

Your 2026 Healthcare Benefit Guide

District of Columbia Government
for employees hired after October 1, 1987



With Care,



Recognized as one of the
World's Most Ethical Companies®

Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

Ready to explore your 2026 benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



Make your selection and complete your enrollment

What's inside?

- 3 Welcome
- 4 What's inside?
- 5 Choosing the right plan
- 6 Medical plan highlights
- 8 Prescription drug plan highlights
- 9 Perks included with every plan
- 10 Patient-Centered Medical Home
- 10 CareFirst service Area
- 11 With CareFirst, you get so much more
- 12 So many options for when you need care
- 13 CareFirst WellBeing
- 14 Find a doctor
- 14 My Account benefits
- 14 Treatment Cost Estimator
- 15 CloseKnit Virtual Care
- 15 BlueCard and Blue Cross Blue Shield Global® Core
- 16 Blue Rewards incentive program
- 17 Mental and behavioral health support
- 18 Cost comparison worksheet
- 19 Next steps
- 20 Notes
- 21 Defending Access to Women's Health Care Services Revision Act of 2018
- 23 Notice of Nondiscrimination and Availability of Language Assistance Services

It helps to understand some key terms



CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

Choosing the right plan

Everyone has their own personal needs and concerns when it comes to healthcare. We hope you'll take a few minutes to consider what features are most important to you. Here are some examples:



Felipe

32 YEARS OLD
FORKLIFT OPERATOR
MARRIED

Felipe is young and healthy, and generally sees the doctor only when something bothers him. At this point in his life, he's more interested in saving money than having a wide variety of options.

FELIPE WANTS A HEALTH PLAN THAT:

- Fits within a budget
- Has value for what he pays



Susanne

45 YEARS OLD
IT MANAGER
MARRIED WITH
2 CHILDREN

Susanne is a hard-working mom with a high-stress job and active teenage kids. She needs affordable care for her family and help managing her son's type 1 diabetes.

SUSANNE WANTS A HEALTH PLAN THAT:

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



Elizabeth

59 YEARS OLD
SALES DIRECTOR
DIVORCED

Elizabeth is an active empty-nester. She wants to know that she's got the resources she needs to cover any unexpected expenses, but doesn't want to feel overwhelmed with options.

ELIZABETH WANTS A HEALTH PLAN THAT:

- Includes a robust wellness program
- Provides coverage when she travels



Matt

29 YEARS OLD
SOCIAL WORKER
SINGLE

Matt spends much of his free time with his faithful yellow lab, but he's looking forward to buying a house. Saving money is his immediate goal, but not at the expense of having reliable, basic coverage.

MATT WANTS A HEALTH PLAN THAT:

- Has a low monthly paycheck deduction
- Offers discounts for gym memberships

Medical plan highlights

Let’s compare some of your in-network costs for common services with these plans.

	National Plan
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$750 Individual/\$1,500 Family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	Medical: \$1,750 Individual \$3,500 Family Combined Medical and Rx
Plan Includes Out-of-network Coverage	Yes
Staying healthy	
Annual Physical Exam	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit
Provider services	
Primary Care Provider (PCP)	\$15 per visit
Specialist (e.g. Dermatologist)	\$15 per visit
Mental Health Professional—Office	\$15 per visit
Urgent Care	\$25 per visit
Emergency Room	\$100 per visit (this charge waived if admitted)
Allergy Shots	\$15 per visit
Imaging (MRA/MRS, MRI, PET, CT Scans) (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost
Labs (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost
X-rays (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost
Physical, Speech and/or Occupational Therapy	After deductible is met, 15% of the CareFirst member cost
Chiropractic	After deductible is met, 15% of the CareFirst member cost
Outpatient Surgery (surgical center)	After deductible is met, 15% of the CareFirst member cost
Inpatient Surgery (including maternity)	After deductible is met, 15% of the CareFirst member cost
Assisted Reproductive Technology	After deductible is met, 50% of the CareFirst member cost
Durable Medical Equipment	After deductible is met, 15% of the CareFirst member cost

