



CareFirst. 
Family of health care plans

Your Health Benefit Options 2024

Retirees



HOWARD COUNTY PUBLIC SCHOOL SYSTEM

Contents

Welcome	1
Take the Call	2
Patient-Centered Medical Home	4
BlueChoice HMO Open Access	5
Away From Home Care	8
BlueChoice HMO Open Access Summary of Benefits	9
BlueVision	11
Find Providers and Estimate Treatment Costs . . .	13
Know Before You Go	14
Virtual Care Options	16
My Account	17
CareFirst WellBeing	18
Mental Health Support	20
Coordination of Benefits	21
Notice of Nondiscrimination and Availability of Language Assistance Services	23

Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

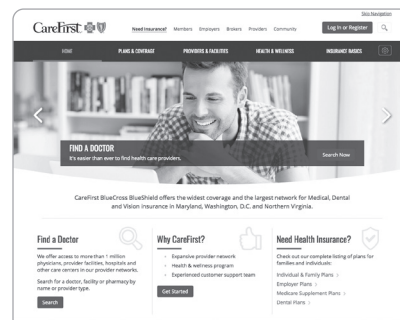
What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.



Visit carefirst.com for up-to-date information on your plan.

Take the Call

If you're dealing with something health-related—a medical emergency, chronic condition like diabetes, or personal goal such as losing weight—you don't have to go it alone. CareFirst BlueCross BlueShield (CareFirst) is here for you.

As part of your medical benefits, you may receive a call from us (or a letter or postcard in the mail) telling you more about our personal, one-on-one health support programs that can help with whatever you're facing. These programs are confidential, and there's no obligation to participate. But if you decide to take part, you can choose how involved you want to be.




We encourage you to “take the call” so you can take advantage of this personal support.



You don't need to wait for us to contact you. If you would like to learn more about our one-on-one coaching and support programs, visit carefirst.com/takethecall.

Confidential, one-on-one support

Below are a few examples of when we might contact you about our personal health programs.

	Program name	Overview	Why it's important	Communication
	Health & Wellness	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more.	Letter or phone call from a <i>coach</i>
	Care Management	Support for a variety of acute and chronic medical conditions and health care concerns and/or supporting transition from hospital to home	Connecting you with a nurse who works closely with your primary care provider (PCP) or specialist to help you understand your doctor's recommendations, medications and treatment plans. The nurse may provide interventions and resources to help you independently manage your health care or transition safely from the hospital to home.	Introduction by PCP or a phone call from a <i>Registered Nurse Care Manager</i>
	Behavioral Health and Substance Use Disorder	Support for mental health and/or addiction issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources.	Phone call from a <i>CareFirst behavioral health care coordinator</i>

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members. CVS Caremark does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the pharmacy benefit management services it provides.

Patient-Centered Medical Home

Supporting the relationship between you and your doctor

Whether you're trying to get healthy or stay healthy, you need the best care. That's why CareFirst¹ created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

The program is designed to provide your PCP with a more complete view of your health needs. Your PCP will be able to use information to better manage and coordinate your care with all your health care providers including specialists, labs, pharmacies and others to ensure you get access to, and receive the most appropriate care in the most affordable settings.

Extra care for certain health conditions

If you have certain health conditions, your PCMH PCP will partner with a care manager, a registered nurse, to:

- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you're following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)



A PCP is important to your health

By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.

If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health.

¹ All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

BlueChoice HMO Open Access

No referrals required

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care. This plan also allows you to visit specialists directly—no referrals needed. We also offer online tools and resources at [carefirst.com](https://www.carefirst.com) that give you the freedom and flexibility to manage your health care and wellness goals wherever you are.



Take advantage of your benefits

- A network of almost 40,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care including a free 24-hour nurse advice line, video visits, convenience care clinics and urgent care centers.
- \$0 cost for comprehensive preventive health care visits.
- Predictable copays and deductibles (if applicable).
- The Away from Home Care program allows you to take your plan benefits with you if you're out of the area for at least 90 days.
- Coverage for emergency or urgent care if you are outside CareFirst BlueCross BlueShield's service area (Maryland, Washington, D.C. and Northern Virginia).

