



Member Quick Guide

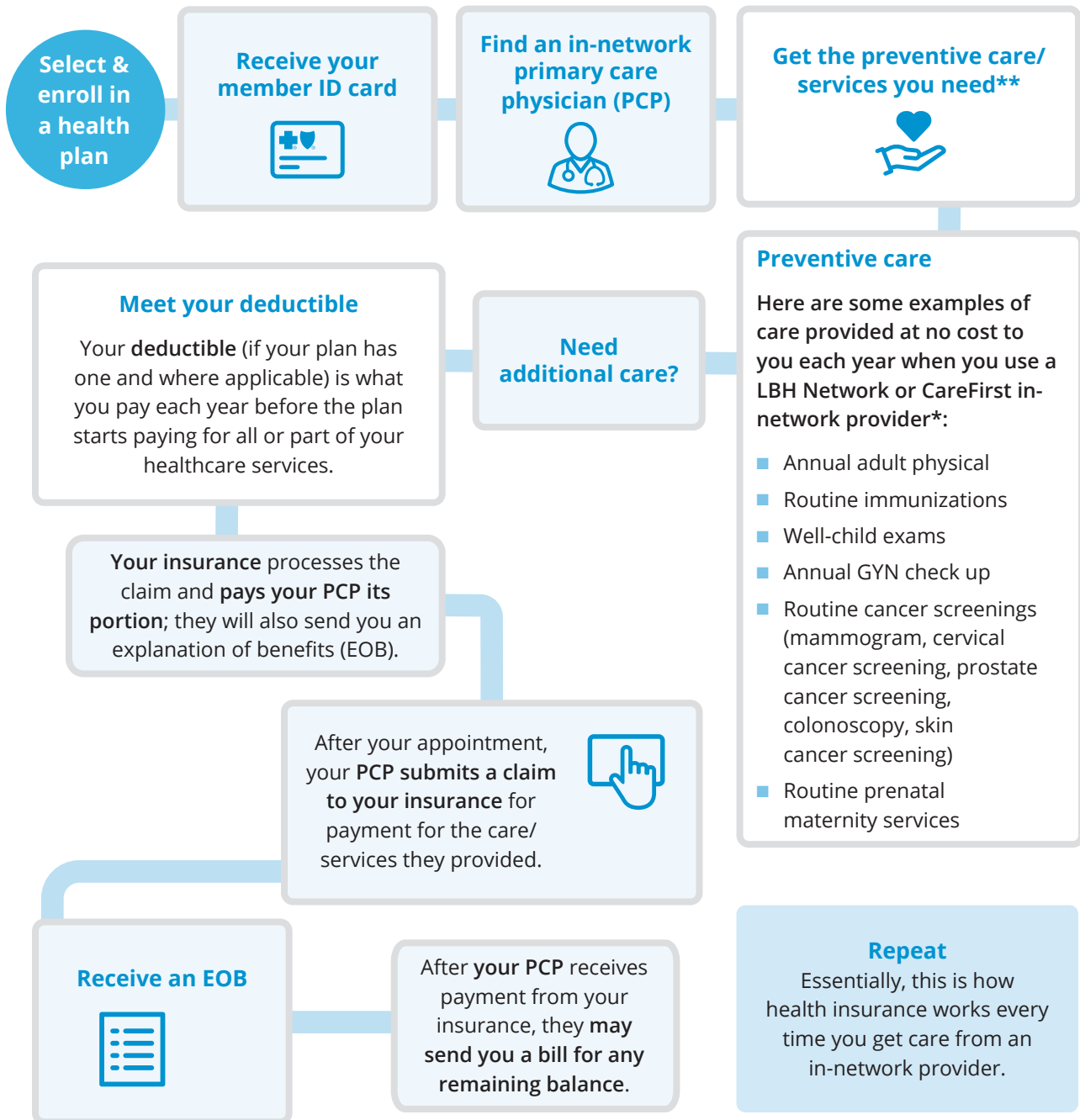
Inside, you'll learn about...

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How health insurance works

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



* On the Exclusive plan, preventative care is only available within the LBH Network.

** For those enrolled in the Exclusive plan, care is available only within the LBH Network.



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 *Amount You May Owe Provider(s)*.

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

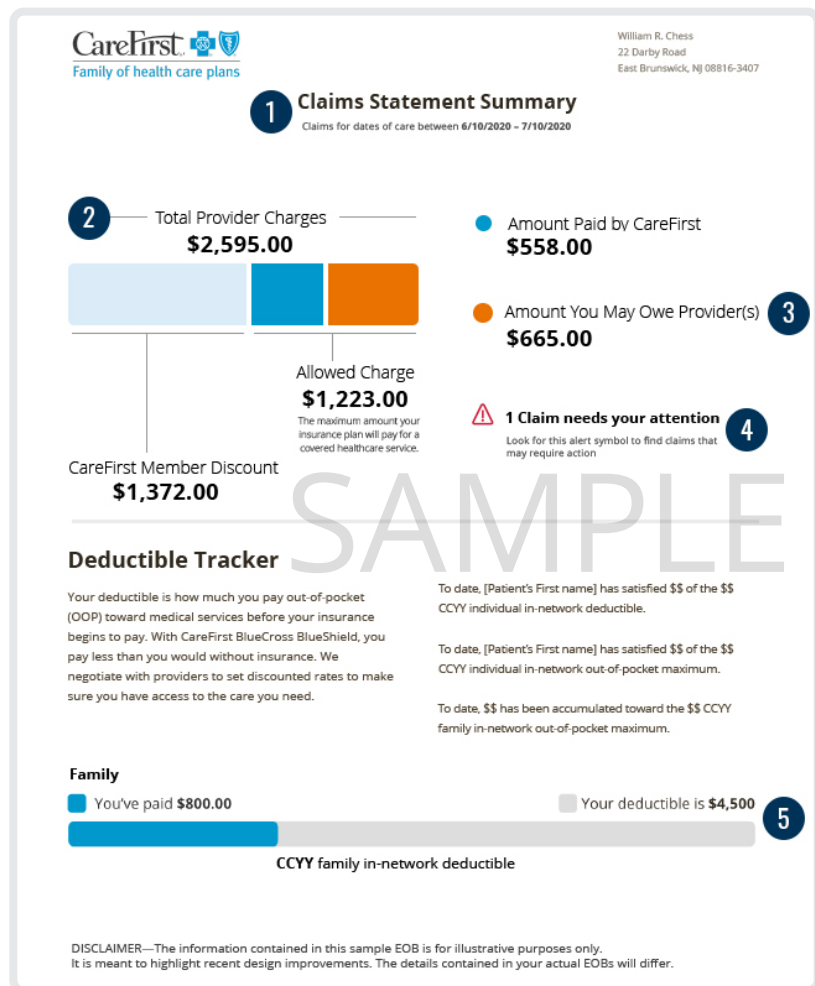
—This is the raw cost of the medical service detailed on your claim—what you'd pay if you didn't have medical insurance at all.