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

Regional Plan	CDHP Plan
None	\$1,800 Individual/\$3,600 Family Combined Medical and Rx
Medical: \$3,500 ind./\$9,400 family combined Medical & Rx	\$3,250 Individual /\$6,500 Family Combined Medical and Rx
No	Yes
\$0 per visit	\$0 per visit
\$0 per visit	\$0 per visit
\$10 per visit	After deductible is met, 0% coinsurance
\$25 per visit	After deductible is met, 0% coinsurance
\$10 per visit	After deductible is met, 0% coinsurance
\$25 per visit	After deductible is met, 15% coinsurance
\$100 per visit (waived if admitted)	After deductible is met, 15% coinsurance
\$10 PCP/\$25 Specialist per visit	After deductible is met, 0% coinsurance
\$0 per visit	After deductible is met, 0% coinsurance
\$0 per visit	After deductible is met, 0% coinsurance
\$0 per visit	After deductible is met, 0% coinsurance
\$10 per visit	After deductible is met, 0% coinsurance
\$10 per visit	After deductible is met, 0% coinsurance
\$50 per visit	After deductible is met, 0% coinsurance
\$100 per admission	After deductible is met, 15% coinsurance
50% of the CareFirst member cost	After deductible is met, 0% coinsurance
50% of the CareFirst member cost	After deductible is met, 15% coinsurance

Prescription drug plan highlights

Here are your costs for prescription drugs from a participating pharmacy.

Prescription Drug Plan	
Costs to consider	
Prescription Plan Tier	Formulary 3
Prescription Deductible	Combined Rx and Medical Deductible apply to CDHP Plan
Up to 34-day supply	
Generic Drugs (Tier 1)	\$15
Preferred Brand Drugs (Tier 2)	\$30
Non-preferred Brand Drugs (Tier 3)	\$55
Preferred Specialty Drugs (Tier 4)*	\$65
Non-preferred Specialty Drugs (Tier 5)*	\$75
90-day supply	
Generic Drugs (Tier 1)	\$30
Preferred Brand Drugs (Tier 2)	\$60
Non-preferred Brand Drugs (Tier 3)	\$110
Preferred Specialty Drugs (Tier 4)*	\$130
Non-preferred Specialty Drugs (Tier 5)*	\$150

* Specialty drugs only available when purchased by Mail Order.
Visit carefirst.com/rx for the most up-to-date drug lists and other important information.
Benefit designs are subject to and may be impacted by certain state regulations.

Restricted Generics Program

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, you will only pay the copay.

Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.

CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

Perks included with every plan



Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 program on things like fitness gear, gym memberships, meal delivery services, hotels and travel. Visit blue365deals.com for more information.



Get inspired to be your healthiest by completing fun activities through your well-being program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the Noom program."



"I like knowing I can call the 24-hour nurse line at any time."



Patient-Centered Medical Home

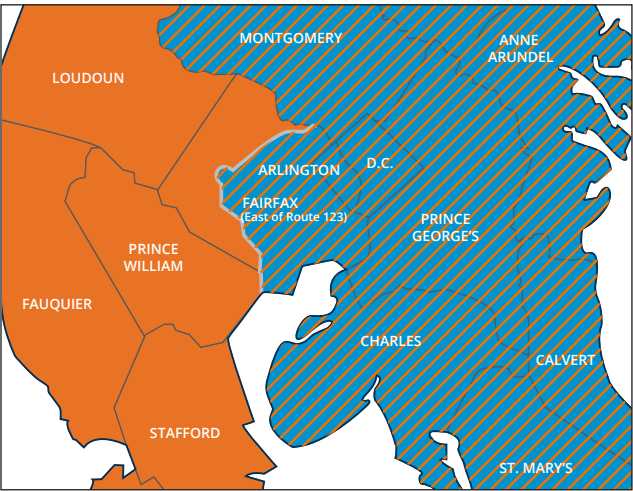
Our Patient-Centered Medical Home (PCMH) program focuses on the relationship between you and your primary care provider (PCP)—whether a physician or nurse practitioner. It's designed to provide your PCP with a more complete view of your health and of the care you're receiving from other providers.

