



## 2016 Health Benefit Options

**MONTGOMERY COUNTY  
PUBLIC SCHOOLS**

*Active/Retiree*



# Welcome

## Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) is 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.
- *My Care First* wellness website with health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips, and articles on nutrition, physical fitness, and stress management.

## FREE My Account mobile app



Get our free app from your favorite app store by searching for “CareFirst.”

Health care information is in the palm of your hand with CareFirst’s new mobile app that allows you to manage your care, access claims information, view your ID cards and find a doctor or urgent care center any time of the day or night from your smartphones or tablets.

# BlueChoice Advantage POS/PPO

## *Offers You the Freedom to Choose*

BlueChoice Advantage POS/PPO provides you with choices that offer control over your out-of-pocket costs. You have the freedom to visit any provider and your choice will determine your out-of-pocket costs.



*No need to select a PCP or obtain a referral.*

## Benefits of BlueChoice Advantage POS/PPO

- Choose from more than 37,000 CareFirst BlueChoice providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Access to more than 1 million professional providers nationally through the BlueCard® PPO network.
- No PCP selection required.
- No PCP referral required to see a specialist.
- Pay predictable copays when you receive care from an in-network provider.
- Preventive services, including well child visits, annual adult physicals and routine cancer screenings at no cost.

## How your plan works

The BlueChoice Advantage Plan POS/PPO offers you the flexibility and freedom to choose from both in and out-of-network providers.

### Receiving care inside the CareFirst service area

When care is rendered in Maryland, Washington, D.C. or Northern Virginia, use the CareFirst BlueChoice or CareFirst PPO network to receive the highest level of coverage and pay lower out-of-pocket costs.

### Receiving care outside the CareFirst service area

Members seeking care outside the CareFirst service area will lower costs by using a national BlueCard® PPO provider. Members will still have the option to opt-out of this network but will pay a higher out-of-pocket expense.

If you receive services from a provider outside of the BlueCard network, you will have to:

- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a deductible and coinsurance.

The choice is entirely yours. That's the advantage of this plan.

### Hospital Authorization/Utilization Management

If you are receiving care in Maryland, Washington, D.C. or Northern Virginia, your CareFirst BlueChoice or out-of-network participating provider in the service area will obtain any necessary admission authorizations for in-area covered services.

If you are receiving care outside of Maryland, Washington, D.C. or Northern Virginia, you'll be responsible for obtaining authorization for services. Call toll-free at (866) PREAUTH (773-2884) for authorization.

#### Important terms

**Allowed benefit** is the dollar amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

Balance Billing is billing a member for the difference between the allowed charge and the actual cost.

**Copay** is a fixed dollar amount a member must pay for a covered service.

**Coinsurance** is a percentage of the doctor's charge or allowed benefit a member must pay for a covered service.

**Deductible** is the dollar amount of incurred covered expenses that the member must pay before CareFirst BlueChoice makes payment.

## Your benefits

### Step 1: Meet your deductible

Your plan requires you to meet an out-of-network deductible. You will be responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your full benefits will become available to you.

Your plan requires you to meet an out-of-network deductible. Deductible requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed deductible information.

### Step 2: Your plan will start to pay for services

After you satisfy your deductible, your plan will start to pay for covered services.

### Step 3: Your out-of-pocket maximum or out-of-pocket limit is the maximum amount you'll pay during your benefit period

Should you ever reach your out-of-pocket limit, CareFirst will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period. Any amount you pay towards your deductible and most copays and/or coinsurance will count towards your out-of-pocket limit.

If more than one person is covered under your plan, once the out-of-pocket limit is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket limit requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed out-of-pocket limit information.

