necessary	50% of allowed benefit* no deductible	65% of allowed benefit* no deductible

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

*CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) payments are based upon the CareFirst allowed benefit. Participating dentists accept 100 percent of the CareFirst allowed benefits as payment in full for covered services. Non-participating dentists may bill the member for any amount over the allowed benefit. Providers are not required to accept CareFirst's allowed benefits on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst allowed benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.



Visit **CareFirst.com/doctor**, select Dental, then select Preferred Dental (PPO) in the Plan drop-down to access the preferred dental provider directory.

Pediatric vision (included)

These important vision benefits are offered to your family members up to age 19 through our network administrator, Davis Vision.

An independent company, Davis Vision does not provide CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) products or services, but is the administrator for the products, services and discounts described below.

For family members up to age 19, our pediatric vision benefits include:*

- One no-charge in-network eye exam per calendar year, or
 - Up to \$40 reimbursement for an out-of-network exam per calendar year
- No copay for Davis Vision collection (in-network):
 - frames and basic spectacle lenses or contact lenses
- Reimbursement for single vision lenses, up to \$40, and frames up to \$70, from an out-of-network provider

For a routine eye exam, just call and make an appointment with one of the many Davis Vision providers. Remember, the pediatric vision benefits listed above are available to your family members up to age 19 for no additional charge to your monthly premium.

To locate a vision care provider, contact Davis Vision at 800-783-5602 or visit **CareFirst.com/doctor** and select *Vision*.



Ways to save

Save on pediatric dental and vision

By staying in-network you can save on pediatric dental and vision. Use the Preferred Dental Network and the Davis Vision Network when seeking care for your dependents under the age 19.

*Please note: In accordance with the provisions of the Affordable Care Act (ACA), every CareFirst plan includes basic dental coverage and vision benefits for children up to age 19.



Prescription drug coverage

Many health issues are managed through medication, so a well-designed prescription drug plan is critical to overall health. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) provide members with safe, convenient and cost-effective prescription drug plans that include:

- A nationwide network of more than 69,000 pharmacies
- Access to nearly 5,000 drugs
- Mail Service Pharmacy—our mail order drug program
- Coordinated medical and pharmacy care management programs to improve overall health and reduce costs
- A wealth of pharmacy resources available through *My Account* once your benefits become effective, such as:
 - Drug Pricing Tool
 - Order and Refill Prescriptions (mail order)
 - Drug Claims
 - Drug History
 - Plan Summary
- Personalized care management notices detailing cost savings opportunities, safety alerts and important drug information

How drug benefits work

The prescription drugs covered on the CareFirst formulary (drug list) are reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective. The drugs are categorized into one of the following tiers and the price you pay is determined by that tier.

Tier 0: No cost drugs include preventive drugs, oral chemotherapy drugs, and diabetic supplies. For the most up-to-date list of preventive drugs, go to **CongressandCareFirstBCBS.org**, select *Drug Coverage*, then select *Drug Search*.

Tier 1: Generic drugs work the same as brand-name drugs, but cost much less. So you'll pay less to use them.

Tier 2: Preferred brand drugs are brand-name drugs that are not yet available in generic form, but are chosen for their cost effectiveness compared to alternatives. They cost more than generics but less than non-preferred brand drugs. *If a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand category.*

Tier 3: Non-preferred brand drugs are often available in less expensive forms, either as generic or preferred brand drugs. You will pay more for this category of drugs.

Mandatory generic substitution

If your provider prescribes a non-preferred brand drug and you get that non-preferred brand drug when a generic is available, **you will pay the non-preferred brand copay or coinsurance PLUS the difference between the generic and non-preferred brand drug cost up to the cost of the prescription.**

Tier 4: Preferred specialty drugs consist of both generic and brand-name specialty drugs that are used to treat chronic, complex and/or rare health conditions. These drugs are generally more cost effective than other specialty drugs.

Tier 5: Non-preferred specialty drugs likely have a more cost-effective generic or preferred brand alternative available. This tier has the highest copayment for specialty drugs.