With the CareFirst PCMH Program, your PCP will:

- Coordinate your care with all your healthcare providers, including specialists, labs, pharmacies and mental health facilities
- Proactively manage how your care for one condition may impact other health needs or healthcare services that you have
- Help you get access to the most appropriate and affordable care based on your needs
- Review your medications and possible drug interactions with you
- Review your health records for duplicate tests or services already ordered or performed by another provider

The PCMH Program is available only within the CareFirst service area.

CareFirst service Area



The CareFirst service area includes:

Maryland, District of Columbia, the cities of Alexandria and Fairfax, the town of Vienna, Arlington County, the areas of Fairfax and Prince William Counties in Virginia lying east of Route 123. Members receiving care within the service area can choose either the Regional or National plan.

This area is outside the CareFirst service area and includes:

The areas of Fairfax and Prince William Counties in Virginia lying west of Route 123. Members receiving care outside of the service area should choose the National plan.

With CareFirst, you get so much more

Unmatched access

With 95% of national providers¹ and 99% of local providers² within our Blues network, you have the **broadest access to care**.

Comprehensive care

Our comprehensive care approach meets you where you are, ensuring you have a consistent, whole health experience that helps you better manage your **physical, emotional, social and financial well-being**.

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



1 in 2 Americans are covered by Blue regionally, 1 in 3 nationally³



Most chosen health plan in the Mid-Atlantic, serving 3.5 million members



A not-for-profit company driven by mission



Access to 1.7 million U.S. providers⁴



CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 12 consecutive years.



¹ CHP Network Compare Findings, Q3 2017

² CareFirst Book of Business Data, August 2020

³ BCBSA Blue Facts, February 2022

⁴ Provider Data Repository (PDR), January 2021

So many options for when you need care

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. But when life makes that difficult, CareFirst offers so many other ways to get the care you need.

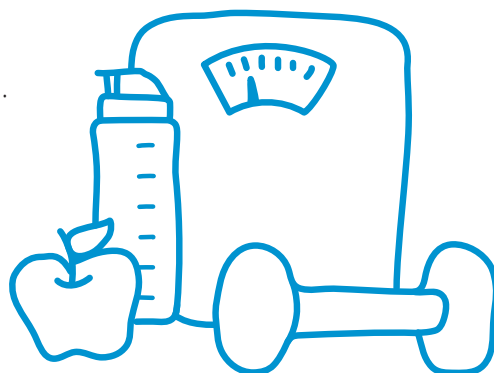
	Needs or symptoms such as:	Virtual option
CloseKnit Virtual Care		
CloseKnit offers 24/7/365 virtual-first primary care, urgent care*, mental health and other specialty services. * Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+	- Cough, cold and flu - Urgent care needs - Illness while traveling - Therapy - Psychiatry, lactation and nutrition services - Medication questions - Insurance or coverage questions	✓
24-Hour Nurse Advice Line		
Call 800-535-9700 for general questions about health issues or where to go for care	- Cough, cold and flu - Rashes - Medication questions	✓
PCP Visit		
Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	- Routine physical - Diabetic care - Cough, cold, flu, allergies - Bronchitis	✓
Convenience Care Centers		
(e.g., CVS MinuteClinic) Health screenings, vaccinations, minor illness or injury	- Cough and cold - Pink eye - Ear pain - Flu shot	✗
Urgent Care Centers		
Non-life-threatening illness or injury requiring immediate care	- Sprains - Cut requiring stitches - Minor burns - Sore throat	✗
Emergency Room Visit		
Life-threatening illness or injury	- Chest pain - Difficulty breathing - Uncontrolled bleeding - Major burns	✗

CloseKnit is a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when 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.

CareFirst WellBeing

Live your healthiest life with CareFirst WellBeingSM. Access motivating digital resources anytime, plus specialized programs for extra support—at no cost to you—including:



- **RealAge[®]:** Discover if your healthy habits are making an impact by taking the RealAge health assessment.
- **Health coaching:** Get one-on-one confidential support from trained professionals to achieve your best health.
- **Lifestyle coaching:** Identify opportunities to improve your daily health, from managing stress to eating healthy and being active.
- **Disease management:** Get help to better understand and manage your chronic or complex condition.
- **Tobacco cessation:** Learn how to recognize and avoid tobacco cravings and habits with our voluntary and confidential 21-day program, Craving to Quit.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program, SmartDollar, can help.
- **Weight management programs:¹** Reach a healthier weight and reduce the risk of developing type 2 diabetes with the following programs:
 - **Noom weight management:** Gain confidence to make lasting change with this award-winning weight loss program designed by psychologists.
 - **Noom diabetes prevention program (DPP):** Access tracking tools, peer support and specially trained coaches to help lower the risk of diabetes.
 - **Eat Right Now:** Change your eating patterns with this 12-month program that combines neuroscience and mindfulness tools.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.



