CareFirst

Family of health care plans

Congressional Health Insurance Plans 2022

For Members of Congress and designated Congressional Staff

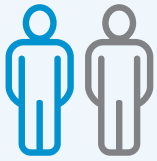
Contents

Happy with your CareFirst plan?

If you previously selected a CareFirst BlueCross BlueShield plan on the DC 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 2022 benefits.

Why CareFirst BlueCross BlueShield?

For over 50 years, BlueCross BlueShield has served federal employees worldwide. In 2021, 3 out of 5 individuals eligible for DC Health Link coverage through Congress selected a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan and accessed care across the United States.



1 IN 2
AMERICANS
are covered by Blue regionally,1 in 3 nationally

99%
of physicians are in-network regionally, 95% nationally

100%
of hospitals are in-network regionally, 96% nationally

97%
of claims are paid in-network regionally, 96% nationally

With 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 95% of doctors and specialists in the country. BlueCard gives you peace of mind that you will always have the care you need throughout the United States.

- **Benefits everywhere, even abroad**

  No matter where you live or travel, you have access to your benefits for emergency care everywhere. BlueCross BlueShield Global Core provides medical assistance services and access to doctors, hospitals and other healthcare professionals in nearly 200 countries.

- **Great service**

  According to a recent survey, 95% of CareFirst members were satisfied with the representative who handled their call.*

- **Top three most popular plans**

  Our most popular plans feature comprehensive benefits and large networks.

  - ☐ BluePreferred PPO Gold 500
  - ☐ BluePreferred PPO Gold 1000
  - ☐ BlueChoice Advantage Gold 1000

- **Affordable prescriptions**

  Many plans have no deductible for generic prescriptions and low copays/coinsurance for non-specialty prescriptions.

* CareFirst 2020 real-time customer service survey of 6,712 members

Included with Every CareFirst Plan

Health and Wellness*

- **Blue Rewards**—Blue Rewards gives you the opportunity to earn incentives for taking steps to get and stay healthy. Both you and your spouse/domestic partner can earn rewards for completing one, all or any combination of the activities listed in the boxes below.
- **Specialized Programs**
  Several programs are available and included in your health and wellness benefits to help you achieve your health goals:
  - **Health coaching**—Coaches are registered nurses and trained professionals who provide one-on-one support.
  - **Weight management**—Reach a healthier weight through gradual lifestyle changes that become lifelong habits.
  - **Tobacco cessation**—Our program's expert guidance, support and online tools make quitting easier.
  - **Financial well-being**—Whether you're planning for your child's education or your own retirement, our financial well-being program can help.

To learn more, visit **carefirst.com/sharecare**.

3 Ways to Earn

Earn $50

Consent to receive wellness emails and take the RealAge® test

The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 120 days of your effective date.

Earn $100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic®** to complete your screening.

Must complete within 120 days of your effective date.

Earn $25

Retake the RealAge test

If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after six months.

Must complete before the end of your benefit period.

Pediatric Dental and Vision

- **Pediatric dental**
  The health of your child's teeth also has a major impact on digestion, growth rate and many other aspects of overall health. That's why all CareFirst medical plans provide kids under age 19 with dental benefits at no extra charge. And you have more than 5,000 dental providers in DC, MD and Northern VA and 123,000 dentists nationally to choose from. See page 41 for detailed pediatric dental benefits.
- **Pediatric vision**
  Vision benefits are included at no extra charge for your family members up to age 19 through our network administrator, Davis Vision.*** Vision benefits include an annual exam and frame and lenses discounts. See page 41 for detailed pediatric vision benefits.

* This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

** CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides.

*** CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) members. Davis Vision is solely responsible for the services it provides.

Why CareFirst BlueCross BlueShield?

Prescription Drug Benefits

Many health issues are managed through medication, so a well-designed prescription drug plan is critical to overall health. Included with your CareFirst medical plan are prescription drug benefits that include:

- A nationwide network of more than 69,000 pharmacies
- Access to thousands of covered prescription drugs
- Mail service pharmacy

Visit **carefirst.com/congress** for more information on prescription drug benefits.

Behavioral Health and Addiction Support

As a CareFirst member, you have access to specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

If you are struggling with drug or alcohol addiction, CareFirst can help you get treatment. We will connect you to trusted providers within recovery centers who will:

- Provide personalized treatment in an appropriate care setting
- Connect you with counselors who help you overcome daily temptations and triggers
- Educate you and your doctors on causes and symptoms of addiction along with treatment options

Learn more about the services and resources available to you at **carefirst.com/mentalhealth**.

Virtual Care with Video Visit

When your primary care provider (PCP) isn't available and you need urgent care services, Video Visit allows you to securely connect with a board-certified doctor 24/7/365 on your smartphone, tablet or computer.

You don't need an appointment to consult with Video Visit doctors for the diagnosis and treatment (including prescriptions if available/appropriate) of uncomplicated, non-emergency health concerns such as:

- Colds and flu
- Fevers
- Ear pain
- Allergies
- Sinus infection
- Sore throat
- Pink eye

You can also schedule Video Visits for the following specialized services:

- **Therapy/psychiatry**—Talk with a therapist or psychiatrist to help manage mental health issues.
- **Diet/nutrition**—Connect with a registered dietitian to get support with dietary and nutrition needs.
- **Breastfeeding support**—Speak with a lactation consultant for advice on breastfeeding topics.

Learn more about Video Visit at **carefirst.com/congress**.

