

CareFirst BlueChoice

BENEFIT GUIDE | 2027

Federal Employees Health Benefits Program

carefirst.com/fedhmo

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The information in this booklet is a summary of the benefits available under the CareFirst BlueChoice plan.
For more detailed information please access the *2027 BlueChoice Brochure* (RI 73-718) on our website at **carefirst.com/fedhmo**.

CareFirst BlueChoice Plans at a Glance

Plans designed to support your unique needs:

- HDHP BlueChoice Advantage HDHP
- BVP Blue Value Plus
- S 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, Inc. (CareFirst BlueChoice) exclusive plan offerings:

- **Telehealth Services Provided by CloseKnit**
- **Retail and Mail Service Pharmacy Access**
- **Wellness Discounts and Programs**
- **Emergency Coverage Worldwide**
- **No Out-Of-Pocket Cost for In-Network Preventive Health Care**
- **Urgent/Emergency Coverage Nationwide**
- **Blue Rewards**
- **Away From Home Care® Program**
- **Free 24-Hour Nurse Advice Line**
- **Noom Med**

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2027 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" 14 years in a row.

Great benefits, no hidden costs

- No out-of-pocket for 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

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 with a dedicated care team of physicians, nurse practitioners, physician assistants, licensed professional counselors and licensed clinical social workers, available 24/7/365
- **Mail Order Pharmacy**—a convenient, fast home delivery service
- **My Account**—a secure member website for managing your health information anytime, anywhere

1 in 3 Americans
are covered by Blue nationally

99%
of physicians are in-network regionally/
91% nationally

100%
of hospitals are in-network regionally/
95% nationally

96%
of claims are paid in-network regionally/
96% nationally

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Plans for Every Need and Budget

HDHP **BlueChoice Advantage HDHP Option**

BVP **Blue Value Plus**

S **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
- Access to a broad network of providers
- Referral-free care from specialists
- Wellness rewards and discounts

Let's compare:

	HDHP	Blue Value Plus	Standard
HSA-compatible	✓	✗	✗
Out-of-network benefits	✓	✗	✓
Lower monthly premium	✓	✓	✗
BlueRewards + Flex Earnings	✓	✓	✓

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2027 BlueChoice brochure on our website at **carefirst.com/fedhmo**.

What's New in 2027

There have been some changes to all three plans for 2027. 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:** Group-based prenatal care through CenteringPregnancy at $0 copay for Standard and BVP and deductible, then $0 copay for HDHP.
- **Zerigo Health:** Zerigo Health, a home-based NB-UVB (narrowband ultraviolet B) phototherapy program for members diagnosed with psoriasis, atopic dermatitis (eczema), and vitiligo across all skin types and ages.
- **Blue Rewards:** The plan has added Flex Earnings to the Blue Rewards program providing members more opportunities to earn their $400 Blue Rewards.
- **Prior Authorization:** The plans are removing prior authorization from certain services rendered in an outpatient hospital. Prior authorization will be required only for the specific services and procedures identified in Section 3 of the Brochure.
- **Prescription Drugs:** The plans are increasing the cost share on GLP-1s for weight loss to a 50% coinsurance.
- **Smart Shopper**: The SmartShopper incentive and engagement program will no longer be offered to members. Members are encouraged to use the tools for finding care found at **carefirst.com/fedhmo**.

Changes to Standard BlueChoice 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. The out-of-network, out-of-pocket maximum is changing to $11,000 for Self Only and $22,000 for Self + One and Self and Family.
- **Deductible:** The plan is adding a deductible to facility services rendered in an outpatient or inpatient hospital. The in-network deductible is $250 for Self Only and $500 for Self + One and Self and Family. The out-of-network deductible is $250 for Self Only and for $500 for Self + One and Self and Family.
- **Diagnostic Services:** The plan will increase the in-network cost share for the following services when rendered at an outpatient hospital or ambulatory surgical center. Labs will increase from $0 copay to $50 copay, X-ray will increase from $40 copay to $65 copay and other diagnostic services will increase from $40 copay to $65 copay.
- **Specialty Imaging:** The plan will increase the in-network cost share for specialty imaging from $75 copay to $100 copay when rendered at an outpatient hospital or ambulatory surgical center.

