



BENEFIT
GUIDE

2026

Federal Employees Health Benefits Program

carefirst.com/fedhmo

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CareFirst BlueChoice plans at a glance

Plans designed to support your unique needs:

-  BlueChoice Advantage HDHP
-  Blue Value Plus
-  Standard BlueChoice

You can choose to cover:

-  Yourself with Self Only
-  You and one other eligible family member with Self + One
-  You and two or more eligible family members with Self and Family

CareFirst BlueChoice Plans exclusive offerings:



Telehealth Services Provided by CloseKnit



Retail and Mail Service Pharmacy Access



Wellness Discounts and Programs



Emergency Coverage Worldwide



Smartshopper



Urgent/Emergency Coverage Nationwide



No Charge, No Deductible for In-Network Preventive Health Care



Away From Home Care® Program



Blue Rewards



Noom Med



Free 24-Hour Nurse Advice Line

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2026 BlueChoice brochure on our website at carefirst.com/fedhmo.

The CareFirst BlueChoice difference

When choosing a health plan, choose the brand most recognized and trusted. CareFirst has been named as one of the “World’s Most Ethical Companies” 13 years in a row.



Great benefits, no hidden costs

- No charge, no deductible, in-network benefits for preventive care.
- Emergency and urgent care is covered both inside and outside the CareFirst service area of Washington, D.C., Maryland and Northern Virginia.
- No referrals required.
- Browse providers to save on out-of-pocket costs with SmartShopper and earn a reward for not overpaying.
888-345-2837



Health and wellness

- **Blue Rewards**—earn up to \$400 in financial rewards for participating in health-related activities.
- **Blue365**—get exclusive discounts on health and wellness services such as gym memberships, healthy eating options, and even fitness gear.
- **Health Coaching**—registered nurses and trained professionals provide one-on-one support to help you reach your wellness goals.



Convenience

- Free 24/7 nurse advice line.
- **CloseKnit**—provides virtual-first primary care services through a dedicated care team of physicians, nurse practitioners, physician assistants, licensed professional counselors and licensed clinical social workers 24/7/365.
- **Mail Order Pharmacy**—a convenient, fast home delivery service.
- **My Account**—our secure member website allows you to manage your health information anytime, anywhere.

1 in 2
Americans

are covered by
Blue regionally

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

2025 **WORLD'S MOST**
ETHICAL
COMPANIES
ETHISPHERE
13-TIME HONOREE

* Results based on a survey of 1,307 health plan members, conducted by Escalent during 2020.

“World’s Most Ethical Companies” and “Ethisphere” names and marks are registered trademarks of Ethisphere LLC.

Plans for every need and budget


**BlueChoice
Advantage
HDHP Option**


**Blue Value
Plus**


**Standard
Blue Choice**

You can choose to cover:


Yourself
Self Only


**You + one
other person**
Self + One


**You + multiple
dependents**
Self and Family

With each of our plans, you'll receive:


 Free preventive care from
in-network (Preferred) providers


 Worldwide coverage


 Referral-free care from specialists


 Wellness rewards and discounts

Let's compare:

	HDHP	Blue Value Plus	Standard
No medical deductible	✗	✓	✓
No copays for preventive care	✓	✓	✓
In-network care	✓	✓	✓
Out-of-network care	✓	✗	✓
No pharmacy deductible	✗	✗	✓
Earn up to \$400 EACH in Blue Rewards for you and a spouse	✓	✓	✓
HSA-compatible plan	✓	✗	✗

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2026 BlueChoice brochure on our website at carefirst.com/fedhmo.