To ensure you are receiving the most appropriate medication for your condition(s), additional information may be required from your doctor before filling certain prescriptions. In those instances, we will work with you and your doctor to manage the following processes:

- **Generic dispensing** Unless your provider determines that a brand-name drug is necessary for your overall health, generics will be dispensed when available. You should always check with your doctor to make sure a generic alternative is right for you.
Please note: If you choose a non-preferred brand medication when generics are available, you will pay the non-preferred brand copay or coinsurance PLUS the difference between the generic and non-preferred brand drug cost up to the cost of the prescription.
- **Prior authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor must obtain prior authorization from CareFirst before they can be filled. Without prior authorization, your drugs may not be covered.

- **Step therapy** promotes the use of clinically and cost-effective drugs before members try equally effective, but more costly brand-name drugs. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity limits** are guidelines that set limits on the amount of drugs your prescription drug benefit will cover. These quality and cost-savings initiatives, aimed at safe and appropriate use of drugs, are based on clinical guidelines and direction from the U.S. Food and Drug Administration. Remember, the final decision regarding the amount prescribed remains with your doctor.

Exception Requests

If the formulary does not meet the needs of your particular condition, your doctor can request an exception. Exception requests based upon clinical need, prior authorization, step therapy, or quantity limits can be faxed or submitted electronically by your doctor. To see whether your drug requires prior authorization, step therapy or quantity limits, go to **CongressandCareFirstBCBS.org**, select *Drug Coverage*, then select *Drug Search* to search your formulary.

Formularies may change

Please check the website at **CongressandCareFirstBCBS.org** and go to the *Drug Search* section to view the most up-to-date formularies.



Savings tip! Always ask your provider to prescribe a generic drug. If you are currently taking a non-preferred brand drug, it's important to regularly check with your pharmacy to see if a generic version is available.

Filling prescriptions

There are two ways to fill prescriptions:

1. Participating Retail Pharmacy

With access to more than 69,000 pharmacies across the country, you can use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Simply visit **CongressandCareFirstBCBS.org**, select *Drug Coverage*, then select *Drug Tools*. Be sure to take your prescription and member ID card with you when filling prescriptions. Please note: if you use a non-participating pharmacy you will be responsible for the full cost of the prescription and will need to submit a Claim Form for reimbursement.

2. Mail Order

Mail order is a convenient option, especially for refilling medications taken frequently. With our Mail Service Pharmacy you'll be able to:

- Choose from home or office delivery service
- Consult with pharmacists by phone 24/7
- Refill prescriptions online, by phone or by email
- Use our automated phone system to check account balances and make payments 24/7
- Receive email notifications of order status
- Take advantage of e-prescribing capabilities
- Choose from multiple payment options
- Schedule automatic refills

Members can sign up for mail order three ways:

1. **Online**—Go to **CareFirst.com/myaccount** and log in to *My Account*, select *My Coverage*, choose *Drug and Pharmacy Resources* from the *Quick Links*. Then choose *Mail Order Prescriptions* and select *Request a New Prescription*.
2. **By phone**—Call CareFirst Pharmacy Services at 800-241-3371. Our Customer Care representatives can walk you through the process.
3. **By mail**—If you already have a prescription from your doctor, you can send it to us with a completed Mail Service Pharmacy Order Form.

How CareFirst helps you manage your prescription drug benefit

Together with CVS Caremark,* our pharmacy benefit manager, we offer care management programs and tools designed to improve your health while lowering your overall health care costs.

Specialty Pharmacy Coordination Program

This program addresses the unique clinical needs of those taking high-cost specialty drugs for certain diseases like multiple sclerosis, hepatitis C and hemophilia. A CVS pharmacist provides 24-hour assistance, condition-specific education and counseling and will work with your doctor to help manage your specialty drugs. To maximize the effectiveness of this program, your specialty medications must be filled through the exclusive specialty pharmacy network.

Comprehensive Medication Review

When you are taking multiple drugs to treat a medical condition, it can be overwhelming. The *Comprehensive Medication Review* program can connect you with a CVS Caremark pharmacist who will review your medications and talk to your doctor about dosages, duration and any other pertinent issues. The pharmacist will work with your doctor to determine which medications best fit your situation.