2021 WORLD'S MOST ETHICAL COMPANIES™ WWW.ETHISPHERE.COM

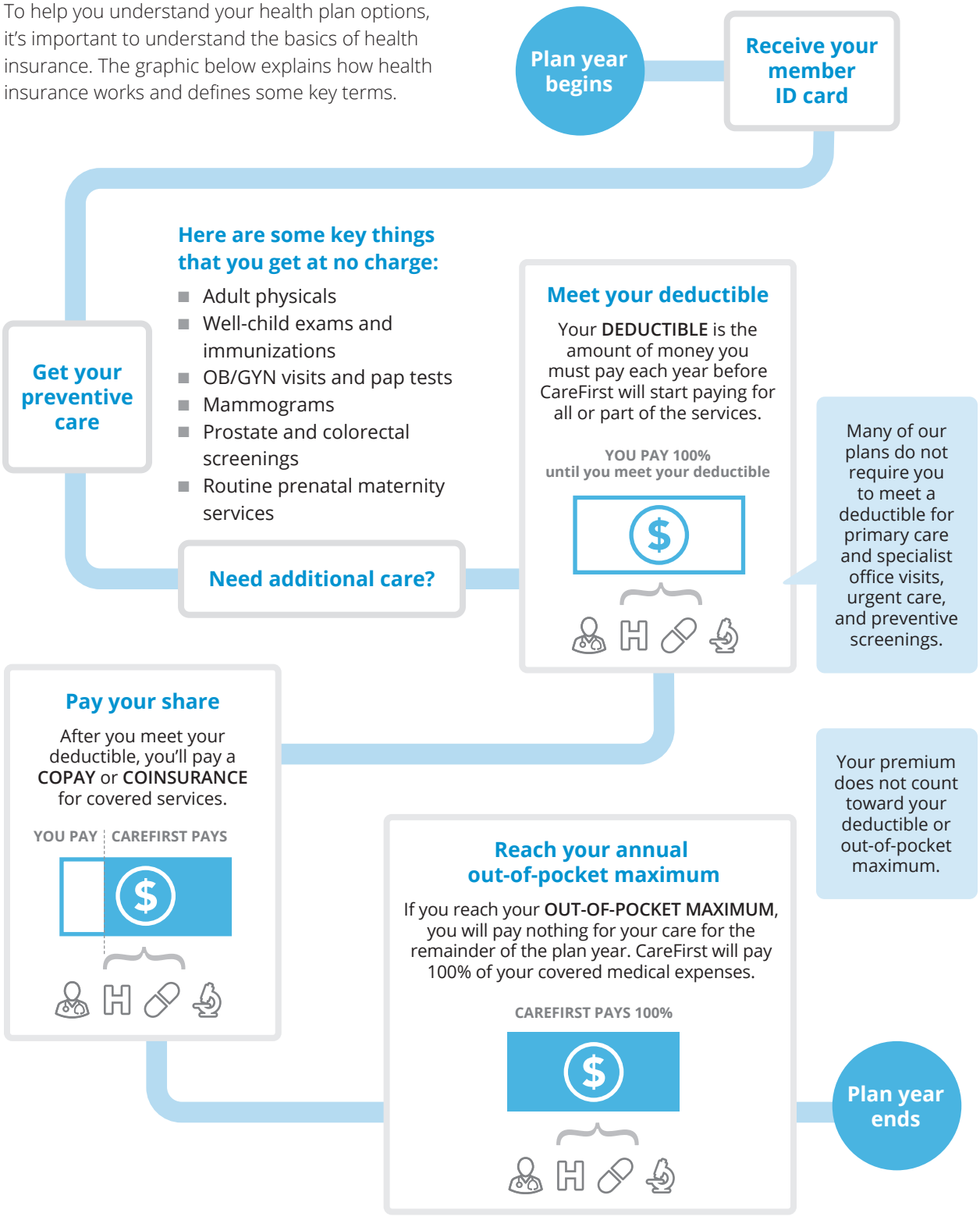
When choosing a health plan, choose the brand most recognized and trusted. CareFirst has highest member satisfaction ratings* and is named as one of the "World's Most Ethical Companies" nine years in a row.

* Results based on a survey of 1,307 health plan members, conducted by Escalent during 2019.

Using Your Plan

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.



Know Before You Go

When your PCP is not available

You have full access to our expansive network of providers. When you need care, being familiar with all your options will help you locate the most appropriate and cost-effective medical care.

The chart 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[1] *(urgent care services)*	$20	■ Cough, cold and flu ■ Pink eye ■ Ear pain	✔	✔
Convenience Care *(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)*	$20	■ Cough, cold and flu ■ Pink eye ■ Ear pain	✘	✔
Urgent Care *(e.g., Patient First or ExpressCare)*[2]	$60	■ Sprains ■ Cut requiring stitches ■ Minor burns	✘	✔
Emergency Room	$200	■ Chest pain ■ Difficulty breathing ■ Abdominal pain	✔	✔
24-Hour Nurse Advice Line	$0**	If you are unsure about your symptoms or where to go for care, call **800-535-9700**, anytime day or night to speak to a registered nurse.		

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

** This option is always free.

To find participating providers in your plan, visit **carefirst.com/congress** and use our *Find a Doctor* tool.

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.

[1] 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.

[2] Subject to change. Visit **carefirst.com/doctor** for the most up-to-date list of available facilities.

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 95% of all doctors, specialists 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 healthcare 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. To be reimbursed, you'll need to 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 **bcbs.com**, select *Find a Doctor or Hospital*.

Medical assistance when outside the United States

Call 800-810-BLUE (2583) 24/7 for information on doctors, hospitals, other healthcare 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

With the Global Core mobile app, you have help in the palm of your hand and 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

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 plans with network access beyond Washington, D.C., Maryland and Northern Virginia. Nationwide you have coverage available from more than 96% of hospitals and 95% of doctors and specialists.
- **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 21–39 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). These plans are the best option if you or your family members live outside Washington, D.C., Maryland or Northern Virginia.
- 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. These plans are not recommended if you or your family members live outside this area.

Want to find out which plans your doctor accepts?

Visit **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.

Getting care

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

Compare Plans—National Plans

This chart shows the features used most often to compare National plans. **These plans are best suited for individuals and families who live and work outside the Washington, D.C., Maryland and Northern Virginia area.** For a more detailed description of each plan, please turn to the Benefit Summary section of this brochure (for a comprehensive summary of benefits visit **carefirst.com/congress**).

National Plans Comparison Chart

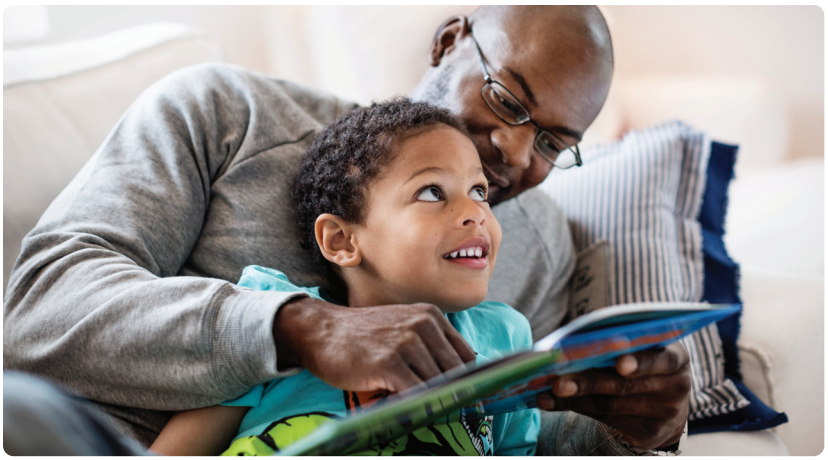
All National CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) plans include Blue Rewards, in-network benefits for out-of-area access, and BlueCross BlueShield Global Core. See your contract for more information.