In-network benefit comparison*

Services	BlueChoice Advantage HDHP Option	Blue Value Plus Option	Standard BlueChoice Option
WELLNESS PROGRAM & BLUE REWARDS			
You have access to a comprehensive wellness program as part of your medical plan. You also have Blue Rewards, an incentive program where you can get rewarded for completing certain activities. With Blue Rewards, you can earn up to \$400 EACH for you and your spouse.			
ANNUAL DEDUCTIBLE			
Self Only	\$1,700**	\$0	\$0
Self + One, Self and Family	\$3,400***	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM			
Self Only	\$6,500	\$7,500	\$6,500
Self + One, Self and Family	\$13,000	\$15,000	\$13,000
PREVENTIVE SERVICES			
Well-Child Visit, Adult Physical Exam, Routine GYN/Maternity	\$0	\$0	\$0
Breast, Prostate, Colorectal Screening	\$0	\$0	\$0
OUTPATIENT SERVICES (Per visit or procedure)			
Primary Care Office Visit	Deductible, \$0	\$15	\$25
Specialist Visit	Deductible, \$35	\$50	\$50
Physical, Speech & Occupational Therapy	Deductible, \$35	\$50	\$50
Acupuncture & Chiropractic Services	Deductible, \$35	\$50	\$50
URGENT & EMERGENCY CARE			
Urgent Care (per visit)	Deductible, \$50	\$50	\$50
Emergency Room Facility (waived if admitted)	Deductible, \$300	\$275	\$200
Ambulance	Deductible, \$100	\$200	\$100
DIAGNOSTIC SERVICES (Non-hospital/Freestanding facility)			
Labs	Deductible, \$0	\$30	\$0
X-rays	Deductible, \$35	\$50	\$40
Specialty Imaging (i.e., MRI, CAT scan)	Deductible, \$75	\$100	\$75
HOSPITALIZATION (Physician fees are listed in section 5(b) of CareFirst Inc. Brochure)			
Outpatient Hospital Non-Surgical Services	Deductible, \$200	\$150	\$100
Outpatient Hospital Surgical Services	Deductible, \$300	\$200	\$150
Inpatient Hospital Services	Deductible, 20%	25%	20%
Maternity	Deductible, 20%	25%	20%
MENTAL HEALTH AND SUBSTANCE USE DISORDER			
Office/Outpatient Professional	Deductible, \$0	\$15	\$25

* This summary is for comparison purposes only and does not create rights not given through the benefit plan. Please refer to your 2026 FEHBP BlueChoice Brochure for specific plan details.

** The \$75 monthly pass through amount is added directly to your Health Savings Account.

*** The \$150 monthly pass through amount is added directly to your Health Savings Account.

Pharmacy benefits

Let's compare:

	HDHP	Standard
PROGRAMS		
Retail Pharmacy Program	✓	✓
Mail Service Pharmacy Program	✓	✓
Annual deductibles	Combined medical and prescription drug deductible: \$1,700 Self Only \$3,400 Self + One/Self and Family	\$0
DRUG TIERS		
Tier 0: Preventive Drugs	\$0, no deductible	\$0
Tier 1: Generics	\$0, after deductible*	\$10
Tier 2: Preferred Brand Name	\$50, after deductible (Insulin: \$30, no deductible)	\$75 (Insulin: \$30)
Tier 3: Non-preferred Brand Name	\$75, after deductible (Insulin: \$30, no deductible)	\$100 (Insulin: \$30)
Tier 4: Preferred Specialty	\$100, after deductible**	\$125**
Tier 5: Non-preferred Specialty	\$150, after deductible**	\$175**

	Blue Value Plus
PROGRAMS	
Retail Pharmacy Program	✓
Mail Service Pharmacy Program	✓
Annual deductibles	\$100 Self Only \$200 Self + One/Self and Family
DRUG TIERS	
Tier 0: Preventive Drugs	\$0, no deductible
Tier 1: Preferred Generics	\$10, no deductible
Tier 2: Preferred Brand Name	\$50, after deductible (Insulin: \$30, no deductible)
Tier 3: Preferred Generic Specialty	\$100, after deductible**
Tier 4: Preferred Brand Specialty	\$150, after deductible**

* Select generics not subject to deductible

** Specialty drugs limited to 34-day supply for first fill and change in fills. Specialty drugs must be filled through CVS Specialty Pharmacy.

Manage medications and save with our mail order program

Opt for the added convenience of our Mail Order Pharmacy:

- Fill prescriptions online, by phone or email
- Schedule automatic refills
- Choose your delivery location
- Consult a pharmacist any time, day or night

Save time and money on maintenance medications you take for chronic conditions (e.g., high blood pressure or asthma) by requesting a 90-day supply—many of which are available for the same cost as a 60-day supply.

Before selecting a plan, be sure to use our Drug Calculator tool to determine which one covers your medication.



