



Member Quick Guide

Inside, you'll learn about...

	How health insurance works.....	3
	Your Explanation of Benefits	4
	My Account—your total online resource	5
	Your member ID card	6
	Ways to save	7
	Important terms and definitions	8
	Frequently requested services	9
	Your right to appeal	10



How health insurance works

To help you make the most of your health care plan, it's important to understand a bit about health insurance.

Plan year begins January 1

Get your preventive care

Here are some examples of care provided at no cost to you each year when you use a LBH Network or CareFirst in-network provider:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits and Pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal/maternity services

Need additional care?

Meet your deductible

Your **DEDUCTIBLE** is the amount of money you must pay each year before the plan will start paying for all or part of your health care services.

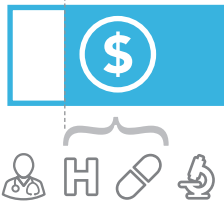
YOU PAY 100%
until you meet your deductible



Pay your share

After you meet your deductible, you'll pay a **COPAY OR COINSURANCE** for covered services.

YOU PAY | **YOUR INSURANCE PAYS**



Reach your out-of-pocket maximum

Your insurance will pay 100 percent of your covered medical expenses after you have reached your out-of-pocket maximum for the year.

YOUR INSURANCE PAYS 100%



Your monthly premium does not count toward your deductible or out-of-pocket maximum.

Plan year ends December 31



Your Explanation of Benefits

After you begin using your plan benefits, CareFirst will provide you with an Explanation of Benefits (EOB). An EOB summarizes your medical care and the total costs. An EOB is not a bill. It details the costs you may be responsible for under the column *What You Owe*.

1 Claims Statement Summary

—a single page dedicated to your most recent insurance claim(s). You'll quickly be able to tell how much you were billed, what your plan covered and how much you've saved.

2 Total Provider Charges

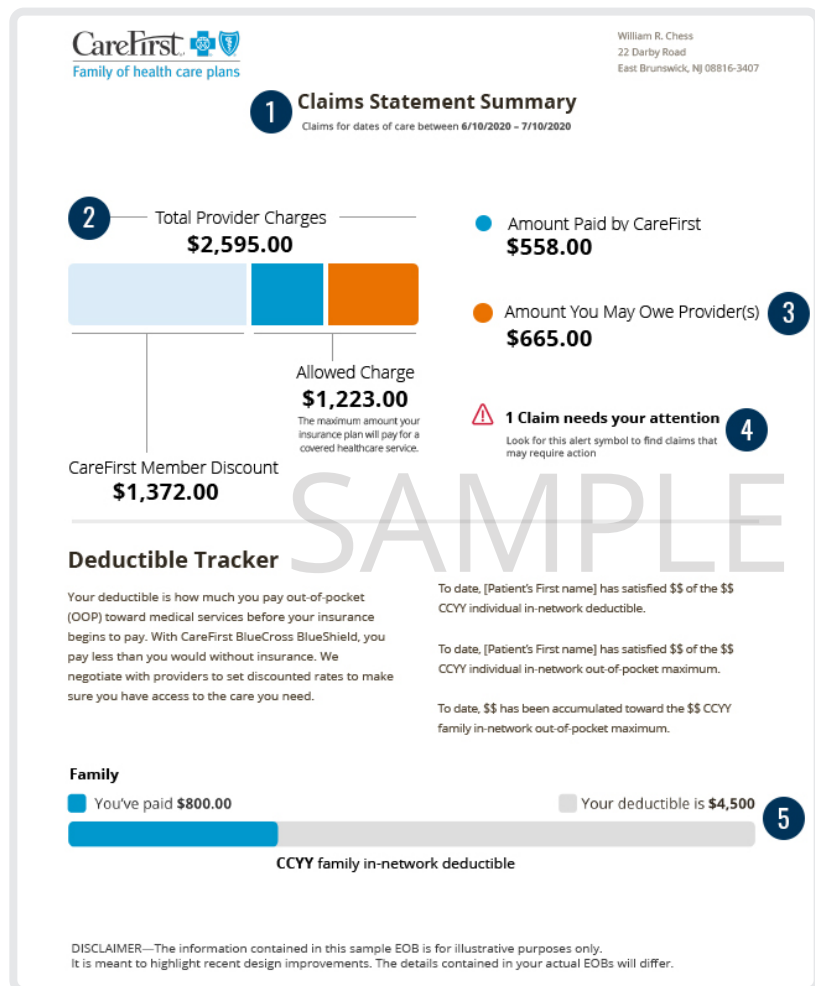
—This is the raw cost of the medical service detailed on your claim—what you'd pay if you didn't have medical insurance at all.