Pharmacy Advisor Program

Medications cannot work if they are not taken as prescribed. Through our *Pharmacy Advisor* program, CareFirst partners with CVS Caremark to engage members with at least one of 11 chronic conditions. Pharmacists are alerted to gaps in care and non-adherence and provide in-person one-on-one counseling when the prescription is filled at a CVS pharmacy. If the prescription is filled at other network pharmacies, one-on-one telephonic counseling is offered to help the member stay on track. The pharmacist will discuss strategies for taking medications as prescribed by your doctor(s), and identify potential opportunities for you to save money with your prescriptions.

*CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

Ways to save

Use generic drugs

Generic drugs account for 80 percent of prescriptions in the U.S. and can cost up to 75 percent less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use. Visit **CongressandCareFirstBCBS.org**, select *Drug Coverage*, then select *Drug Search* and use our Preferred Drug List (CareFirst Formulary) to see if a generic is available to treat your condition. Talk to your doctor or pharmacist about switching to a generic drug.

Here's a sample of brand-name versus generic drug costs. If your medication doesn't have a generic equivalent, ask your doctor if there's a generic alternative that will work for you.

Brand name	Generic drug	Average monthly cost* of brand	Average monthly cost* of generic	Monthly savings if using generic
AMBIEN (10mg)	ZOLPIDEM TARTRATE	\$490	\$2	\$488
COUMADIN (2mg)	WARFARIN SODIUM	\$61	\$5	\$56
SINGULAIR (10mg)	MONTELUKAST SODIUM	\$210	\$4	\$206

*Costs based on CareFirst BlueCross BlueShield January–June 2017 claims at CVS pharmacies and rounded to the nearest dollar.

To help you get the most savings, we will notify you by mail about opportunities to save with generic drugs. If you fill a prescription for a non-preferred brand drug you will be notified of lower-cost generic alternative options.

Use drugs on the Preferred Drug List

The CareFirst Preferred Drug List identifies generic and preferred brand drugs that may save you money. The list can be found at **CongressandCareFirstBCBS.org**, select *Drug Coverage*, then select *Drug Search*. You should print the list, check to see if your drug is covered by your plan and if so, take it with you the next time you visit your doctor to see if there is a generic or preferred brand that can treat your condition.

Maintenance medications

Maintenance medications are drugs you take regularly for ongoing conditions such as diabetes, high blood pressure or asthma. You can get up to a three-month supply of your maintenance medications for the cost of two copays through any pharmacy in the network, including through mail order.

Use Mail Service Pharmacy

By using mail order you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug

may be less expensive through mail order, reducing your out-of-pocket costs. Members can sign up for mail order by calling CareFirst Pharmacy Services at 800-241-3371, through *My Account*, or by completing the Mail Service Pharmacy Order Form. Visit the *Ways to Save* section of **CongressandCareFirstBCBS.org** to print the form.

Drug Pricing Tool

The *Drug Pricing Tool* allows you to compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order, as well as view generic drugs available at a lower cost. Always discuss medication options with your doctor or pharmacist to see if a generic drug is right for you.

Know where to go for your infusion therapy

The outpatient hospital setting is generally recognized as one of the most costly options for specialty infusions with costs up to three times higher compared to non-hospital settings. Home, infusion suites, and provider offices are approved settings where members can receive specialty infusions.

Behavioral health

Living your best life involves good physical and mental health. A mind at ease is important at every stage in life, from adolescence through adulthood. It's common to face some form of mental health challenge during your life. These issues can stem from a variety of reasons, many of which are beyond your control. Some of the contributing factors include:

- Biology, such as genes, brain chemistry, physical illness or injury
- Life experiences, such as trauma, tragedy or abuse
- Family history