Drug Calculator Tool

Find information on covered drugs, out-of-pocket drug costs and lower cost alternatives. Visit carefirst.com/fedhmo, select *Plan Information*, then *Prescription Drug Benefits*.



Saving Tips

Switching to a compatible generic (Tier 1) or preferred brand (Tier 2) drug can save you money. Ask your doctor or check the Preferred Drug List online to see if there's an alternative available for you.



Drug List

To see a complete list of drugs, visit carefirst.com/fedhmo. Select *Plan Information*, then *Prescription Drug Benefits*. Or call 800-241-3371.

What's new in 2026

There have been some changes to all three plans for 2026. We've highlighted these changes below to help you determine which plan is best for you.

Changes to Blue Value Plus, Standard BlueChoice, and BlueChoice Advantage HDHP

- **Maternity:** Doulas will now be covered under maternity benefits.
- **Noom Med:** The plan will cover Noom Med, a medically supervised weight management program that combines prescription medications with behavioral health tools.
- **Reconstructive Surgery:** Sex-Trait Modification to treat gender dysphoria will no longer be covered.
- **Prescription Drug Benefits:** Drugs prescribed in connection with Sex-Trait Modification will no longer be covered.

Changes to Standard BlueChoice only

- **Out-of-Pocket Maximum:** The in-network, out-of-pocket maximum is changing to \$6,500 for Self Only and \$13,000 for Self + One and Self and Family. The out-of-network, out-of-pocket maximum is changing to \$10,000 for Self Only and \$20,000 for Self + One and Self and Family.
- **Mental Health and Substance Use Disorder:** The office/outpatient professional mental health and substance use disorder copayments will increase to \$25 in-network and to \$100 out-of-network.
- **Applied Behavioral Analysis (ABA):** The plan will move coverage for ABA Therapy, from Section 5(a), Habilitative Therapy to Section 5(e), Mental Health and Substance Use Disorder Benefits. The office/outpatient professional member cost share will decrease to a \$25 copay.
- **Infertility Services:** In-vitro fertilization (IVF) services will be paid as outlined in sections 5(a) through 5(f) of the brochure. The limit is three (3) complete egg retrievals; there is no limit on the number of embryo transfers. In addition, embryo transfer and gamete intra-fallopian

transfer (GIFT) and zygote intra-fallopian transfer (ZIFT) are covered in conjunction with IVF benefits. The plan is eliminating the \$45,000 annual limit, the restriction of three attempts per live birth, and the requirement that patients must first try less costly infertility treatments before accessing IVF.

Changes for BlueChoice Advantage HDHP only

- **Deductible:** The in-network deductible is changing to \$1,700 for Self Only and \$3,400 for Self + One and Self and Family. The out-of-network deductible is changing to \$3,400 for Self Only and \$6,800 for Self + One and Self and Family.
- **Out-of-Pocket Maximum:** The in-network, out-of-pocket maximum is changing to \$6,500 for Self Only and \$13,000 for Self + One and Self and Family. The out-of-network out of pocket maximum is changing to \$8,500 for Self Only and \$17,000 for Self + One and Self and Family.
- **Applied Behavioral Analysis (ABA):** The plan will move coverage for ABA Therapy, from Section 5(a), Habilitative Therapy to Section 5(e), Mental Health and Substance Use Disorder Benefits. The office visit copay cost share will decrease to a \$0 copay, deductible applies. Age restrictions will be removed.
- **Infertility Services:** In-vitro fertilization (IVF) services will be paid as outlined in sections 5(a) through 5(f) of the brochure. The limit is one IVF cycle per plan year. In addition, embryo transfer and gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT) are covered in conjunction with IVF benefits. The Plan is eliminating the \$45,000 annual limit, the restriction of three attempts per live birth, and the requirement that patients must first try less costly infertility treatments before accessing IVF.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2026 BlueChoice brochure on our website at carefirst.com/fedhmo.