Benefits at a glance



Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.



Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.



Hospital services

You're covered for overnight hospital stays. You're also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all hospital services.



Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).



Well-child visits

All well-child visits and immunizations are covered.



Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.



Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

How your plan works

CareFirst BlueCross BlueShield has the region's largest network for doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

In-network doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs.

Out-of-network providers and doctors have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed.

Your benefits

Step 1: Select a PCP

Establishing a relationship with one doctor is the best way to receive consistent, quality health care. When you enroll in a BlueChoice HMO Open Access plan, you select a PCP—either a physician or nurse practitioner—to manage your primary medical care. Make sure you select a PCP for yourself and each of your covered family members. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in family practice, general practice, pediatrics or internal medicine.

To ensure that you receive the highest level of

benefits and pay the lowest out-of-pocket costs for all services, see your PCP for preventive and routine care.

Step 2: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:

- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

Step 3: Your plan will start to pay for services

Your full benefits will become available once your deductible (if applicable) is met as long as you visit participating CareFirst BlueChoice doctors and facilities. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

Deductible requirements vary based on whether your coverage is an individual or family plan. If more than one person is covered under your plan, please refer to your Certificate of Coverage for detailed information on deductibles.

Step 4: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Any amount you pay toward your deductible (if applicable) and most copays and/or coinsurance will count toward your out-of-pocket maximum.

Should you reach your out-of-pocket maximum, CareFirst will then pay 100 percent of the allowed benefit for all covered services for the remainder of the benefit period.

Please keep in mind that out-of-pocket requirements also differ if your coverage is an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Certificate of Coverage.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.

Labs, X-rays or specialty imaging

To get the most economical use out of your laboratory benefits, you must visit a LabCorp facility for any laboratory services. Services performed at a facility that isn't part of the LabCorp network will not be covered under your plan.

Also, any lab work performed in an out-patient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate a LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit labcorp.com.

Diagnostic/imaging centers have equipment to produce various types of radiologic and electromagnetic images (such as X-rays, mammograms, CT and PET scans) and a professional staff to interpret the images. If you need X-rays or other specialty imaging services, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology.

Out-of-area coverage

Out-of-area coverage is limited to emergency or urgent care only. However, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care®.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart.

For more information on Away From Home Care, please call Member Services at the phone number listed on your ID card.

*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association.

Global coverage

If you travel outside of the U.S., access to quality medical coverage is essential to keeping you healthy and productive. With BlueCross BlueShield Global Core* solutions from CareFirst, you receive:

- Access to nearly 170,000 English-speaking providers and more than 11,500 hospitals in nearly 200 countries worldwide
- 24/7 telephone support
- Seamless claims processing/reimbursement designed for occasional or short-term travel, the Core plan connects members with their home plan benefits to provide basic medical coverage outside of the U.S.

For more information on Global Core, please call 800-810-BLUE (2583).

Important terms

ALLOWED BENEFIT: The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the CareFirst BlueChoice network cannot charge our members more than the allowed amount for any covered service.

BALANCE BILLING: Billing a member for the difference between the allowed charge and the actual charge.

COINSURANCE: The percentage of the allowed benefit you pay after you meet your deductible.

COPAY: A fixed-dollar amount you pay when you visit a doctor or other provider.

DEDUCTIBLE: The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst BlueChoice network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network. If you receive non-emergency or urgent services from an out-of-network provider or facility, you will be responsible for paying the entire amount billed.

Away From Home Care[®]

Your HMO coverage goes with you

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.



Always remember to carry your ID card to access Away From Home Care.