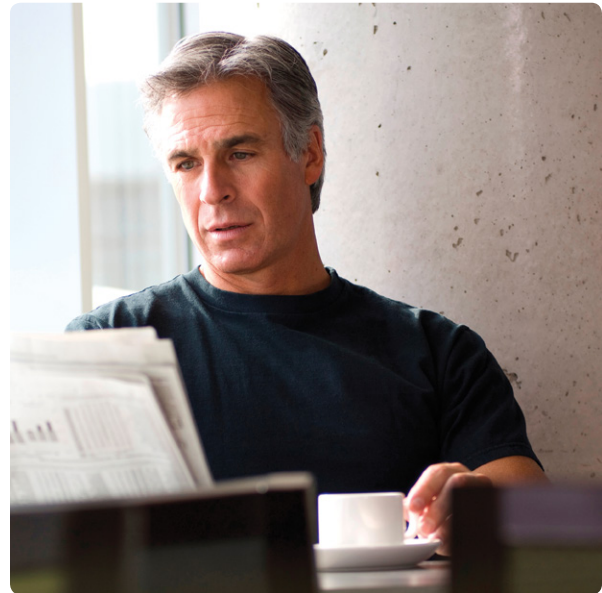
When mental health difficulties arise for you or a family member, you are not alone. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. We provide assistance related to:

- Depression
- Drug or alcohol dependence
- Stress
- Work-life balance
- Eating disorders

Feeling better is achievable.

Save on mental health and substance abuse office visits

If you have an HMO or a POS plan, you get in-network coverage for mental health and substance abuse office visits only when you see a doctor affiliated with the behavioral health network. Out-of-network coverage is available with POS plans. If you have a PPO plan, make sure the mental health provider you want to see is part of our PPO network. To search online, go to **CongressandCareFirstBCBS.org**, select *Find a Provider* and *Search by Plan*, select *Behavioral/Mental Health* under *Type of Provider*.



*In 2015, one in five American adults experienced a mental health issue.**

*Source: National Institute of Health, U.S. Department of Health and Human Services. AMI Among U.S. Adults. Accessed July 11, 2017 at: <https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>.



I'm a member

Member services

Health & Wellness

Whether you're looking for health and wellness tips, discounts on health-related services, or support to manage any health concerns, we have the resources to help you get on the path to better well-being.

With our Health & Wellness program you can:

- Become aware of unhealthy habits
- Improve your health with programs that target your specific goals or concerns
- Access online tools to help you get and stay healthy

15 minutes can help improve your health

When it comes to your health, it's important to know where you stand. You can get an immediate picture of your health status with our confidential, online questionnaire. After you complete the survey, you'll receive a summary report including recommendations for improving your health based on your individual health status.

Your health assessment is also one of the required steps to earn your Blue Reward! Get started by logging in to *My Account* at **CareFirst.com/myaccount**. Next, click on *Health Assessment* and *Online Coaching* under *Quick Links*.

Wellness discount program

Sign up for Blue365 at **CareFirst.com/wellnessdiscounts** to receive discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more.*

Health information, tips and tools

View our library for more health and wellness information at **CareFirst.com/livinghealthy**. Find recipes, quizzes, article and more!

Health news

Register for our seasonal newsletter at **CareFirst.com/healthnews** and receive healthy recipes, videos and articles delivered to your email box.

Vitality magazine

Read our annual member magazine which includes important health plan information at **CareFirst.com/vitality**.



Take your health assessment to get an immediate picture of your health status.

Take the Call

CareFirst offers several one-on-one coaching and support programs. You may receive a call from a nurse, health coach or pharmacy technician explaining one of our programs and inviting you to participate. These confidential programs offer help if, and when, you are:



- Faced with an unexpected medical emergency
- Seeking mental or behavioral health support
- Managing a chronic condition, like diabetes
- Taking a number of prescription medications
- Looking for help with a health goal such as losing weight

Take advantage of this personal support. Take the call! Visit **CareFirst.com/takethecall** to learn more about these programs.

*The Blue365 program is not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite this program because it is not an insurance product. No benefits are paid by CareFirst under this program. This discount program is not guaranteed by CareFirst and may be discontinued at any time.