Changes for Blue Value Plus only

- **Out-of-Pocket Maximum:** The in-network, out-of-pocket maximum is changing to \$7,500 for Self Only and \$15,000 for Self + One and Self and Family.
- **Applied Behavioral Analysis (ABA):** The plan will move coverage for ABA Therapy, from Section 5(a), Habilitative Therapy to Section 5(e), Mental Health and Substance Use Disorder Benefits. The office visit copay cost share will decrease to a \$15 copay. Age restrictions will be removed.
- **Infertility Services:** In-vitro fertilization (IVF) services will be paid as outlined in sections 5(a) through 5(f) of the brochure. The limit is one IVF cycle per plan year. In addition, embryo transfer and gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT) will be covered in conjunction with IVF benefits. The plan is eliminating the \$45,000 annual limit, the restriction of three attempts per live birth, and the requirement that patients must first try less costly infertility treatments before accessing IVF.

Access to care

Choosing the right setting for your care—from vaccinations to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care. The following information may help you decide where to go for medical treatment.

	Sample Cost	Needs or Symptoms	24/7	Rx
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.		
CloseKnit Virtual Care (24/7/365 virtual care for members)	\$0	■ Cough, cold and flu ■ Urgent care needs ■ Illness while traveling ■ Therapy	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$15	■ Cough, cold and flu ■ Pink eye ■ Ear pain	✗	✓
Urgent Care (Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)	\$50	■ Sprains ■ Cut requiring stitches ■ Minor burns	✗	✓
Emergency Room (Life-threatening illness or injury)	\$275	■ Chest pain ■ Difficulty breathing ■ Abdominal pain	✓	✓

To determine your specific benefits and associated costs:

- Log in to My Account at carefirst.com/fedhmo
- Check your 2026 BlueChoice Brochure
- Call Member Services at 888-789-9065

For more information and frequently asked questions, visit carefirst.com/needcare.



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

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

Virtual care options

It's important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

24-Hour Nurse Advice Line

Talk to a registered nurse at any time about your symptoms and the appropriate steps to take by calling **800-535-9700**. Available to all members at no cost.

CloseKnit

CloseKnit, our leading virtual-first practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more*—through your desktop or the CloseKnit mobile app. Standard BlueChoice and Blue Value Plus Plan members have a \$0 copay and HDHP members pay the deductible then \$0 copay.

Learn more and register at closeknithealth.com.

CloseKnit offers:



Primary Care

Full-service primary care from a dedicated care team.
For adults age 18+.



Urgent Care

The care you need to treat minor injuries and illnesses fast.
Average wait time is 30 minutes or less.
For adults and children (age 2+).



Behavioral Health Services

Expert help, including therapy for depression, anxiety or other behavioral health diagnoses.



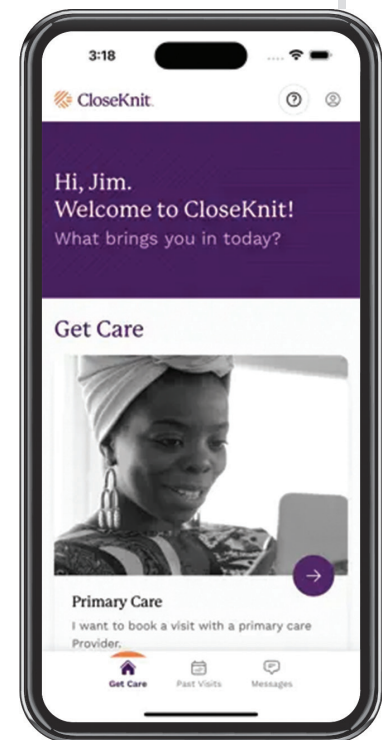
Lactation Support

Assistance for nursing mothers with breastfeeding challenges.



Diet & Nutrition

Guidance and support for healthy eating, weight loss and more.



* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

CloseKnit is a registered trademark owned by and is the trade name of Atlas Health, LLC, which is a corporate affiliate of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which do business as CareFirst BlueCross BlueShield.

Member services

My Account

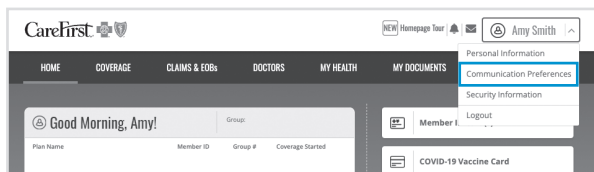
View a wealth of personalized information online—including your claims and out-of-pocket costs—with My Account. You can even print out your member ID card. Simply log in to carefirst.com/myaccount for real-time plan information, tools and technology like:

Treatment Cost Estimator

Get quick estimates of your total treatment costs so you can plan ahead, save money and avoid surprises.