¹ To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

Find a doctor

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.

Try it for yourself. Visit **carefirst.com/doctor**. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.



My Account benefits

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

Treatment Cost Estimator

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

CloseKnit Virtual Care

Get care on your terms—anytime, anywhere. CareFirst now offers an expanded option from virtual care to hybrid care. Virtual Connect Plus includes all the CloseKnit Virtual Connect benefits (including the \$0 PCP, on-demand urgent care, and Behavioral Health visits) and adds select in-person locations and providers. This hybrid model provides more comprehensive care and an improved member experience.

With CloseKnit, you have a dedicated team ready to help you and your family stay healthy, day or night.

- Primary care for adults 18+
- Urgent care for ages 2+ (24/7, weekends & holidays)
- Behavioral health support for ages 2+
- Nutrition counseling for ages 5+
- New parent support, including lactation consultants

Adults 18+ with a CareFirst health plan are eligible. Dependents 2–17 can be added. Some exclusions apply.

BlueCard and Blue Cross Blue Shield Global® Core—National plan

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

Blue Rewards incentive program

As part of your CareFirst WellBeingSM program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities, you and your spouse/domestic partner can earn rewards as you continue to put your own care first. Each activity comes with its own reward.



Earn \$50
Consent to receive wellness emails and take the RealAge[®] assessment

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

Must complete within 180 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 180 days of your effective date.



Earn \$25
Retake the RealAge assessment

You can earn an additional reward for retaking it after 90 days.

RealAge answers must be updated or confirmed no earlier than 90 days after the original assessment, and before the end of the benefit period.



Earn up to \$200
Participate in health coaching

Session 1 = \$30
Session 2 = \$70
Session 3 = \$100

Sessions must be held 2–60 days apart and must be completed before end of your benefit period.

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa[®] Debit Card with your rewards on it. This card can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan¹. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.



Visit carefirst.com/wellbeing or download CareFirst WellBeing from your app store to get started.

¹ Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.

Mental and behavioral health support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

- **CloseKnit**—access our leading virtual care practice through a simple, convenient app. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.
- **Behavioral Health Digital Resource**—chat with trained volunteer listeners, pursue personalized growth paths, engage with CareFirst care managers, and access other tools via this online platform.
- **Substance Use Support**—get clinical counseling 24/7, or schedule substance use disorder treatment for you or a loved one within 48 hours.
- **Care Navigation**—talk to a Behavioral Health Care Manager who can help you find a path forward. LGBTQ+ members can contact our dedicated services specialist for help navigating care and understanding benefits.

To learn more about all the free mental and behavioral support available, visit carefirst.com/mentalhealth.

You're never alone. If you or someone you know is in crisis, call or text 988 or contact the CareFirst support line at 800-245-7013.



"We all struggle at times, so knowing there are so many options my teens can turn to for help is a huge relief."

Cost comparison worksheet

Use this worksheet to compare plans or to compare this year’s plan to your old plan.

Annual costs to consider	Plan 1	Plan 2
For each row, fill in the amounts from the benefit summary included in this guide, along with your company’s health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$_____ per month x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	☐ Yes ☐ No	☐ Yes ☐ No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	Plan 1	Plan 2
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
Is there anything coming up in the next 12-18 months that you didn’t have to plan for last year?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, use this line to estimate the cost for that procedure	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
TOTALS	\$_____	\$_____

Next steps

Ready to enroll?

- Complete the enrollment process
- Look for your member ID cards in the mail and download the CareFirst mobile app to access your plan on-the-go
- Set a reminder on your phone so you don't miss the deadline



Don't worry—
you have until
December 8, 2025
to make or change
your plan selection.