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

BlueChoice HMO Open Access Summary of Benefits

Benefits	CareFirst Open Access HMO
Network Coverage	Regional Network (MD, Washington, D.C. and Northern Virginia)
COST SHARING LIFETIME LIMITS	
Calendar Year Deductible Individual Family	None None
Calendar Year Out-of-Pocket Maximum Individual Family	\$2,000 \$6,000
Coinsurance	100% of Allowed Benefit
Lifetime Maximum	None
PROFESSIONAL SERVICES	
Primary Care Office Visit	\$10 copay
Gynecology Office Visit	\$0 for Well Woman visit or \$20 copay for all other visits
Specialist Office Visit	\$20 copay
Physical Therapy Office Visit	100% of Allowed Benefit after copay (30 visits per condition per calendar year, combined with ST and OT)
Speech Therapy Office Visit	100% of Allowed Benefit after copay (30 visits per condition per calendar year, combined with PT and OT)
Occupational Therapy Visit	100% of Allowed Benefit after copay (30 visits per condition per calendar year, combined with PT and ST)
Chiropractic Office Visit	100% of Allowed Benefit after copay (limited to 20 visits per benefit period)
Allergy Shots/Other Covered Injections	100% of Allowed Benefit after copay
Allergy Serum	100% of Allowed Benefit after copay
Allergy Testing	Covered as either a PCP or Specialist office visit
Diagnostic tests	100% of Allowed Benefit after copay
Diagnostic tests performed by lab or other testing facility and billed separately from office visit	100% of Allowed Benefit
PREVENTIVE CARE	
Well Child Visit/Immunization	\$0 copay
Routine Adult Physical	\$0 copay
Routine Gynecological Exam	\$0 copay, one exam per calendar year.
Routine Pap Smear	100% of Allowed Benefit when included with routine gynecological exam. One exam per calendar year.
Routine Mammogram	100% of Allowed Benefit, unlimited visits
PSA Testing	Covered based on place of service. One per calendar year for males 40 and over
INPATIENT CARE (PREAUTHORIZATION REQUIRED)	
Room and Board	100% of Allowed Benefit, pre-authorization required
Physician/Surgical Services	100% of Allowed Benefit
Anesthesia Services	100% of Allowed Benefit
Intensive Care Unit/Critical Care Unit	100% of Allowed Benefit
Maternity/Nursery/Birthing Center	100% of Allowed Benefit
Skilled Nursing/Rehab Facility Care	100% of Allowed Benefit, unlimited days
Dialysis/Radiation/Chemotherapy	100% of Allowed Benefit
Hospice (Preauthorization Required)	100% of Allowed Benefit
Physical/Speech/Occupational Therapy	100% of Allowed Benefit

BlueChoice HMO Open Access Summary of Benefits

Benefits	CareFirst Open Access HMO
Network Coverage	Regional Network (MD, Washington, D.C. and Northern Virginia)
OUTPATIENT HOSPITAL SERVICES	
Surgical/Anesthesia Services	100% of Allowed Benefit
Dialysis/Radiation/Chemotherapy	100% of Allowed Benefit
Outpatient Diagnostic Services	100% of Allowed Benefit
MATERNITY/INFERTILITY SERVICES	
Pre-and Postnatal care and delivery	100% of Allowed Benefit
Routine nursery care	100% of Allowed Benefit
Sterilization/Reverse Sterilization requires preauthorization	100% of Allowed Benefit, reverse sterilization is not covered
Artificial Insemination (AI)	50% of Allowed Benefit (limited to 6 courses of treatment per lifetime)
In Vitro Fertilization (IVF)*—maximum of 3 IVF attempts/lifetime (Preauthorization Required)	50% of Allowed Benefit
MEDICAL EMERGENCIES (USE OF ER)	
Emergency Room	100% of Allowed Benefit after \$50 copay (waived if admitted)
Urgent Care Center	100% of Allowed Benefit after \$20 copay
MEDICAL EQUIPMENT/SUPPLIES	
Durable Medical Equipment	100% of Allowed Benefit
Prosthetic Devices (Pre-authorization required)	100% of Allowed Benefit
Orthopedic Devices	100% of Allowed Benefit
Foot Orthotics (Subject to medical necessity)	100% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE DISORDER (PREAUTHORIZATION REQUIRED FOR INPATIENT ONLY)	
Mental Health: Inpatient Outpatient	100% of Allowed Benefit \$20 copay
Substance Abuse: Inpatient Outpatient	100% of Allowed Benefit \$20 copay
OTHER SERVICES	
Ambulance	Ground: 100% of Allowed Benefit, non-emergency—not covered Air: Covered 100% of Allowed Benefit, non-emergency—not covered
Kidney, Cornea Bone Marrow Transplants	100% of Allowed Benefit
Heart, Heart-Lung, Lung, Pancreas, Liver Transplants	100% of Allowed Benefit
Cardiac Rehabilitation	100% of Allowed Benefit after \$20 copay
Hearing Aids	100% of Allowed Benefit (limited to 1 hearing aid per hearing impaired ear once every 36 months for a child up to the age of 18)
Habilitative Services (for children up to age 19)	100% of Allowed Benefit after copay for Physical, Speech and Occupational Therapy. Pre-authorization required.
Acupuncture	100% of Allowed Benefit, no copay
Vision (Routine eye exam)	Routine eye exam covered at 100% after a \$10 copay. One exam per calendar year