Electronic communications

Receive plan-related information and announcements as soon as they become available by signing up for electronic communications. Go to carefirst.com/myaccount and click on your name to show drop-down menu. Select *Electronic Consent*, then choose the information you would like to receive electronically.



Find and review providers

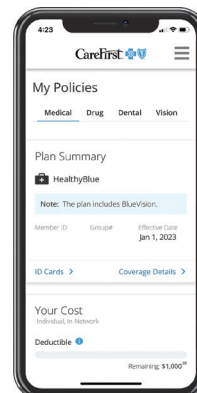
Whether you need a doctor or a facility, visit My Account to find what you're looking for based on your specific needs. You can also read and submit provider reviews.

Secure on-line messaging

Send and receive secure online messages from our Member Service team.

CareFirst mobile access

The CareFirst app keeps your information close at hand wherever you go. View your ID card, access claims information, search drug prices, find care and much more—all from your smartphone or tablet. The CareFirst app is available at your favorite app store.



Stay connected



HDHPs and HSAs/HRAs

Our BlueChoice Advantage—HDHP Option may be a great choice if you want more control over your health care spending or if saving for future medical expenses is a priority.

BlueChoice Advantage—HDHP Option pairs a high-deductible health plan (HDHP) with either a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).

An **HSA** is a tax-exempt medical savings account that can be used to pay for your own—and your dependents'—eligible medical, dental and vision expenses. We'll deposit a portion of your premium in your HSA each month and you can contribute additional funds to your HSA up to the IRS limits.

- Eligible health expenses include medical, prescription, dental, vision expenses and more. See the full list of eligible expenses at [irs.gov](https://www.irs.gov).

With an **HRA**, we fund your account to cover health care costs before the deductible has been met. HRAs provide tax-free reimbursement for out-of-pocket medical expenses. When you need to make a withdrawal, you do not pay taxes if you use it to cover eligible expenses.

You only have 30 days to sign up for an HSA, otherwise you'll be enrolled in an HRA. To enroll in an HSA, visit carefirst.com/fedhmo and log into My Account or use the *HSA/HRA Selection Form* listed under *Resources & Forms*. If you don't have access to the internet, call **Member Services** at **888-789-9065** and let them know which option you want to enroll in.

Value of the BlueChoice Advantage HDHP Option (HSA)

The BlueChoice Advantage-HDHP Option (HSA) allows you to save for eligible medical expenses tax-free. Your HSA funds grow tax-free when used for eligible expenses. Individuals age 55 and older may make additional catch-up contributions as allowed by the IRS.

How HSAs and HRAs work

- With an HSA, you're eligible for a premium pass-through amount. We contribute \$75 per month for Self and \$150 per month for Self + One and Family to your HSA.
- You may also contribute additional amounts up to the maximum annual limit of \$4,400 for individuals and \$8,750 for couples and families as allowed by the IRS.
- We fund your HRA account \$900 for Self and \$1,800 for Self + One and Family.
- In-network preventive care is covered in full and not subject to the deductible. Once you meet your deductible, CareFirst begins to pay for covered services.
- Individuals aged 55 and older may make an additional \$1,000 contribution to their HSA.



For more information on the differences between an HSA and an HRA, please see the 2026 BlueChoice brochure carefirst.com/fedhmo/attachments/opm-brochure.pdf.

Blue Rewards

Both you and your spouse can earn incentives for completing one or all of the following activities.

Earn \$50

Consent to receive wellness emails and take the RealAge® test

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

Earn \$100

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

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

Earn \$200

Participate in Health Coaching Sessions

You may earn rewards for completing health coaching sessions.

1st session—\$30
2nd session—\$70
3rd session—\$100

Earn \$50

Retake the RealAge test

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

To learn more, please visit our website, carefirst.com/fedhmo/plan-information/blue-rewards.html.

Vision and Discount Dental coverage

BlueVision

Professional vision services—including routine eye exams and discounted prices on eyeglasses and contact lenses—are covered by CareFirst BlueChoice through the Davis Vision, Inc.¹ national network of providers. BlueVision is offered as part of your CareFirst BlueChoice medical coverage.