	TOP 3	TOP 3		
Plan Name	**BluePreferred PPO Gold 500**	**BluePreferred PPO Gold 1000**	**BluePreferred PPO Gold 1000 90%/70%**	**BlueChoice Advantage Gold 0**
YOU PAY (IN-NETWORK)				
Individual Medical Deductible	$500	$1,000	$1,000	$0
Family Medical Deductible	$1,000	$2,000	$2,000	$0
Separate Family Deductible	✓	✓		✓
Aggregate Family Deductible			✓	
Individual Out-of-Pocket Maximum	$7,900	$5,750	$7,350	$6,500
Family Out-of-Pocket Maximum	$15,800	$11,500	$14,700	$13,000
PCP/Specialist	$15/$30	$15/$30	10%/10%**	$30/$40
PLAN FEATURES (IN-NETWORK)				
HSA-Compatible				
PCP and Specialist office visits are not subject to deductible requirement	✓	✓		✓
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*	$250*	Integrated	$0

* Per person

** Copay/coinsurance applies once deductible is met

Compare Plans—National Plans



TOP 3

BluePreferred PPO Gold 1500	BlueChoice Advantage Gold 500	BlueChoice Advantage Gold 1000	BlueChoice Advantage HSA/ HRA Gold 1500	BlueChoice Advantage HSA/ HRA Gold 1500 90	BlueChoice Advantage Gold 3000
$1,500	$500	$1,000	$1,500	$1,500	$3,000
$3,000	$1,000	$2,000	$3,000	$3,000	$6,000
✓	✓	✓			✓
			✓	✓	
$5,100	$7,900	$5,750	$3,200	$6,750	$7,000
$10,200	$15,800	$11,500	$6,400	$13,500	$14,000
$15/$30	$15/$30	$15/$30	$10/$20**	$10/$20**	$15/$30
			✓	✓	
✓	✓	✓			✓
✓	✓	✓			✓
✓	✓	✓			✓
$250*	$250*	$250*	Integrated	Integrated	$250*

Compare Plans—Regional Plans

This chart shows the features used most often to compare Regional plans. **These plans are best suited for individuals and families who live and work in Washington, D.C., Maryland and Northern Virginia.** For a more detailed description of each plan, please turn to the Benefit Summary section of this brochure (for a comprehensive summary of benefits visit **carefirst.com/congress**).

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. BlueChoice Plus Gold 500 and BlueChoice Plus Gold 1000 include BlueCross BlueShield Global Core. See your contract for more information.

Plan Name	BlueChoice HMO Referral Gold 0	BlueChoice Plus Gold 500	BlueChoice HMO Gold 500	BlueChoice Plus Gold 1000
YOU PAY (IN-NETWORK)				
Individual Medical Deductible	$0	$500	$500	$1,000
Family Medical Deductible	$0	$1,000	$1,000	$2,000
Separate Family Deductible	✓	✓	✓	✓
Aggregate Family Deductible				
Individual Out-of-Pocket Maximum	$6,500	$7,900	$7,900	$5,750
Family Out-of-Pocket Maximum	$13,000	$15,800	$15,800	$11,500
PCP/Specialist	$30/$40	$15/$30	$15/$30	$15/$30
PLAN FEATURES (IN-NETWORK)				
HSA-Compatible				
PCP and Specialist office visits are not subject to deductible requirement	✓	✓	✓	✓
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*	$250*	$250*

* Per person

** Copay/coinsurance applies once the deductible is met

Compare Plans—Regional Plans

BlueChoice HMO Referral Gold 500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Gold 1500	BlueChoice HMO HSA/HRA Gold 1500 90	BlueChoice HMO Gold 3000
$500	$1,500	$1,500	$1,500	$3,000
$1,000	$3,000	$3,000	$3,000	$6,000
✓	✓			✓
		✓	✓	
$7,900	$5,100	$3,200	$6,750	$7,000
$15,800	$10,200	$6,400	$13,500	$14,000
$15/$30	$15/$30	$10/$20**	$10/$20**	$15/$30
		✓	✓	
✓	✓			✓
✓	✓			✓
✓	✓			✓
$250*	$250*	Integrated	Integrated	$250*

Estimate Your Share of the Premium

Premiums for plans on the DC Health Link, and all Exchanges, are based on the number and ages of each family member covered by the plan.

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. To get to the calculator, visit **opm.gov/healthcare-insurance** and select *Changes in Health Coverage* from the bar on the left. Next, click *Eligibility & Enrollment*, then choose the tab for *Members of Congress/Staff*.

National Plan Rates

	TOP 3	TOP 3			
	BluePreferred PPO Gold 500	BluePreferred PPO Gold 1000	BluePreferred PPO 1000 90%/70%	BlueChoice Advantage Gold 0	BluePreferred PPO Gold 1500
Age	**Monthly Premium (before employer contribution)***				
<=20	$400.88	$391.91	$386.73	$366.14	$387.62
21	$445.62	$435.65	$429.90	$407.01	$430.89
22	$445.62	$435.65	$429.90	$407.01	$430.89
23	$445.62	$435.65	$429.90	$407.01	$430.89
24	$445.62	$435.65	$429.90	$407.01	$430.89
25	$445.62	$435.65	$429.90	$407.01	$430.89
26	$445.62	$435.65	$429.90	$407.01	$430.89
27	$445.62	$435.65	$429.90	$407.01	$430.89
28	$456.04	$445.84	$439.95	$416.53	$440.96
29	$465.85	$455.43	$449.41	$425.49	$450.44
30	$477.50	$466.82	$460.65	$436.12	$461.71
31	$489.76	$478.80	$472.47	$447.32	$473.56
32	$500.79	$489.59	$483.12	$457.40	$484.23
33	$512.43	$500.97	$494.35	$468.03	$495.49
34	$524.69	$512.96	$506.18	$479.23	$507.34
35	$536.95	$524.94	$518.01	$490.43	$519.20
36	$549.21	$536.93	$529.83	$501.63	$531.05
37	$561.47	$548.91	$541.66	$512.82	$542.90
38	$568.21	$555.50	$548.16	$518.98	$549.42
39	$574.96	$562.10	$554.67	$525.14	$555.94
40	$597.64	$584.27	$576.55	$545.85	$577.87
41	$620.93	$607.04	$599.02	$567.13	$600.39
42	$645.45	$631.01	$622.67	$589.52	$624.10
43	$670.58	$655.58	$646.92	$612.48	$648.40
44	$696.94	$681.35	$672.34	$636.55	$673.89
45	$723.91	$707.71	$698.36	$661.18	$699.97
46	$752.10	$735.28	$725.56	$686.94	$727.23
47	$781.52	$764.04	$753.95	$713.81	$755.68
48	$812.17	$794.01	$783.51	$741.80	$785.31
49	$844.05	$825.17	$814.26	$770.91	$816.13
50	$877.15	$857.53	$846.19	$801.15	$848.14
51	$911.47	$891.08	$879.31	$832.50	$881.33
52	$947.02	$925.84	$913.60	$864.97	$915.71
53	$983.80	$961.80	$949.08	$898.56	$951.27
54	$1,022.42	$999.55	$986.34	$933.83	$988.61
55	$1,062.26	$1,038.50	$1,024.77	$970.22	$1,027.13
56	$1,103.94	$1,079.25	$1,064.99	$1,008.29	$1,067.43
57	$1,146.85	$1,121.20	$1,106.38	$1,047.48	$1,108.92
58	$1,191.59	$1,164.94	$1,149.55	$1,088.35	$1,152.19
59	$1,238.18	$1,210.49	$1,194.49	$1,130.90	$1,197.23
60	$1,286.60	$1,257.83	$1,241.20	$1,175.13	$1,244.06
61	$1,336.87	$1,306.96	$1,289.69	$1,221.03	$1,292.66
62	$1,336.87	$1,306.96	$1,289.69	$1,221.03	$1,292.66
63	$1,336.87	$1,306.96	$1,289.69	$1,221.03	$1,292.66
64 and over	$1,336.87	$1,306.96	$1,289.69	$1,221.03	$1,292.66
	$	$	$		