Retiree Plan Participants under age 65 and over age 65: Expenses for non-covered services and charges in excess of reasonable and customary do not apply toward the out-of-pocket limit.

The purpose of this Open Enrollment chart is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.

BlueVision

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?

To find a provider, go to [carefirst.com](https://www.carefirst.com) and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price¹.

Mail order replacement contact lenses

[DavisVisionContacts.com](https://www.DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?
Visit [carefirst.com](https://www.carefirst.com) or call
800-783-5602.

¹ As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

Summary of Benefits

(12-month benefit period)

In-Network	You Pay
EYE EXAMINATIONS¹	
Routine Eye Examination with dilation (per benefit period)	\$10
FRAMES^{1,2}	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES²	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
LENS OPTIONS^{2,3} (add to spectacle lens prices above)	
Standard Progressive Lenses	\$75
Premium Progressive Lenses (Varilux®, etc.)	\$125
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended invisible bifocals	\$20
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$35
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
CONTACT LENSES^{1,3}	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
LASER VISION CORRECTION³	
Up to 25% off allowed amount or 5% off any advertised special ⁴	

- ¹ At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.
- 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.
- ³ Special lens designs, materials, powers and frames may require additional cost.
- ⁴ Some providers have flat fees that are equivalent to these discounts.

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.
8. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply. Benefits issued under policy form numbers: MD/BC-OOP/VISION (R. 6/04) • DC/BC-OOP/VISION (R. 6/04) • VA/BC-OOP/VISION (R. 6/04)

Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Find providers

carefirst.com/hcpss/

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit carefirst.com/hcpss today!



Want to view personalized information about doctors in your plan's network? Be sure to log in to My Account from your computer, tablet or smartphone.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies 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.*

Primary care provider (PCP)

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

CloseKnit Virtual Care

Our virtual-first practice, CloseKnit, offers 24/7/365 virtual primary care, behavioral health, and urgent care services.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most

appropriate care. Call 800-535-9700 anytime to speak with a nurse.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

Urgent care centers

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

Emergency room (ER)

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



Did you know that **where** you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst BlueCross BlueShield. CareFirst does not direct the action of participating providers or provide medical advice.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	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 <i>(24/7/365 virtual care for members)</i>	\$10	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Urgent care needs ▪ Illness while traveling ▪ Therapy 	✓	✓
Convenience Care <i>(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</i>	\$10	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain 	✗	✓
Urgent Care <i>(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)</i>	\$20	<ul style="list-style-type: none"> ▪ Sprains ▪ Cut requiring stitches ▪ Minor burns 	✗	✓
Emergency Room <i>(Life-threatening illness or injury)</i>	\$50	<ul style="list-style-type: none"> ▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain 	✓	✓

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

To determine your specific benefits and associated costs:

- Log in to My Account at carefirst.com/myaccount;
- Check your Evidence of Coverage or benefit summary;
- Ask your benefit administrator; or
- Call Member Services at the telephone number on the back of your member ID card.