BlueVision Plus	In-Network You Pay
Eye Exam	\$10
Frames ²	Priced up to \$70 retail: \$40 Priced above \$70 retail: \$40, plus 90% of the amount over \$70
Contact Lenses (initial supply) ²	Conventional: 80% of retail price Disposable: 90% of retail price Evaluation and fitting: 85% of retail price
Spectacle Lenses ²	Single: \$35 Bifocal: \$55 Trifocal: \$65 Lenticular: \$110

BlueChoice Discount Dental Program

Save 20%–40% off most dental procedures including routine office visits, X-rays, exams, fillings, root canals and even orthodontics. The BlueChoice Discount Dental program is included at no additional charge as part of your CareFirst BlueChoice medical plan.

Search our online provider directory at carefirst.com/fedhmo. Select *BlueDHMO* from the drop down menu to find participating providers in your area.

If you have questions regarding the discount dental program, please call **844-495-0653**.

To learn more, please visit carefirst.com/fedhmo/plan-information/value-added-programs-and-services.html.

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

The CareFirst Blue Rewards Visa Incentive Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Cards may be used only at merchants in the U.S. and District of Columbia wherever Visa debit cards are accepted for eligible expenses. See Cardholder Agreement for details.

¹ Davis Vision, Inc. is an independent company that provides vision services to CareFirst BlueCross BlueShield and CareFirst BlueChoice members. Davis Vision does not provide Blue Cross Blue Shield products or services.

² CareFirst BlueChoice does not underwrite lenses, frames, and contact lenses in this program. This portion of the plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

Health and wellness

CareFirst BlueChoice, Inc. partners with CareFirst WellBeingSM to provide you a unique, highly personalized wellness program.

Take charge of your health

See if your healthy habits are making an impact—take the RealAge[®] health assessment. In just a few minutes, RealAge will help you determine the physical age of your body compared to your calendar age. Discover the lifestyle behaviors helping you stay younger or making you age faster and get insightful recommendations based on your results.

Additional program advantages

- **Blue365**—Sign up for Blue365 at carefirst.com/wellnessdiscounts. Get special offers from top national and local retailers on fitness gear, gym memberships, healthy eating and more.
- **Health education**—View our health library for health and well-being information at carefirst.com/livinghealthy.



Specialized programs

The following programs can help you focus on specific wellness goals:

- **Health coaching**—Registered nurses and trained professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management program**—Reach a healthier weight through gradual lifestyle changes that become lifelong habits.
- **Diabetes virtual care program**—Access benefits that will help you manage your type 2 diabetes at no cost.
- **Tobacco cessation program**—Our program's expert guidance, support and wealth of tools make quitting easier.
- **Financial well-being program**—Whether you're planning for your child's education, your own retirement or just want to improve your current situation, our financial well-being program can help.
- **Noom Med**—A medically supervised weight loss program, Noom Med provides eligible members with a customized treatment plan, ongoing clinical support and, when appropriate, prescription weight-loss medications.

To get started, visit
carefirst.com/wellbeing.



You'll need to enter your CareFirst My Account username and password and complete the one-time registration to link your CareFirst account information.

BlueCard & BlueCross BlueShield Global Core

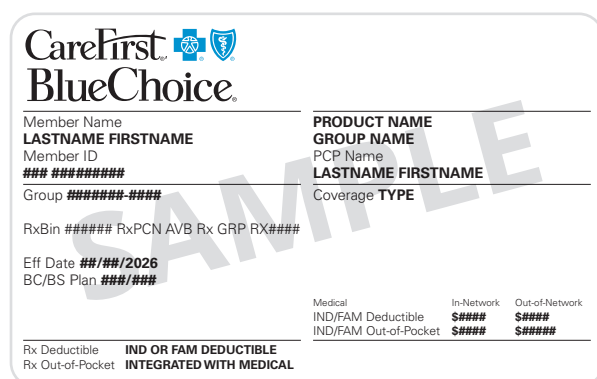
Our plans provide coverage for urgent and emergency care outside the CareFirst service area. Standard BlueChoice Option and BlueChoice Advantage—HDHP Option also provides coverage for non-emergency care outside our service area.

BlueCard

With BlueCard, your member ID card gives you access to providers and hospitals at more than 93% of all providers and hospitals throughout the United States.