* Visit **opm.gov/healthcare-insurance** 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.

National Plan Rates

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 age 21 (all are covered, but only the oldest 3 count toward overall rate)
   - ☐ All children ages 21–25
2. Add up everyone's rate.
3. Circle that total premium.
4. Repeat for each plan you want to consider.

TOP 3

	BlueChoice Advantage Gold 500	BlueChoice Advantage Gold 1000	BlueChoice Advantage HSA/ HRA Gold 1500	BlueChoice Advantage HSA/ HRA Gold 1500 90	BlueChoice Advantage Gold 3000
Age	**Monthly Premium (before employer contribution)***				
<=20	$346.50	$335.40	$326.88	$319.29	$313.38
21	$385.17	$372.83	$363.37	$354.93	$348.36
22	$385.17	$372.83	$363.37	$354.93	$348.36
23	$385.17	$372.83	$363.37	$354.93	$348.36
24	$385.17	$372.83	$363.37	$354.93	$348.36
25	$385.17	$372.83	$363.37	$354.93	$348.36
26	$385.17	$372.83	$363.37	$354.93	$348.36
27	$385.17	$372.83	$363.37	$354.93	$348.36
28	$394.18	$381.55	$371.87	$363.23	$356.51
29	$402.66	$389.76	$379.86	$371.04	$364.18
30	$412.72	$399.50	$389.36	$380.32	$373.28
31	$423.32	$409.76	$399.36	$390.08	$382.86
32	$432.85	$418.99	$408.35	$398.87	$391.49
33	$442.92	$428.73	$417.85	$408.14	$400.59
34	$453.52	$438.99	$427.85	$417.91	$410.18
35	$464.11	$449.25	$437.84	$427.67	$419.76
36	$474.71	$459.50	$447.84	$437.44	$429.35
37	$485.31	$469.76	$457.84	$447.20	$438.93
38	$491.13	$475.40	$463.33	$452.57	$444.20
39	$496.96	$481.04	$468.83	$457.94	$449.47
40	$516.56	$500.02	$487.32	$476.00	$467.20
41	$536.70	$519.51	$506.32	$494.56	$485.41
42	$557.89	$540.02	$526.31	$514.09	$504.58
43	$579.61	$561.05	$546.80	$534.10	$524.22
44	$602.39	$583.10	$568.30	$555.09	$544.83
45	$625.71	$605.66	$590.29	$576.58	$565.91
46	$650.08	$629.25	$613.28	$599.03	$587.95
47	$675.51	$653.87	$637.27	$622.47	$610.95
48	$702.00	$679.51	$662.26	$646.88	$634.91
49	$729.55	$706.18	$688.25	$672.27	$659.83
50	$758.16	$733.87	$715.24	$698.63	$685.71
51	$787.83	$762.59	$743.23	$725.97	$712.54
52	$818.56	$792.34	$772.22	$754.28	$740.33
53	$850.35	$823.11	$802.21	$783.58	$769.08
54	$883.72	$855.42	$833.70	$814.33	$799.27
55	$918.16	$888.75	$866.19	$846.07	$830.42
56	$954.19	$923.62	$900.18	$879.27	$863.00
57	$991.27	$959.52	$935.16	$913.44	$896.55
58	$1,029.95	$996.96	$971.65	$949.08	$931.53
59	$1,070.22	$1,035.94	$1,009.64	$986.18	$967.94
60	$1,112.07	$1,076.45	$1,049.12	$1,024.75	$1,005.80
61	$1,155.52	$1,118.50	$1,090.11	$1,064.79	$1,045.09
62	$1,155.52	$1,118.50	$1,090.11	$1,064.79	$1,045.09
63	$1,155.52	$1,118.50	$1,090.11	$1,064.79	$1,045.09
64 and over	$1,155.52	$1,118.50	$1,090.11	$1,064.79	$1,045.09
		$	$		

* Visit **opm.gov/healthcare-insurance** 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