We're here to help! If you have additional questions,
please call 833-556-3163, Monday–Friday, 8 a.m. to 9 p.m.



“Everything in this guide is designed to help you and your family achieve your best health. And all the plans, programs, tools and resources that we’ve built for you are exactly what we expect for ourselves and those we love. Because, like you, we’re CareFirst members, too.”

Tonya O.

CareFirst 
Employee since '22

Notes

Defending Access to Women's Health Care Services Revision Act of 2018

The services set forth below mirrors preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums

Children

Well child visits (to age 21) to include:

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish
- Health, diet and weight counseling
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

Immunizations for children include:

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Adults

Preventive care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon Cancer Screenings
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.

- FDA-approved contraceptives and counseling
- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider) including medication monitoring, preventive counseling or office visits which may include the following services:
 - Adherence counseling
 - Creatinine testing
 - HIV, Hepatitis B and Hepatitis C screenings
 - Pregnancy testing
 - STI screening and counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives:

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- Fertility Mobile Apps**
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection¹ (generic only) (P)
- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

Information on preventive services are available at [healthcare.gov/coverage/preventive-care-benefits](https://www.healthcare.gov/coverage/preventive-care-benefits)

To verify your benefits, check your benefits contract, your enrollment materials or log into My Account at carefirst.com/myaccount.

*Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

**Cannot submit to both HSA and FSA for reimbursement

¹ Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required; (OTC) Over the Counter

- Influenza
- Measles, mumps and rubella
- Diphtheria, Tetanus, Pertussis
- Meningococcal
- Pneumococcal
- Varicella

Breastfeeding supplies (provided under the Durable Medical Equipment (DME) benefits of the contract)

Coverage is provided for:

- Electric breast pump (rental and/or purchase)
- Hospital grade electric breast pump (rental)
- Manual breast pumps (rental and/or purchase)

Replacement supplies include:

- Adapter for breast pump
- Breast pump replacement tubing
- Breast shield and splash protector for use with breast pump
- Cap for breast pump bottle
- Locking ring for breast pump
- Polycarbonate bottle for use with breast pump

Prenatal care:

- Routine prenatal obstetrical office visits

- Lactation consultations which may include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.

- Perinatal depression screening and counseling

Breast cancer drugs:

- Tamoxifen, Raloxifene, Exemestane and Anastrozole for women 35 and older at an increased risk for invasive breast cancer. Preauthorization required

Preventive drugs for adults:

- Aspirin (81mg) (OTC*)
- Colon Preparations—age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)
- Statins (generic low to moderate intensity) — adults age 40 to 75 (P)
- Generic antiretroviral therapy (Rx): Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

Preventive drugs for children:

- Fluoride—starting at 6 months (P)
- Iron—6–12 mo. risk of anemia (OTC*)

Notice of Nondiscrimination and Availability of Language Assistance Services

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 14858 Lexington, KY 40512
Email Address	civilrightscordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic):- ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للأخريين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسينم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese)：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndị dị óké rnkpa ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ obula. Ndi otu ga akpọ ọnyọgụgụ ekwentị dị na azụ káadị njirimara ndi otu ha. Ndi ọzọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara, kwuo asụsụ ichoro, a ga ejikota gị na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하의 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'ásti'í bódahólníhgo bee baa dahane'í biyi'. Dayoolkáí dóó bee ida'íi'aahí háidíí shíí t'áá bich'í'jì' ha'át'ííshíí ádadiilííhígíí biyi'. Díí bee baa dahane'í dóó t'áá jìik'eh nizaad bee níka'e'eyeedgo bee ná'ahoot'í'. Bìł hada'dít'éhí binaaltsoos nít'ízhí bee béédahóziní bąąh béésh bee hane'í námbóó biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í bíba' asdáago niléí ó bíł adíłchííł hodoo'niidjì'. Naalnishí haadzí'go, saad níníníngíí bee bíł hodíłlnih dóó ata' yáłti'í bich'í' ní'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членом профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дожидаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaiouga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se tofogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'aילוa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'alilili.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poledini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhở số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.





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