If you choose BlueChoice Advantage—HDHP Option or Standard BlueChoice, you're automatically enrolled in the BlueCard program.

To find nearby providers and hospitals, visit carefirst.com/fedhmo or call BlueCard Access at 800-810-BLUE (2583).



A sample BlueCard member ID card for CareFirst BlueChoice. The card contains the following information:

CareFirst BlueChoice	
Member Name LASTNAME FIRSTNAME	PRODUCT NAME
Member ID ###-####-####	GROUP NAME
Group #####-####	PCP Name LASTNAME FIRSTNAME
RxBin ##### RxPCN AVB Rx GRP RX####	Coverage TYPE
Eff Date ##/##/2026	
BC/BS Plan ###/###	
Rx Deductible IND OR FAM DEDUCTIBLE	Medical IND/FAM Deductible ####
Rx Out-of-Pocket INTEGRATED WITH MEDICAL	In-Network ####
	Out-of-Network ####

Global Core

The Global Core program provides medical assistance services and access to providers, hospitals and other health care professionals in nearly 200 countries.

To find a Global Core provider outside the United States, visit bcbs.com and select *Find a Doctor or Hospital*, or call 800-810-BLUE (2583).

Medical assistance when outside the United States

Call 800-810-BLUE (2583) 24/7 for information on doctors, hospitals, other health care professionals or to arrange treatment. 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 convenient access to medical resources around the world. Find doctors, translate medical terms, access local emergency information and more. For more information, visit bcbsglobalcore.com/home/mobileapp.

* Blue Cross Blue Shield Global is a brand owned by Blue Cross Blue Shield Association.

Important numbers and contact information

-  **Member Services**
888-789-9065
-  **Away From Home Care®**
888-452-6403
-  **BlueFund HSA**
866-758-6119
-  **Blue365**
855-511-BLUE (2583)
-  **Case Management**
888-264-8648
-  **Dental Coverage**
888-833-8464
-  **24-Hour Nurse Advice Line**
800-535-9700
-  **Global Core**
800-810-BLUE (2583)
-  **Health & Wellness Program—
CareFirst WellBeing**
877-260-3253
-  **LabCorp**
888-LAB-CORP (522-2677)
-  **Mental Health**
800-245-7013
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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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>.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their 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 ቀናትን 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 እንዲጨኩ 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 وسيتم 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 ńkpà 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'akwụghị ụgwọ ọbụla. Ndi ọtù ga akpọ ọnụọgụgụ ekwentị dị na àzụ káàdị njirimara ndi ọtù ha. Ndi ọzọ nile nwere ike jkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara, kwuo asụsụ ichọrọ, 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. 귀하는 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 0을 눌러주세요. 상담원이 통화해 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínizin (Navajo): Díí bee il hane'í béeso nich'ááh naa'nil bee ní'á'asti'í bódahólníhgo bee baa dahane'í biyi'. Dayookkáí dóó bee ida'ii'aahí háidíí shíí t'áá bich'í'j'í ha'át'íshíí ádadiilíílgíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bìl hada'dít'éhí binaaltsoos nít'ízhí bee béédahóziní bąąh béesh bee hane'í námbóo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yálti'í bíba' asdaago niléi ó bíl adíłchííd hodoo'niidj'í'. Naalnishí haadzí'go, saad nínízinígíí bee bíl hodíilnih dóó ata' yálti'í bich'í' ni'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 पुर्ण 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. Членам 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 inisia. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaioiga 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 totogi. 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'aailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

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 دبائے 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 nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

2026 Premium Rate Information for CareFirst BlueChoice, Inc.

	Enrollment Code	Your Biweekly Share	Your Monthly Share
HDHP Option Self Only	B61	\$91.52	\$198.30
HDHP Option Self + One	B63	\$183.04	\$396.60
HDHP Option Self and Family	B62	\$217.45	\$471.15
Blue Value Plus Self Only	B64	\$94.79	\$205.38
Blue Value Plus Self + One	B66	\$189.58	\$410.77
Blue Value Plus Self and Family	B65	\$225.22	\$487.98
Standard Self Only	2G4	\$248.20	\$537.76
Standard Self + One	2G6	\$434.75	\$941.96
Standard Self and Family	2G5	\$538.31	\$1,263.84



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