	BlueChoice Plus Gold 500	BlueChoice HMO Referral Gold 0	BlueChoice HMO Gold 500	BlueChoice Plus Gold 1000	BlueChoice HMO Referral Gold 500
Age	**Monthly Premium (before employer contribution)***				
<=20	$312.08	$308.78	$305.81	$301.44	$290.20
21	$346.92	$343.25	$339.95	$335.08	$322.59
22	$346.92	$343.25	$339.95	$335.08	$322.59
23	$346.92	$343.25	$339.95	$335.08	$322.59
24	$346.92	$343.25	$339.95	$335.08	$322.59
25	$346.92	$343.25	$339.95	$335.08	$322.59
26	$346.92	$343.25	$339.95	$335.08	$322.59
27	$346.92	$343.25	$339.95	$335.08	$322.59
28	$355.03	$351.27	$347.89	$342.92	$330.14
29	$362.66	$358.83	$355.38	$350.29	$337.23
30	$371.73	$367.80	$364.26	$359.05	$345.67
31	$381.27	$377.24	$373.61	$368.27	$354.54
32	$389.86	$385.74	$382.03	$376.56	$362.53
33	$398.93	$394.71	$390.91	$385.32	$370.96
34	$408.47	$404.15	$400.27	$394.54	$379.83
35	$418.02	$413.59	$409.62	$403.76	$388.71
36	$427.56	$423.04	$418.97	$412.98	$397.58
37	$437.11	$432.48	$428.32	$422.19	$406.46
38	$442.36	$437.67	$433.47	$427.26	$411.34
39	$447.60	$442.87	$438.61	$432.33	$416.22
40	$465.26	$460.34	$455.91	$449.39	$432.64
41	$483.39	$478.28	$473.68	$466.90	$449.50
42	$502.48	$497.16	$492.38	$485.34	$467.25
43	$522.05	$516.52	$511.55	$504.24	$485.44
44	$542.57	$536.82	$531.66	$524.05	$504.52
45	$563.56	$557.60	$552.24	$544.33	$524.05
46	$585.51	$579.32	$573.75	$565.54	$544.46
47	$608.42	$601.98	$596.19	$587.66	$565.76
48	$632.28	$625.59	$619.57	$610.71	$587.94
49	$657.09	$650.14	$643.89	$634.67	$611.02
50	$682.86	$675.63	$669.14	$659.56	$634.98
51	$709.58	$702.07	$695.32	$685.37	$659.83
52	$737.26	$729.46	$722.44	$712.11	$685.56
53	$765.89	$757.78	$750.50	$739.76	$712.19
54	$795.95	$787.53	$779.96	$768.80	$740.14
55	$826.97	$818.22	$810.35	$798.76	$768.98
56	$859.42	$850.32	$842.15	$830.10	$799.16
57	$892.82	$883.37	$874.88	$862.36	$830.22
58	$927.66	$917.84	$909.01	$896.01	$862.61
59	$963.92	$953.72	$944.55	$931.04	$896.33
60	$1,001.62	$991.02	$981.49	$967.45	$931.39
61	$1,040.75	$1,029.74	$1,019.84	$1,005.24	$967.78
62	$1,040.75	$1,029.74	$1,019.84	$1,005.24	$967.78
63	$1,040.75	$1,029.74	$1,019.84	$1,005.24	$967.78
64 and over	$1,040.75	$1,029.74	$1,019.84	$1,005.24	$967.78
	$	$	$		

* Visit **opm.gov/healthcare-insurance** 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

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 age 21 (all are covered, but only the oldest 3 count toward overall rate)
   - ☐ All children ages 21–25
2. Add up everyone's rate.
3. Circle that total premium.
4. Repeat for each plan you want to consider.

	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Gold 1500	BlueChoice HMO HSA/HRA Gold 1500 90	BlueChoice HMO Gold 3000
Age	**Monthly Premium (before employer contribution)***			
<=20	$289.57	$285.37	$278.24	$274.57
21	$321.89	$317.22	$309.30	$305.22
22	$321.89	$317.22	$309.30	$305.22
23	$321.89	$317.22	$309.30	$305.22
24	$321.89	$317.22	$309.30	$305.22
25	$321.89	$317.22	$309.30	$305.22
26	$321.89	$317.22	$309.30	$305.22
27	$321.89	$317.22	$309.30	$305.22
28	$329.42	$324.64	$316.53	$312.35
29	$336.51	$331.62	$323.34	$319.07
30	$344.92	$339.91	$331.43	$327.05
31	$353.77	$348.64	$339.93	$335.44
32	$361.74	$356.49	$347.59	$343.00
33	$370.16	$364.78	$355.68	$350.98
34	$379.01	$373.51	$364.19	$359.37
35	$387.87	$382.23	$372.69	$367.77
36	$396.72	$390.96	$381.20	$376.17
37	$405.58	$399.69	$389.71	$384.56
38	$410.45	$404.49	$394.39	$389.18
39	$415.32	$409.29	$399.07	$393.80
40	$431.70	$425.43	$414.81	$409.33
41	$448.53	$442.01	$430.98	$425.29
42	$466.24	$459.47	$448.00	$442.08
43	$484.39	$477.36	$465.44	$459.29
44	$503.43	$496.12	$483.74	$477.35
45	$522.91	$515.32	$502.46	$495.82
46	$543.28	$535.39	$522.03	$515.13
47	$564.53	$556.33	$542.45	$535.28
48	$586.67	$578.15	$563.72	$556.27
49	$609.69	$600.84	$585.84	$578.11
50	$633.60	$624.40	$608.82	$600.78
51	$658.40	$648.84	$632.64	$624.29
52	$684.08	$674.15	$657.32	$648.64
53	$710.65	$700.33	$682.85	$673.83
54	$738.54	$727.82	$709.65	$700.28
55	$767.32	$756.18	$737.30	$727.57
56	$797.43	$785.85	$766.24	$756.11
57	$828.42	$816.39	$796.02	$785.50
58	$860.74	$848.24	$827.07	$816.15
59	$894.40	$881.41	$859.41	$848.06
60	$929.37	$915.88	$893.02	$881.22
61	$965.68	$951.66	$927.91	$915.65
62	$965.68	$951.66	$927.91	$915.65
63	$965.68	$951.66	$927.91	$915.65
64 and over	$965.68	$951.66	$927.91	$915.65
		$	$	

* Visit **opm.gov/healthcare-insurance** 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.

Ready to Enroll

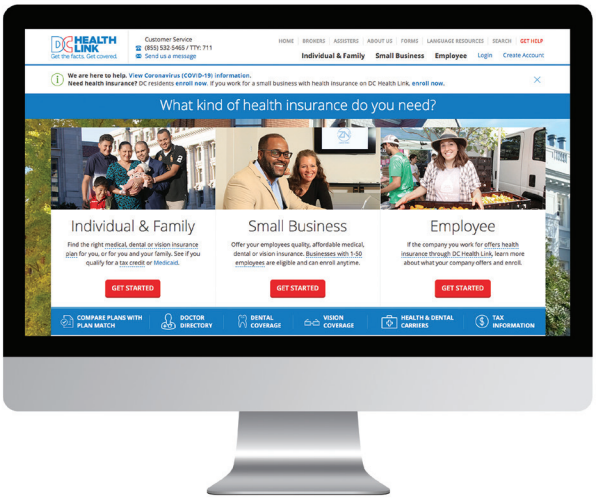
Once you've decided on the best CareFirst plan for you and your family, go to **DCHealthLink.com**. Your payroll and benefits office will provide more specific information about how to enroll.