Changes for BlueChoice Advantage HDHP only

- **Deductible:** The in-network deductible is changing to $1,750 for Self Only and $3,500 for Self + One and Self and Family. The out-of-network deductible is changing to $3,500 for Self Only and $7,000 for Self + One and Self and Family.
- **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. The out-of-network out of pocket maximum is changing to $9,500 for Self Only and $19,000 for Self + One and Self and Family.
- **Diagnostic Services:** The plan will increase the in-network cost share for the following services when rendered at an outpatient hospital or ambulatory surgical center. Labs will increase from deductible then, $35 copay to deductible then, $75 copay; X-ray will increase from deductible then, $50 copay to deductible then, $75 copay, and other diagnostic services will increase from deductible then $50 copay to deductible then, $75 copay.
- **Specialty Imaging:** The plan will increase the in-network cost share for specialty imaging from deductible then, $100 copay to from deductible then, $125 copay when rendered at an outpatient hospital or ambulatory surgical center.
- **Outpatient Hospital or Other Covered Facility:** The plan will decrease the in-network cost share for Mental Health and Substance Use Disorder outpatient facility charges from deductible then, $100 copay to deductible then, $75 copay.

Changes for Blue Value Plus only

- **Out-of-Pocket Maximum:** The in-network, out-of-pocket maximum is changing to $8,500 for Self Only and $17,000 for Self + One and Self and Family.
- **Deductible:** The plan is adding a deductible to facility services rendered in an outpatient or inpatient hospital. The in-network deductible is $250 for Self Only and $500 for Self + One and Self and Family.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your 2027 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're rewarded for completing certain activities. With Blue Rewards, you and your spouse can earn up to $400 EACH.			
ANNUAL DEDUCTIBLE			
Self Only	$1,750 *CareFirst HSA contribution of $900 ($75 monthly)*	$0	$0
Self + One, Self and Family	$3,500 *CareFirst HSA contribution of $1,800 ($150 monthly)*	$0	$0
ANNUAL OUT-OF-POCKET MAXIMUM			
Self Only	$7,500	$8,500	$7,500
Self + One, Self and Family	$15,000	$17,000	$15,000
PREVENTIVE SERVICES			
Well-Child Visit, Adult Physical Exam, Routine GYN/Maternity; 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			
Office/Freestanding setting			
Labs	Deductible, $60	$30	$0
X-rays	Deductible, $75	$50	$40
Specialty Imaging (i.e., MRI, CAT scan)	Deductible, $100	$100	$75
Outpatient Hospital			
Labs	Deductible, $60	Facility deductible,+ $50	Facility deductible,+ $50
X-rays	Deductible, $75	Facility deductible,+ $100	Facility deductible,+ $65
Specialty Imaging (i.e., MRI, CAT scan)	Deductible, $125	Facility deductible,+ $150	Facility deductible,+ $100
Ambulatory Surgical Center			
Labs	Deductible, $60	$50 copay	$50 copay
X-rays	Deductible, $75	$65 copay	$65 copay
Specialty Imaging (i.e., MRI, CAT scan)	Deductible, $125	$100 copay	$100 copay
HOSPITALIZATION (Physician fees are listed in section 5(b) of CareFirst Inc. Brochure)			
Outpatient Hospital Non-Surgical Services	Deductible, $200	Facility deductible,+ $50	Facility deductible,+ $100
Outpatient Hospital Surgical Services	Deductible, $300	Facility deductible,+ $200	Facility deductible,+ $150
Inpatient Hospital Services	Deductible, 20%	Facility deductible,+ 25%	Facility deductible,+ 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 2027 FEHBP BlueChoice Brochure for specific plan details.

+ Facility deductible: $250 Self Only; $500 Self + 1, Self and Family

Pharmacy Benefits

Let's compare:	HDHP	Standard
PROGRAMS		
Retail Pharmacy Program	✓	✓
Mail Service Pharmacy Program	✓	✓
Annual Deductibles	Combined medical and prescription drug deductible: $1,750 Self Only $3,500 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**
GLP-1 MEDICATIONS FOR WEIGHT LOSS		
Cost Share	50% coinsurance after deductible for both 34-day and 90-day supplies	50% coinsurance for both 34-day and 90-day supplies

	Blue Value Plus
PROGRAMS	
Retail Pharmacy Program	✓
Mail Service Pharmacy Program	✓
Pharmacy Deductible	$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**
GLP-1 MEDICATIONS FOR WEIGHT LOSS	
Cost Share	50% coinsurance for both 34-day and 90-day supplies

* 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

Choose 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.