My Account

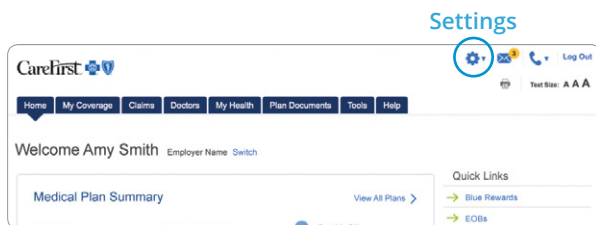
View a wealth of personalized information on your claims and out-of-pocket costs online with *My Account*. For your convenience, you can even print out your member ID card (see page 75 for instructions). Simply log in to **CareFirst.com/myaccount** from your computer, tablet or smart phone for real-time plan information, tools and technology like:

■ Drug Pricing tool

You can access our Drug Pricing tool through *My Account*. The tool allows members to check prescription costs and compare alternatives. All you need to know is the drug name, prescribed dosage and the name of a pharmacy near you. In seconds, you will know how much you have to pay.

■ Electronic communications

Securely receive your medical information as soon as it becomes available by signing up for electronic communications from CareFirst. Go to **CareFirst.com/myaccount** and select *Electronic Consent* from Settings, including *Electronic Explanation of Benefits* (EOBs).

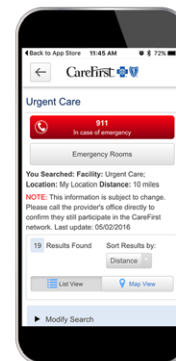


■ Find a provider

Whether you need a doctor or a facility, simply go to **CareFirst.com/doctor** to find what you're looking for based on your specific needs. The site is updated weekly, so you always have the most up-to-date information available.

CareFirst mobile access

Keep us with you wherever you go! Both the CareFirst mobile website and free *My Account* mobile app place the information you need just a tap or swipe away. They also let you take a more active role in managing your care, access your claims information, search drug prices and have an easy backup view of your ID card. And did you know you can also find a doctor or urgent care center when you need one fast? Optimized for smartphones and tablets, you'll find the *My Account* app in your favorite app store: just do a search for *CareFirst* and you'll be set!



Staying connected

We've been committed to being an active part of your community for more than 50 years, and that includes the online communities where you spend time. Join our Facebook followers and contribute to our vibrant Twitter community to get the latest information on health care reform, healthy recipes, wellness tips, fitness challenges and great prizes—directly to your news feed. Or check us out on YouTube.

Member ID card

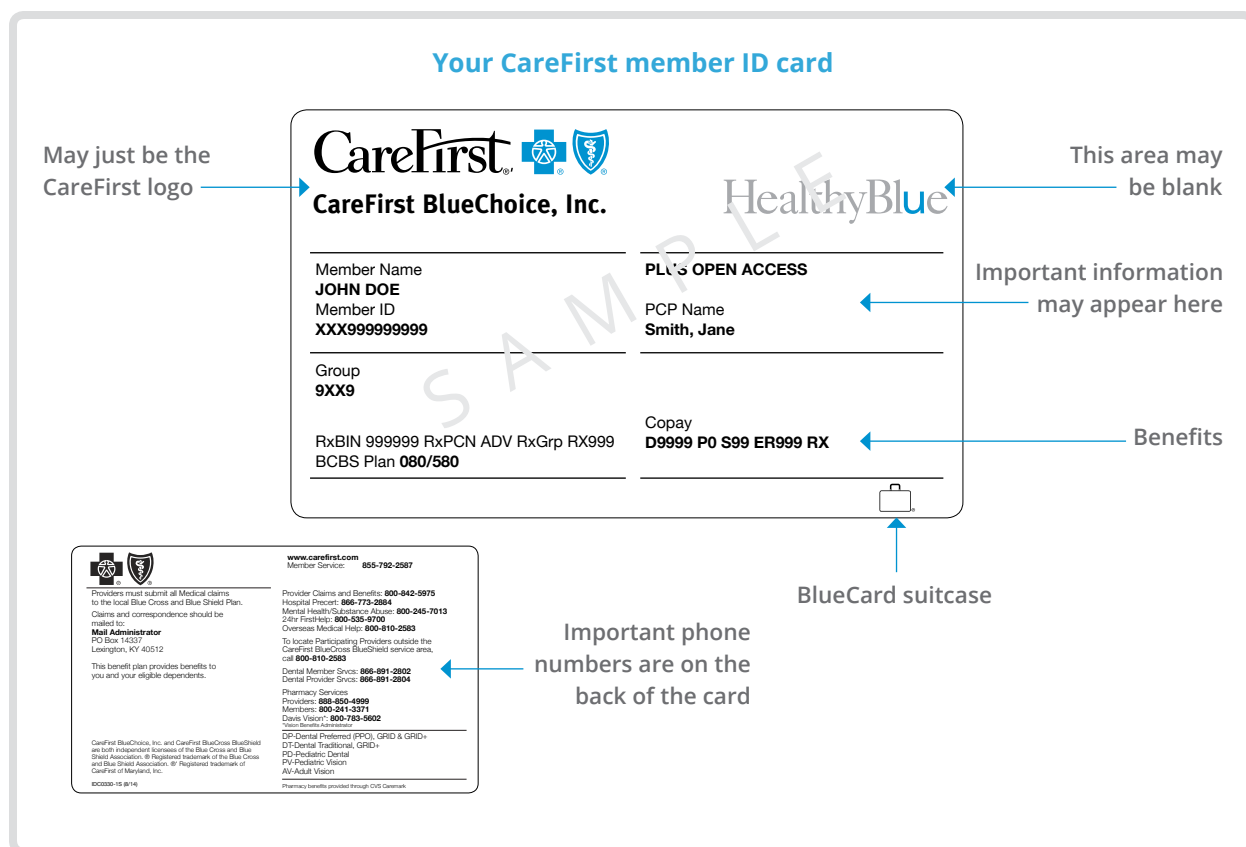
If you have selected a CareFirst plan through the D.C. Health Link, your coverage becomes effective January 1, 2018 even if you have not yet received your member ID card. If you have not received your member ID card, physicians and other providers will be able to verify your coverage beginning January 1 through CareFirst's online systems.