Still have questions?

- Go to the CareFirst dedicated website for Congress **carefirst.com/congress** to see:
  - ☐ 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. ET
- Visit an Open Season Health Fair
  The below information was last verified on October 1, 2021 (the date this book went to press). Please check with your Health Benefits Officer or carefirst.com/congress for the latest information on fairs.
  - ☐ **House**
    November 16, 2021
    11 a.m. to 3 p.m.
    Rayburn House Office Building Foyer
  - ☐ **Senate**
    There is no Senate Health Fair scheduled.

Happy with your CareFirst plan?

If you previously selected a CareFirst BlueCross BlueShield plan on the DC 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 2022 benefits.



Federal Benefits

Federal Employees' Dental and Vision Insurance Program

The Federal Employees' Dental and Vision Insurance Program (FEDVIP) Open Season begins November 8, 2021 and continues through December 13, 2021. 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, 2022.

How to enroll?

The FEDVIP enrollment process has not changed for 2022. 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.

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 healthcare expenses. You pay less in taxes so you save money. Participating employees save an average of about 30% 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–Friday, 9 a.m. to 9 p.m. ET. TTY: 866-353-8058.

Health Savings Account

A Health Savings Account (HSA) is a tax-exempt medical savings account that can be used to pay for your own—and your dependents'—eligible expenses. HSAs enable you to pay for eligible health expenses and save for future health expenses on a tax-free basis. We offer several health insurance plans that coordinate with an HSA. Look for HSA in the plan name.

Open Season for enrolling in, or changing the elections of, your 2022 benefits is November 8, 2021 through December 13, 2021.

Benefit Summaries

National Plans

Regional Plans

NATIONAL PLAN

CareFirst Family of health care plans

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)—Separate	$7,900/$15,800	$15,800/$31,600
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

NATIONAL PLAN

CareFirst Family of health care plans

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)—Separate	$5,750/$11,500	$11,500/$23,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

CareFirst Family of health care plans

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)—Separate	$7,350/$14,700	$14,700/$29,400
24-HOUR 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
Colorectal Screening	No charge	Deductible, then 20% of allowed benefit
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	Deductible, then $15 (30-day supply)/$30 (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.

CareFirst Family of health care plans

BlueChoice Advantage Gold 0

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	$0/$0	$1,000/$2,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	$6,500/$13,000	$13,000/$26,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits[1]	$30 PCP/$40 Specialist per visit	Deductible, then $50 per visit
Convenience Care (Retail Health Clinic)	$30 per visit	Deductible, then $50 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies[1]	$40 per visit	Deductible, then $50 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	$50 per visit	Paid as in-network
Hospital Emergency Room	$250 per visit (waived if admitted)	Paid as in-network
Emergency Room—Physician Services	$40 per visit	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	$30 per visit	Deductible, then $65 per visit
Lab Hospital	$80 per visit	Deductible, then $110 per visit
X-ray Non-Hospital	$40 per visit	Deductible, then $80 per visit
X-ray Hospital	$100 per visit	Deductible, then $110 per visit
Imaging Non-Hospital	$200 per visit	Deductible, then $250 per visit
Imaging Hospital	$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	$300 per visit	Deductible, then $400 per visit
Outpatient Non-Hospital Physician Surgical	$40 per visit	Deductible, then $50 per visit
Outpatient Hospital Physician Surgical	$40 per visit	Deductible, then $50 per visit
Inpatient Facility Services	$500 per admission	Deductible, then $600 per admission
Inpatient Physician Services	$40 per visit	Deductible, then $50 per visit
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, then $50 per visit
Delivery and Facility Services	$500 per admission	Deductible, then $600 per admission
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
Office Visits[1]	$30 per visit	Deductible, then $50 per visit
Outpatient Facility Services	$50 per visit	Deductible, then $50 per visit
Inpatient Facility Services	$500 per admission	Deductible, then $600 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED ($0 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preferred Insulin	No charge	
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	$100 (30-day supply)/$200 (90-day supply[2])	
Non-Preferred Specialty Drugs	$150 (30-day supply)/$300 (90-day supply[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.

NATIONAL PLAN

CareFirst Family of health care plans

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)—Separate	$5,100/$10,200	$10,200/$20,400
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

CareFirst Family of health care plans

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)—Separate	$7,900/$15,800	$15,800/$31,600
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

NATIONAL PLAN

CareFirst Family of health care plans

BlueChoice Advantage Gold 1000 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)—Separate	$1,000/$2,000	$2,000/$4,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	$5,750/$11,500	$11,500/$23,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

CareFirst Family of health care plans

BlueChoice Advantage HSA/HRA Gold 1500

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)—Separate	$3,200/$6,400	$6,400/$12,800
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	Deductible, $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.

CareFirst Family of health care plans

BlueChoice Advantage HSA/HRA Gold 1500 90

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)—Separate	$6,750/$13,500	$13,500/$27,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
Office Visits[1]	Deductible, then $10 PCP/$20 Specialist per visit	Deductible, then $70 per visit
Convenience Care (Retail Health Clinic)	Deductible, then $10 per visit	Deductible, then $70 per visit
Outpatient Spinal Manipulation, Physical, Speech and Occupational Therapies[1]	Deductible, then $20 per visit	Deductible, then $70 per visit
URGENT AND EMERGENCY CARE		
Urgent Care Center	Deductible, 10% coinsurance	Paid as in-network
Hospital Emergency Room	Deductible, 10% coinsurance	Paid as in-network
Emergency Room—Physician Services	Deductible, 10% coinsurance	Paid as in-network
DIAGNOSTIC SERVICES		
Lab Non-Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Lab Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
X-ray Non-Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
X-ray Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Imaging Non-Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Imaging Hospital	Deductible, 10% coinsurance	Deductible, 30% coinsurance
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)		
Outpatient Non-Hospital Facility Surgical	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Outpatient Hospital Facility Surgical	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Outpatient Non-Hospital Physician Surgical	Deductible, then $20 per visit	Deductible, then $70 per visit
Outpatient Hospital Physician Surgical	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Inpatient Facility Services	Deductible, 10% coinsurance	Deductible, 30% coinsurance
Inpatient Physician Services	Deductible, 10% coinsurance	Deductible, 30% coinsurance
MATERNITY		
Preventive Pre/Postnatal Office Visits	No charge	Deductible, $70 copay
Delivery and Facility Services	Deductible, 10% coinsurance	Deductible, 30% coinsurance
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
Office Visits[1]	Deductible, then $10 per visit	Deductible, then $70 per visit
Outpatient Facility Services	Deductible, no charge	Deductible, no charge
Inpatient Facility Services	Deductible, 10% coinsurance	Deductible, 30% coinsurance
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	Deductible, $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 $100 (30-day supply)/ Deductible then $200 (90-day supply[2])	
Non-Preferred Specialty Drugs	Deductible, then $150 (30-day supply)/ Deductible then $300 (90-day supply[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.