Understanding 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**.

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 won't pay taxes if you use it to cover eligible expenses.

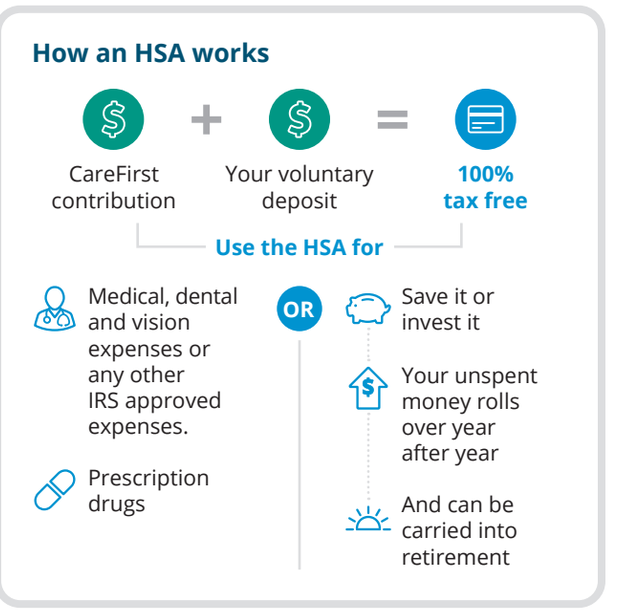
You only have 30 days to sign up for an HSA, otherwise you'll be enrolled in an HRA. To enroll in an HSA, visit **carefirst.com/fedhmo** and log into My Account or use the *HSA/HRA Selection Form* listed under *Resources & Forms*. If you don't have access to the internet, call **Member Services** at **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 $4,500 for individuals and $9,000 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 2027 BlueChoice brochure: **carefirst.com/fedhmo/attachments/opm-brochure.pdf**.

For more information about HRA/HSA contributions: **healthequity.com/learn/partners/carefirst-hbp**

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 can 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 Primary Care *(Primary care available to members and dependents ages 18+; Virtual urgent care available to members and dependents ages 2+)*	$0	▪ Preventive health visits ▪ Same- or next-day sick visits ▪ Behavioral health care	✓	✓
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 *2027 BlueChoice Brochure*
- Call Member Services at 888-789-9065

For more information and frequently asked questions, visit **carefirst.com/fedhmo/plan-information/where-to-get-care.html.**

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 Primary Care

CloseKnit offers high-quality, personalized care whenever and wherever you need it, available virtually from your computer or phone.* Standard BlueChoice and Blue Value Plus Plan members have a $0 copay for virtual care; HDHP members pay the deductible then $0 copay for virtual care.

Learn more and register at **closeknit.com/carefirst**.

CloseKnit offers:

Primary Care
Preventive and wellness care, including chronic condition management.
For adults age 18+

Sick Visits
Same- and next-day appointments available for common illnesses and minor injuries.
For adults and children (age 2+)

Behavioral Health Support
Support for depression, anxiety, chronic stress and other concerns.

New Parent Support
Support including lactation consultation, feeding support and more.

Nutrition Services
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 the shared business name of Atlas Health, LLC, Comprehensive Primary Care and Associates, LLC, and CKNMG, LLC. Atlas Health, LLC and Comprehensive Primary Care and Associates, LLC provide in person and telehealth services to CareFirst members and are corporate affiliates within the CareFirst, Inc. corporate umbrella of companies. CKNMG, LLC is an independent company providing in person and telehealth services to CareFirst members.

Blue Rewards

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

Earn $50

Complete a health assessment and opt-in to wellness emails.



Complete a health assessment and consent to receive wellness communications within 180 days of your effective date.

Earn up to $200

Complete Flex earnings activities.