November 13th – December 11th Open Season

- Member ID cards will be mailed just before the end of the year based on information received from D.C. Health Link a few days earlier. You will most likely receive your card(s) the first week of January.

2018 New Hire Enrollment

- If you are a new hire enrolling in 2018 and do not receive your member ID card in the mail within 30 days, please contact your Health Benefits Officer.



If you have not received your member ID card in the mail you can visit **CareFirst.com** and print paper ID cards or download the CareFirst mobile app (detailed directions at right) which will show your member ID card online.

If you believe you enrolled in a CareFirst plan and have not received your member ID card and cannot view or print your member ID card using the instructions listed to the right, it may mean CareFirst did not receive your enrollment information from the D.C. Health Link or it is incomplete or incorrect. To determine if this is the case, please contact the D.C. Health Link at 855-532-LINK (5465) or email info@dchealthlink.com.

If you were unable to enroll or did not enroll during the open season enrollment period ending December 11, please contact your Health Benefits Officer (HBO) or the D.C. Health Link to determine if you are eligible to complete your enrollment. If you believe you are eligible, contact your HBO to learn what steps you need to take to finalize your enrollment in January.

Steps to print your CareFirst member ID card from your computer, tablet or smartphone or the CareFirst app:

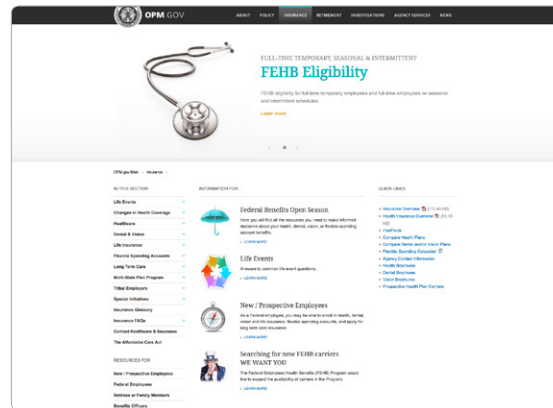
1. Go to **CareFirst.com**
2. Select the *Log in* tab in the upper right hand corner
3. Select *Register Now* (if you have not registered yet)
4. Supply all requested information
5. After registration is complete, log in to *My Account*
6. Select the *Manage My Coverage* tab
7. Select *View/Order ID Cards*