Allowed Charge—CareFirst negotiates a discounted price for service from in-network providers—an allowed charge—to ensure your care is affordable.

CareFirst Member Discount—You save money by having insurance. CareFirst negotiates rates with in-network healthcare providers to make sure you have access to affordable care. The CareFirst member discount shows how much you saved just by being a member.

3 The Amount You May Owe

—After CareFirst has paid its part, there may be a remaining balance owed to the provider. You'll see that here. But remember, your EOB is NOT a bill. You should receive a separate bill from your provider for the amount indicated.



4 Member Alert Icon

—Keep an eye out for this icon. It will alert you to claims that may require your attention. This can help you better understand your costs.

5 Deductible Tracker

—This simple bar graph makes it easy to track how much you've spent toward your annual deductible and how much you have remaining. Please note that the term Family can apply to single person as well as a group.



My Account—your total online resource

We've created an easy-to-use, secure section of our website where you can go to take an active role in managing your and your family's health. By setting up an account, you'll have password-protected access to help you:

- Search for doctors
- View your member ID card
- View your Explanation of Benefits (EOB)
- Track your remaining deductible, out-of-pocket maximum(s) and
- Check the status of your claims
- Choose to go paperless

Visit *My Account* at carefirst.com/lifebridge on your computer, tablet or smartphone and select Log In. Or, download the CareFirst mobile app.





Your member ID card

Your member ID card—like the example shown here—identifies you as a LifeBridge Health Plan member with CareFirst, and shows important information about you and your covered benefits. Each family member on your plan should have a card with their name on it. Make sure to always present your ID card when receiving services. If you don't have your physical card, you can view it on your smartphone through *My Account*.

Here are the areas of your card you'll most often need to provide when receiving care. In addition, you will find important phone numbers on the back.

- 1 & 2 **Member ID & Group No.** — these are the numbers providers need to verify your coverage
- 3 **Codes** pharmacies use to route claims for payment
- 4 **Open Access** — no referrals are needed
- 5 **Plan name** — your plan name
- 6 **Abbreviations** — correspond to your plan copays

Make sure the information on your card is correct. If there is an error, call Member Services at the number on the back of your member ID card.

CareFirst **CareFirst BlueChoice, Inc.** **LIFEBRIDGE HEALTH**

Member Name **DOE JOHN** 5 **BC ADV OPEN ACCESS**
 Member ID **VVL 8104567489**

2 **Group 1902874-MD10**

Eff Date **01/01/19** 6 **LVL 1 LIFEBRIDGE DED/\$10/35**
 3 **BC/BS Plan 190/960** **LVL 2 DED 70/30 LVL3 DED 60/40**

4

www.carefirst.com

Customer Service: 866-595-6245
Provider Service: 877-228-7268

This employee benefit plan provides benefits to you and your eligible dependents.

24hr FirstHelp(Nurse): **800-535-9700**
 Mental Health/Substance Abuse: **800-245-7013**
 Pre-Auth/Case Management: **866-773-2884**
 Locate Out of Area Providers: **800-810-2583**

Local CareFirst providers mail to:
 Mail Administrator
PO Box 14115 (for claims)
PO Box 14114 (for correspondence)
Lexington, KY 40512

CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueChoice, Inc. and CareFirst BlueCross BlueShield, the business name of CareFirst of Maryland, Inc., is an independent corporation operating under a license from the Blue Cross and Blue Shield Association.
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Ways to save

Stay in your plan's network

Use LifeBridge Health Network hospitals, facilities and providers to receive the highest benefits. To find a provider, login to *My Account* at carefirst.com/lifebridge. Under the *Doctors* tab at the top, select *Find a Doctor*. You can search by your doctor's name or provider type.