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 Amount You May Owe

—After CareFirst has paid its part, there may be a remaining balance owed to your provider(s). You'll see that here. But remember, your EOB is NOT a bill. You should receive a separate bill from your provider(s) 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 a 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 actively manage 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)
- 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 member 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 BlueChoice LIFEBRIDGE HEALTH

Member Name **DOE JOHN** 5 **EPO: see back for details BC ADV OPEN ACCESS**

1 Member ID **VVL 810001234**

2 Group **1904296-MD10** 6 **LVL 1 LBH DED/P15/S30/ER200 EPO**

Eff Date **01/01/24**

	Medical	In-Network	Out-Of-Network
IND Deductible	\$750	N/A	N/A
IND Out-Of-Pocket	\$2000	N/A	N/A

3 **BC/BS Plan 190/690** 4 **PPO**

carefirst.com

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

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

24-Hour Nurse Advice Line: **800-525-9700**
Mental Health/Substance Abuse: **800-245-7013**
Pre-Auth/Case Management: **866-773-2884**
Locate out of area providers: **800-810-2583**

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

Providers must submit all Medical claims to the local Blue Cross and Blue Shield Plan. Local CareFirst Medical providers mail to:
Mail Administrator
PO Box 14115 (for claims)
PO Box 14114 (for correspondence)
Lexington, KY 40512

EPO members have no or limited benefits except when receiving services from a LifeBridge Health network provider.

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.
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Ways to save

Stay in your plan's network

Use our Find a Doctor tool to find or confirm a provider is in network. Log into My Account at carefirst.com/lifebridge. Under the *Doctors* tab at the top, select *Find a Doctor*. Then, search by your doctor's name or provider type. You do not need to be logged in to your individual account to use the provider search. When you use the link provided above (carefirst.com/lifebridge) you can simply page down to "Find a Doctor" section and complete your search. Doing a provider search while not logged in to your individual account will require you to select your specific plan.

Use LifeBridge Health Network hospitals, facilities and providers for the highest benefits.

See doctors outside of a hospital setting

Some doctors and specialists see patients in a hospital or on a hospital campus. This means, even if you see an in-network provider, you could receive two bills—one from your doctor/specialist and one from the hospital for using the facility.

Ask questions and express your desires

When you schedule your appointment, ask if your provider is in your plan's network. Let them know you want preventive care screenings and tests fully covered by your plan.

At your appointment, ask if any additional tests or treatments received during the appointment will not be considered preventive care and if they could lead to out-of-pocket costs. Ask if lab work can be sent to an in-network lab.

For additional questions about securing cost-effective, quality care, call the Member Services phone number on the back of your CareFirst member ID card.

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.

\$0 preventive benefits screening tests		
Men	<ul style="list-style-type: none"> ■ Abdominal aortic aneurysm ■ Blood pressure ■ Cholesterol ■ Colon cancer 	<ul style="list-style-type: none"> ■ Depression ■ Diabetes ■ Lung cancer
Women	<ul style="list-style-type: none"> ■ Blood pressure ■ Breast cancer counseling for genetic testing ■ Cervical cancer screening (Pap test and/or HPV) ■ Chlamydia and gonorrhea ■ Cholesterol ■ Colon cancer 	<ul style="list-style-type: none"> ■ Depression ■ Diabetes ■ Lung cancer ■ Mammogram ■ Osteoporosis
Infants, Children and Teens	<ul style="list-style-type: none"> ■ Developmental and behavioral ■ Fluoride dental varnish and oral health check ■ Hearing/Vision tests 	<ul style="list-style-type: none"> ■ Newborn and infant screenings ■ Well-baby/well-child visits
Other Services	<ul style="list-style-type: none"> ■ Contraception ■ Depression screening ■ Lead exposure test ■ Immunizations, including flu shot and COVID-19 vaccine ■ Intimate partner violence 	<ul style="list-style-type: none"> ■ Obesity screening and counseling ■ Sexually transmitted infection (STI) counseling ■ Tobacco and alcohol use counseling ■ Tobacco Cessation

This information is a reference tool and does not guarantee payment of any claims.



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 healthcare plan has a 10% coinsurance and the allowed benefit is \$100, then your cost would be \$10. The plan would pay the remaining \$90.

Deductible—not all plans have a deductible; however, if yours does and where applicable, this is 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 healthcare 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 you can set up to save money for current and future healthcare 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 healthcare plan). Additionally, you can save funds for future healthcare 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 paycheck 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 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 LBHbenefits.com



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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