Online resources



Visit the Office of Personnel Management website at opm.gov/healthcare-insurance

1. Select *Insurance*
2. Select *Changes in Health Coverage*
3. Select *Eligibility & Enrollment*
4. Select *Members of Congress/Staff* tab



Important websites

Wellness Discount Program: [CareFirst.com/wellnessdiscounts](https://carefirst.com/wellnessdiscounts)

CareFirst Health Newsletter: [CareFirst.com/healthnews](https://carefirst.com/healthnews)

D.C. Health Link: [DCHealthLink.com](https://dchealthlink.com)

Facebook: facebook.com/CareFirst

FEDVIP: [BENEFEDS.com](https://benefeds.com)

Find a Provider tool: [CareFirst.com/doctor](https://carefirst.com/doctor)

Health Information, Tips and Tools: [CareFirst.com/livinghealthy](https://carefirst.com/livinghealthy)

Mobile Access: [CareFirst.com/mobileaccess/](https://carefirst.com/mobileaccess/)

My Account: [CareFirst.com/myaccount](https://carefirst.com/myaccount)

OPM: opm.gov/healthcare-insurance/

Prescriptions: [CongressandCareFirstBCBS.com](https://congressandcarefirstbcbs.com)

Twitter: twitter.com/CareFirst

Vitality Magazine: [CareFirst.com/vitality](https://carefirst.com/vitality)

YouTube: youtube.com/user/CareFirstSocial/featured

E-consent—opt for convenient electronic delivery of EOBs and other communications from CareFirst. Log in to *My Account* and select *Electronic Consent* from *Settings*.

Top FAQs

Q. What preventive services are covered at no cost?

As part of the Affordable Care Act (ACA), the following preventive services for children and adults must be covered at no cost to members when using in-network providers:

Preventive services for children:

- Well-child visits (birth to age 21)
- Immunizations
- Preventive drugs
- Health, diet and weight counseling for qualifying children
- Alcohol and drug assessments for older children

Preventive services for adults:

- Preventive care visits (including screenings and counseling)
- Prenatal and postnatal care
- Immunizations
- Preventive drugs
- Breastfeeding support, supplies and counseling
- FDA-approved contraceptives
- Health, diet and weight counseling for qualifying adults
- Human Papilloma Virus (HPV) testing
- Tobacco use screenings and cessation counseling
- Fall prevention
- BRCA testing

These preventive services are covered where clinically appropriate, as recommended by the United States Preventive Services Task Force and supporting evidence. Limitations may apply regarding availability, setting, frequency or method of service/treatment.

Q. Is my doctor in your network?

With access to nearly 92 percent of all physicians in the United States, your doctor is almost certainly in the network.

Visit our online **Find a Provider** tool (**CareFirst.com/doctor**) and search by the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan or by your doctor's name. To search for doctors

located outside of Washington, D.C., Maryland and Northern Virginia, make sure to select the *BlueCross BlueShield National Doctor and Hospital Finder*.

Outside the United States, when you have Global Core, you have access to doctors and hospitals in nearly 200 countries and territories. For more information visit **bcbsglobalcore.com**.

Q. What happens when I submit an out-of-area claim directly to CareFirst?

After CareFirst receives your claim, we will submit the claim on your behalf to the local BlueCross BlueShield plan where you received health care services. Whether you submitted the claim via email or *My Account*, please allow this process to take up to 30 days.

Q. How are maternity benefits covered?

Physician charges for prenatal and postnatal office visits are covered under maternity preventive services. Delivery benefits, for example—hospital room and board, are not included in Preventive Services and are covered separately under the Delivery and Facility Services benefit.

Q. Are ultrasounds covered at no charge under my prenatal and postnatal office visit benefit?

CareFirst will consider routine maternity ultrasounds at 100 percent of the allowed benefit when providers bill as routine women's preventive services.

Q. What is a non-preferred brand drug and how much do they cost?

Non-preferred brand drugs are drugs that are often available in a less expensive form, either as generic or preferred brand. You will pay more for drugs in this tier or category. If you elect to get a prescribed non-preferred brand drug when a generic is available, you will pay the non-preferred copay or coinsurance PLUS you may be required to pay the difference between the generic and non-preferred brand drug cost up to the cost of the prescription. You may want to talk with your provider about prescribing a generic or preferred brand alternative instead. To determine your cost-share once you are a member, log in to *My Account*.