CareFirst Family of health care plans

BlueChoice Advantage Gold 3000

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	$3,000/$6,000	$6,000/$12,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	$7,000/$14,000	$14,000/$28,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 $150 (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	$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 $150 per visit
Outpatient Hospital Facility Surgical	Deductible, then $200 per visit	Deductible, then $250 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 $200 per admission	Deductible, then $300 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 $200 per admission	Deductible, then $300 per admission
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
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 $200 per admission	Deductible, then $300 per admission
PRESCRIPTION DRUGS—NON-INTEGRATED ($250 ANNUAL PRESCRIPTION DRUG DEDUCTIBLE PER PERSON)		
Preferred Insulin	No charge	
Preventive Drugs	No charge	
Generic Drugs	$10 (30-day supply)/$20 (90-day supply[2])	
Preferred Brand Name Drugs	Deductible, then $40 (30-day supply)/$80 (90-day supply[2])	
Non-Preferred Brand Name Drugs	Deductible, then $70 (30-day supply)/$140 (90-day supply[2])	
Preferred Specialty Drugs	Deductible, then $100 (30-day supply)/Deductible, then $200 (90-day supply[2])	
Non-Preferred Specialty Drugs	Deductible, then $150 (30-day supply)/Deductible, then $300 (90-day supply[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.

CareFirst Family of health care plans

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)—Separate	$7,900/$15,800	$15,800/$31,600
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

CareFirst Family of health care plans

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)—Separate	$6,500/$13,000
24-HOUR 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 USE DISORDER	
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)	
Preferred Insulin	No charge
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[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.

CareFirst Family of health care plans

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)—Separate	$7,900/$15,800
24-HOUR 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 USE DISORDER	
Office Visits[1]	$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)	
Preferred Insulin	No charge
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.

CareFirst Family of health care plans

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)—Separate	$5,750/$11,500	$11,500/$23,000
24-HOUR 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
Colorectal Screening	No charge	No charge after deductible
Prostate Screening	No charge	No charge
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 USE DISORDER		
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)		
Preferred Insulin	No charge	
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.

CareFirst Family of health care plans

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)—Separate	$7,900/$15,800
24-HOUR 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 USE DISORDER	
Office Visits[1]	$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)	
Preferred Insulin	No charge
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.

CareFirst Family of health care plans

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)—Separate	$5,100/$10,200
24-HOUR 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 USE DISORDER	
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)	
Preferred Insulin	No charge
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.

CareFirst Family of health care plans

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)—Separate	$3,200/$6,400
24-HOUR 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 USE DISORDER	
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)	
Preferred Insulin	No charge
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.

CareFirst Family of health care plans

BlueChoice HMO HSA/HRA Gold 1500 90

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)—Separate	$6,750/$13,500
24-HOUR 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, 10% coinsurance
Hospital Emergency Room	Deductible, 10% coinsurance
Emergency Room—Physician Services	Deductible, 10% coinsurance
DIAGNOSTIC SERVICES	
LabCorp	Deductible, 10% coinsurance
Lab Hospital	Deductible, 10% coinsurance
X-ray Non-Hospital	Deductible, 10% coinsurance
X-ray Hospital	Deductible, 10% coinsurance
Imaging Non-Hospital	Deductible, 10% coinsurance
Imaging Hospital	Deductible, 10% coinsurance
HOSPITALIZATION SERVICES (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)	
Outpatient Non-Hospital Facility Surgical	Deductible, 10% coinsurance
Outpatient Hospital Facility Surgical	Deductible, 10% coinsurance
Outpatient Non-Hospital Physician Surgical	Deductible, then $20 per visit
Outpatient Hospital Physician Surgical	Deductible, 10% coinsurance
Inpatient Facility Services	Deductible, 10% coinsurance
Inpatient Physician Services	Deductible, 10% coinsurance
MATERNITY	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, 10% coinsurance
MENTAL HEALTH AND SUBSTANCE USE DISORDER	
Office Visits[1]	Deductible, then $10 per visit
Outpatient Facility Services	Deductible, no charge
Inpatient Facility Services	Deductible, 10% coinsurance
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	Deductible, $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 $100 (30-day supply)/ Deductible, then $200 (90-day supply[2])
Non-Preferred Specialty Drugs	Deductible, then $150 (30-day supply)/ Deductible, then $300 (90-day supply[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.

CareFirst Family of health care plans

BlueChoice HMO Gold 3000

General Information	In-Network BlueChoice HMO (in MD, DC and Northern VA only)
Deductible (Ind/Fam)—Separate	$3,000/$6,000
Out-of-Pocket Maximum (Ind/Fam)—Separate	$7,000/$14,000
24-HOUR 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 $150 (waived if admitted)
Emergency Room—Physician Services	Deductible, then $30 per visit
DIAGNOSTIC SERVICES	
Lab Non-Hospital	$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	$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 $200 per admission
Inpatient Physician Services	Deductible, then $30 per visit
MATERNITY	
Preventive Pre/Postnatal Office Visits	No charge
Delivery and Facility Services	Deductible, then $200 per admission
MENTAL HEALTH AND SUBSTANCE USE DISORDER	
Office Visits[1]	No charge
Outpatient Facility Services	No charge
Inpatient Facility Services	Deductible, then $200 per admission
PRESCRIPTION DRUGS—INTEGRATED (COMBINED MEDICAL AND PRESCRIPTION DRUG DEDUCTIBLE)	
Preferred Insulin	No charge
Preventive Drugs	No charge
Generic Drugs	$10 (30-day supply)/$20 (90-day supply[2])
Preferred Brand Name Drugs	Deductible, then $40 (30-day supply)/$80 (90-day supply[2])
Non-Preferred Brand Name Drugs	Deductible, then $70 (30-day supply)/$140 (90-day supply[2])
Preferred Specialty Drugs	Deductible, then $100 (30-day supply)/Deductible, then $200 (90-day supply[2])
Non-Preferred Specialty Drugs	Deductible, then $150 (30-day supply)/Deductible, then $300 (90-day supply[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.