Earn rewards by participating in one or more of the following programs:

- Health Coaching
- Unwinding
- SmartDollar
- Challenges
- Craving to Quit
- Ovia

Earn $100

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



Select a PCP and complete a health screening with your PCP or at a CVS MinuteClinic within 180 days of your effective date.

Earn $50

Update your health assessment.



Update or confirm your health assessment responses at least 90 days after your initial assessment and before the end of the benefit period.



Rewards are loaded to a medical expense debit card that can be used for eligible health, pharmacy, vision and dental expenses. To learn more, please visit our website, **carefirst.com/fedhmo/plan-information/blue-rewards.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.

Health and Wellness

CareFirst BlueChoice, Inc. partners with CareFirst WellBeing℠ to provide you with 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.

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**.



[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.

Member Services

My Account

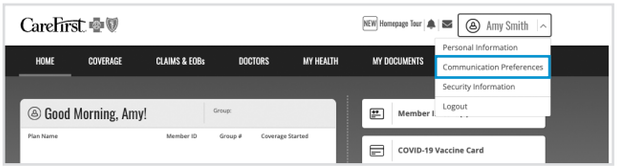
View a wealth of personalized information online—including your claims and out-of-pocket costs—with My Account. You can even print out your member ID card. Simply log in to **carefirst.com/myaccount** for real-time plan information, tools and technology like:

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.

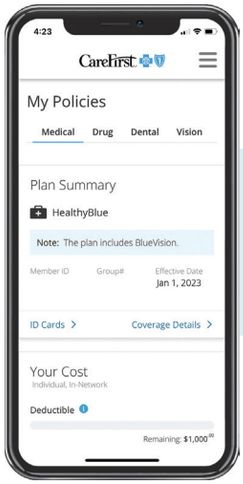
Secure on-line messaging

Send and receive secure online messages from our Member Services 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

BlueCard and BlueCross BlueShield Global Core

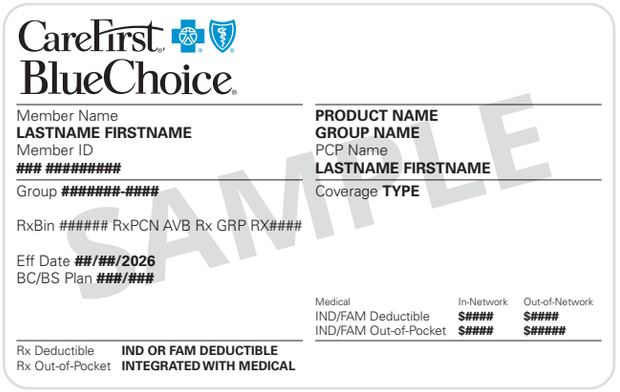
Our plans provide coverage for urgent and emergency care outside the CareFirst service area. BlueChoice Advantage—HDHP plans also provide coverage for non-emergency care outside our service area.

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).



Global Core

The Global Core program provides emergency medical assistance services 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 emergency 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

Prescription Drug Coverage
800-241-3371

Vision Coverage—Davis Vision
800-783-5602

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	**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**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 للآخرين الاتصال بالرقم 855-258-5618 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 ndi dị óké ḿkpà 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 òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọzọ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkpariịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi 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 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́ t'áá bich'į'jį' ha'át'íishį́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' 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। अरू 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. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться 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 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'ailoa 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 poleđini 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 ڈائیلاگ پر انتظار کرنا چاہئیے۔ 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.

2027 Premium Rate Information for CareFirst BlueChoice, Inc.

	Enrollment Code	Your **Biweekly** Share	Your **Monthly** Share
HDHP Option Self Only	B61	$99.76	$216.15
HDHP Option Self + One	B63	$199.52	$432.29
HDHP Option Self and Family	B62	$237.03	$513.56
Blue Value Plus Self Only	B64	$106.64	$231.06
Blue Value Plus Self + One	B66	$213.28	$462.11
Blue Value Plus Self and Family	B65	$253.37	$548.98
Standard Self Only	2G4	$278.22	$602.81
Standard Self + One	2G6	$492.98	$1,068.13
Standard Self and Family	2G5	$653.66	$1,416.26

CareFirst BlueChoice

carefirst.com/fedhmo

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