Q. What are specialty drugs?

Specialty drugs often have the highest out-of-pocket cost. In most cases, these are high-cost prescription drugs that may require special handling, administration or monitoring and may be oral or injectable medications used to treat a serious or chronic condition. Specialty medications must be filled through CVS Caremark Specialty Pharmacy. See the Specialty Drug List located on the *Drug Search* page to view a list of drugs and which pharmacy can fill each drug.

Q. How do I obtain a 12-month supply of contraceptives?

Obtain a 12-month prescription from your provider and take it to your local pharmacy to fill. The contraceptive must be FDA approved and the prescription must state it is for a 12-month supply. If a copay is due, you will be expected to pay the appropriate copay for the 12-month supply. For example: 90-day copay x 4 = 12-month supply.

Q. We have family coverage. What is the difference between a separate deductible and an aggregate deductible?

Separate deductible: When one family member meets the individual deductible, that person can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

Aggregate deductible: The family deductible must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of family members.

Q. I am enrolled in a plan that offers an HSA. How do I open an account?

While CareFirst administers your health plan, an accredited bank institution will be responsible for acting as custodian of your actual HSA. You can choose a bank that will be the administrator of your HSA and that bank will guide you through the process of setting up your account. CareFirst is not responsible for that part of the administration.

For more FAQs, go to
CongressandCareFirstBCBS.org

D.C. Health Link

The following frequently asked questions (FAQs) pertain to enrollment activities through D.C. Health Link; not questions about benefit plans from CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst). If you would like additional information other than what is provided below, you should contact the D.C. Health Link directly.

Q. How do I enroll for my 2018 Congressional benefits on the D.C. Health Link?

The D.C. Health Link will be providing various informational outreach and training sessions during open season. Your Benefits Office can provide the dates, times and locations of these events. The D.C. Health Link is also available to answer questions online, by phone and via email as noted below:

- Online: DCHealthLink.com
- By phone: 855-532-LINK (5465)
- TTY/TDD: 771-1-532-5465
- By email: info@dchealthlink.com

You can also follow them on **Twitter** and **YouTube**.

Q. If I need to make a change to my benefit selection or personal information, how do I make the change?

For any change, you will need to contact your Benefits Office.

During the year, you may experience a qualifying life event—a change in your life—that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). Refer to the Eligibility and Enrollment—Members of Congress/Staff section of the OPM website for a list of qualifying life events. Should you experience a qualifying life event, contact your Health Benefits Officer to update your benefits information and enrollment.

Q. I have tried several times to obtain assistance from the D.C. Health Link and have not been successful. What is your suggestion?

If you have been unsuccessful in contacting the D.C. Health Link via phone or email, we recommend you advise your Health Benefits Officer and allow them to intervene on your behalf.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - ☐ Qualified sign language interpreters
 - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ☐ Qualified interpreters
 - ☐ Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

REV. (12/17)

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.).
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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfè. Àwọn ọmọ-ẹgbé gbòdò pe nọmbà fòdùn tò wà lẹyìn kààdì ìdánimọ wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjìròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀ò-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̃ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̃ kɛ dɛ wa mó m̃ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ m̃ nì kpé bǝ m̃ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̃ móɛ dyé dɛ nì bídí-wùdù mú bǝ m̃ kɛ se wídí dò péè. Kpooò nyo bǝ m̃ dǝ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̃ dǝ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ wa kɛ m̃ gbo cǝ bǝ m̃ kɛ nòbà m̃à 0 kɛ dyi pàdàin hwè. ɔ jǝ kɛ nyo dò dyi m̃ gǝ jǝin, po wudu m̃ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ kɛ nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o buia. Ndi otu kwesiri ikpo akara ekwent di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkaálígíí dóo t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáta' éi koji' dahódoonih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áá níléljį áádóo éi bikéé'dóo naasbaqas bił adidiilchil. Áká'anidaalwó'ígíí neidiitąągo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.



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