Member Resources

My Account

View a wealth of personalized information on your claims and out-of-pocket costs online with *My Account*. Simply log in to **carefirst.com/myaccount** from your computer, tablet or smartphone for real-time plan information, tools and technology like:

- **Treatment Cost Estimator**—Get quick estimates of your total treatment costs so you can plan ahead, save money and avoid surprises.
- **Drug Pricing Tool**—You can access our Drug Pricing Tool through *My Account*. The tool allows members to check prescription costs and compare alternatives.
- **Electronic communications**—Securely receive plan-related information and announcements as soon as they become available by signing up for electronic communications from CareFirst.

Mobile App

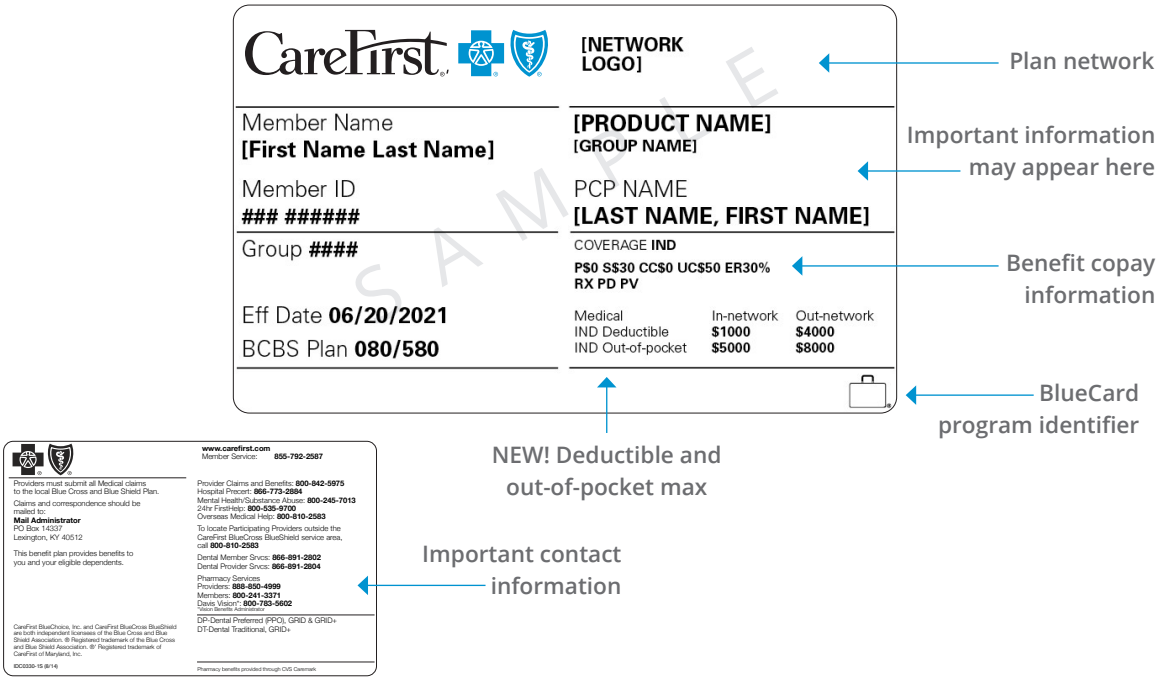
The free CareFirst mobile app provides quick and convenient access to plan information, including claims, drug prices and provider directory.

ID Card

If you've selected a CareFirst plan through the DC Health Link, your member ID card(s) will be mailed just before the end of the year based on information received from DC Health Link. You will most likely receive your card(s) the first week of January. You can also access a digital copy of your ID card in *My Account* and the CareFirst mobile app.

All members will receive a new CareFirst ID card for 2022. The new cards will include additional information, including in-and out-of-network deductibles and out-of-pocket maximums. After you receive your new ID card, you may begin using it immediately and discard your old one.

Your new CareFirst member ID card



Pediatric Dental and Vision

Pediatric dental (included)

We provide your children under age 19 with dental benefits at no extra charge.	In-Network	Out-of-Network
	MEMBER PAYS	
Individual Cost Per Pay	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% 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** *and select the* Preferred Dental (PPO & Pediatrics) *network to access our 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.*

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 *BlueVision, BlueVision Plus, Pediatric Vision (Davis Vision)* network to access our provider directory.

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 age 19.

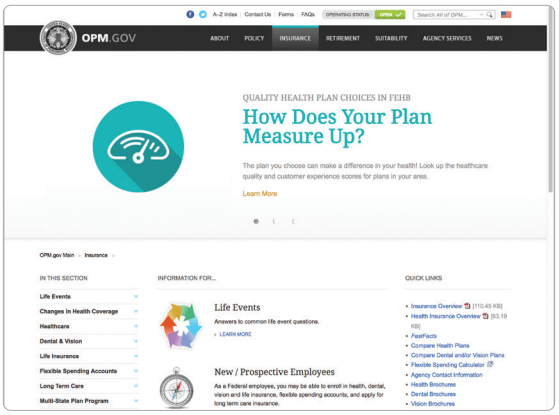
* CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) members. Davis Vision is solely responsible for the services it provides.

** 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.

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



E-consent—choose convenient electronic delivery of EOBs and other communications from CareFirst. Log in to *My Account* and click on your name to show drop-down menu. Select *Communication Preferences.*

Important websites

CareFirst Coronavirus Resource Center: carefirst.com/coronavirus

DC Health Link: DCHealthLink.com

Facebook: carefirst.com/facebook

FEDVIP: BENEFEDS.com

Find a Provider tool: carefirst.com/doctor

Health Information, Tips and Tools: carefirst.com/livinghealthy

Mobile Access: carefirst.com/mobileaccess

My Account: carefirst.com/myaccount

Prescriptions: carefirst.com/congress

CareFirst Wellness Program (administered by Sharecare): carefirst.com/sharecare

Twitter: carefirst.com/twitter

Vitality Magazine: carefirst.com/vitality

Wellness Discount Program: carefirst.com/wellnessdiscounts

YouTube: carefirst.com/youtube

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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	**civilrightscoordinator@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**.

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 ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ 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) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tití a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ 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 nasasaklawan 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 ikokonekta 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।

Bǎsɔ́ɔ̀-wùdù (Bassa) Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǘá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mó m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mò nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dɛ́ nì ɓídɖí-wùdù mú ɓɛ́ m̀ ké se wídɖí dɔ̀ pɛ́è. Kpooɔ̀ nyɔ ɓě mɛ dɖá fǘùn-nɔ̀ɓà nìà dɛ́ waà I.D. káàɔ̀ dɛín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàdɖàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓɛ́ ɔ ké nì wuduɔ̀ 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। অন্যেরা 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 855-258-6518پر 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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 아니신 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 ił hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.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