See doctors outside of a hospital setting

Some doctors and specialists see patients in a hospital or on a hospital campus. This means you could receive two bills—one from your doctor/specialist and one from the hospital for using their facility. If you go to a CareFirst in-network provider at a hospital setting you may be charged for the facility fee in addition to the provider's bill.

Take advantage of \$0 preventive benefits

All of our plans include many no-cost preventive services. You'll pay nothing for the following health visits when you use one of our LBH network providers or a CareFirst in-network provider:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits and Pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal/maternity services





Important terms and definitions

Allowed benefit (allowed charges on your EOB)—the maximum dollar amount an insurer will pay for a covered health service, regardless of the provider's actual charge. A provider who participates in the CareFirst BlueCross BlueShield or BlueChoice network cannot charge members more than the allowed benefit for any covered service.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you'll pay \$50 each time you visit a specialist.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 10 percent coinsurance and the allowed benefit is \$100, then your cost would be \$10. The Plan would pay the remaining \$90.

Deductible—the amount of money you must pay each year before the Plan begins to pay its portion of your claims. For example, if your deductible is \$600, you'll pay the first \$600 for health care services covered by your Plan (subject to the deductible). The Plan will start paying for part or all of the services received after that.

Effective date—the date your coverage begins.

Health Savings Account (HSA)— a tax-advantaged account that you can set up to save money for current and future health care expenses. The deposits you make to your HSA reduce your taxable income, helping you keep more of your money. You can use your HSA funds to pay approved out-of-pocket expenses for you, your spouse and your dependents (even if they're not enrolled in your health care plan). Additionally, you can save funds for future health care expenses.

Open enrollment—the only time of year when individuals can enroll or switch health plans without qualifying for a special or limited enrollment period.

Out-of-pocket maximum—the most you pay for medical expenses and prescriptions in one calendar year. Your out-of-pocket maximum resets every January 1.

Premium—the amount you pay each pay check for your medical plan. Your premium does not count toward your deductible or out-of-pocket maximum.

Primary care provider (PCP)—A doctor you choose who is part of your plan's network, provides routine care and coordinates other specialized care as needed.



Frequently requested services

We're here to help you get the most from your health plan. The following is a list of questions about frequently requested services:

Need to find a hospital, facility, or provider?

Visit carefirst.com/lifebridge

Have a question about your benefits?

Visit carefirst.com/lifebridge or call Member Services at **800-628-8549**

Want to talk with a nurse?

Call the FirstHelp 24-hour nurse advice line at **800-535-9700**.

Need a pre-authorization? Need to talk to a CareFirst case manager?

Call CareFirst BlueCross BlueShield at **866-773-2884**

Want information about LifeBridge Health's benefits?

Visit mymobilewalletcard.com/lifebridge



Your right to appeal

Try calling CareFirst Member Services first. If you need further assistance, submit a written appeal within 180 days of receiving the written notification of claim denial.

Send it to Mail Administrator, P.O. Box 14114, Lexington, KY 40512. If you prefer, you can send a secure email with your request through *My Account*.

The correspondence should include:

- Member name and ID number
- Provider name
- Date(s) of service
- Admission and discharge date (if applicable)
- A copy of the original Explanation of Benefits, voucher or bill
- Copies of medical records (emergency room records, X-rays, etc.)

Be an informed consumer! Review additional member information:

- Rights and Responsibilities
carefirst.com/myrights
- Quality of Care Complaint Process
carefirst.com/qoc
- Privacy Statement
carefirst.com/privacy



CONNECT WITH US:



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