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

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.

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 about your symptoms, and the appropriate steps to take, at any time by calling 800-535-9700.

CloseKnit

CloseKnit, our leading virtual care 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 convenient CloseKnit mobile app.



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. *Psychiatric services coming soon.*



Lactation Support

Assistance for nursing mothers with breastfeeding challenges. *Coming soon.*



Diet & Nutrition

Guidance and support for healthy eating, weight loss and more. *Coming soon.*

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

My Account

Online access to your health care information

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. Set up an account today! Go to **carefirst.com** to create a username and password.

CareFirst Mobile App or My Account online

1. Download the CareFirst app OR visit carefirst.com on your computer
2. Register for My Account

It's that easy. Then, log in and conveniently:

- 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, including the Behavioral Health Digital Resource and more



Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit carefirst.com
- Select *Register Now*
- Create your username and password



CareFirst WellBeing

Putting the power of health in your hands

Welcome to CareFirst WellBeingSM—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking 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. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features

Our well-being program is full of resources and tools that reflect your own preferences and interests. You get:

- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content and programs tailored to you.
- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **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.



Download the mobile app to access well-being tools and resources whenever and wherever you want.

Specialized programs

The following programs can help you focus on specific wellness goals. For more information about any of these programs, please call well-being support at 877-260-3253.

Health coaching

Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program

Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.

Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and online tools make quitting easier than you might think.

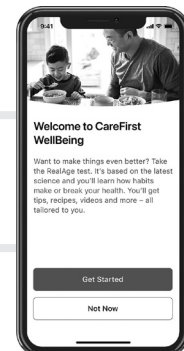
Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings

- **Wellness discount program**— Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To start exploring the program, visit carefirst.com/wellbeing to download the CareFirst WellBeing app and register for your account.



Mental Health Support

Well-being for mind and body

Living your best life means taking care of your body *and* your mind. Emotional well-being is important at every stage in life, from adolescence through adulthood.

When mental health difficulties arise for you or a loved one, remember you're not alone. Help is available and feeling better is possible.

CareFirst BlueCross BlueShield (CareFirst) is here to help. Members have access to specialized services and programs for depression, anxiety, substance use disorders, and more. Our support team is made up of specially trained service representatives, registered nurses, licensed clinicians and care managers ready to:

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

To find help, call us at 800-245-7013.



Our Behavioral Health Digital Resource, powered by 7 Cups, is available 24/7 with access to CareFirst care managers, trained listeners, supportive communities and individualized growth paths. Learn more by logging into your My Account and clicking on the Behavioral Health Digital Resource tile.



Coordination of Benefits

If you're covered by more than one health plan

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you're insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

What is Coordination of Benefits (COB)?

It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The **primary plan** has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The **secondary plan** then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.



Covered by more than one health plan? Contact Member Services at the number listed on your ID card.

What if I have other coverage?

Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You're covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

How do I submit claims?

When CareFirst is the primary plan

You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

When CareFirst is the secondary plan

Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

When CareFirst is the primary and secondary plan

You don't need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under *Other Health Insurance*. In most cases, we'll automatically process a second claim to consider any balances.

Which health plan is primary?

There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It's important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn't have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you're the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse's plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
 - For example, if your birthday is May 3 and your spouse's is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
 - When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
 - For dependent coverage only, if none of the above rules apply, the plan that's covered the dependent longer is primary.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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

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

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

Foreign Language Assistance

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

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

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nómà fòdùn tò wà lèyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

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

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

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

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

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

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

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

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

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

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

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

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

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aahee ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójj' dahóoolnih 855-258-6518 dóo yii dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.

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