# BlueChoice Advantage POS/PPO

## Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
<b>ANNUAL DEDUCTIBLE<sup>3,8</sup></b>		
Individual	None	\$300
Individual & Child(ren) <sup>5</sup>	None	\$600
Individual & Adult	None	\$600
Family	None	\$600
<b>ANNUAL OUT-OF-POCKET LIMIT<sup>4,7</sup></b>		
Individual	None	\$1,000
Individual & Child(ren) <sup>5</sup>	None	\$2,000
Individual & Adult	None	\$2,000
Family	None	\$2,000
<b>LIFETIME MAXIMUM BENEFIT</b>		
Lifetime Maximum Benefit	None	None
<b>PREVENTIVE SERVICES**</b>		
Well-Child Care		
0-24 months	\$15 per visit	20% of Allowed Benefit*
24 months-13 years (immunization visit)	\$15 per visit	20% of Allowed Benefit*
24 months-13 years (non-immunization visit)	\$15 per visit	20% of Allowed Benefit*
14-19 years	\$15 per visit	20% of Allowed Benefit*
Adult Physical Examination	\$15 per visit	Not covered
Routine GYN Visits**	\$15 per visit	Deductible, then 20% of Allowed Benefit*
Mammograms**	No charge <sup>2</sup>	20% of Allowed Benefit*
Cancer Screening <sup>6</sup> ** (Pap Test, Prostate and Colorectal)	\$15 per visit	Deductible, then 20% of Allowed Benefit*
<b>OFFICE VISITS, LABS &amp; TESTING</b>		
Office Visits for Illness	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit*
Diagnostic Services <sup>6</sup>	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit*
X-ray and Lab Tests	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Allergy Testing <sup>6</sup>	\$15 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit*
Allergy Shots <sup>6</sup>	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Outpatient Physical, Speech and Occupational Therapy	\$20 per visit (limited to 90 visits/condition/benefit period)	Deductible, then 20% of Allowed Benefit*
Outpatient Spinal Manipulation	\$20 per visit	Deductible, then 20% of Allowed Benefit*
<b>EMERGENCY CARE AND URGENT CARE</b>		
Physician's Office	\$20 per visit	Paid as in-network
Urgent Care Center	\$20 per visit	Paid as in-network
Hospital Emergency Room	\$100 per visit (waived if admitted)	Paid as in-network
Ambulance (if medically necessary)	No charge <sup>2</sup>	Paid in-network
<b>HOSPITALIZATION</b>		
Inpatient Facility Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Outpatient Facility Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Inpatient Physician Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Outpatient Physician Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*

BlueChoice Advantage POS/PPO  
Summary of Benefits

Services	In-Network You Pay	Out-of-Network You Pay
<b>HOSPITAL ALTERNATIVES</b>		
Home Health Care (up to 60 visits per calendar year combined in- and out-of-network)	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Hospice	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Skilled Nursing Facility (up to 60 visits per calendar year combined in- and out-of-network)	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
<b>MATERNITY</b>		
Prenatal and Postnatal Office Visits	\$20 per visit	Deductible, then 20% of Allowed Benefit*
Delivery and Facility Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Nursery Care of Newborn	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Initial Office Consultation(s) for Infertility Services/ Procedures	\$20 per visit	Deductible, then 20% of Allowed Benefit*
In Vitro Fertilization Procedures <sup>1</sup>	No charge <sup>2</sup> (limited to 3 attempts/live birth up to \$100,000 lifetime maximum)	Deductible, then 20% of Allowed Benefit* (limited to 3 attempts/live birth up to \$100,000 lifetime maximum)
<b>MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA)</b>		
Inpatient Facility Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Inpatient Physician Services	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Outpatient Services (MH & SA)	\$15 per visit	Deductible, then 20% of Allowed Benefit*
Medication Management Visit	\$15 per visit	Deductible, then 20% of Allowed Benefit*
<b>MISCELLANEOUS</b>		
Durable Medical Equipment	No charge <sup>2</sup>	Deductible, then 20% of Allowed Benefit*
Acupuncture	\$20 per visit for pain therapy	Deductible, then 20% of Allowed Benefit*
Hearing Aids for ages 0-18 (limited to \$1,400 max per hearing aid every 3 years)	No charge <sup>2</sup>	No charge <sup>2</sup>

<sup>1</sup> Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment option for infertility. However, assisted reproduction (AI & IVF) services performed as treatment option for infertility are only available under the terms of the members contract. Preauthorization required.

<sup>2</sup> No copayments or coinsurance.

<sup>3</sup> If you have two-party coverage, each Member must satisfy his/her own deductible by meeting the individual deductible. If you have family coverage, all Members' individual deductibles will be combined to meet the family deductible; however, no individual Member may contribute more than the individual deductible amount.

<sup>4</sup> If you have two-party coverage, each Member must satisfy his/her own out-of-pocket limit by meeting the individual out-of-pocket limit. If you have family coverage, all Members' individual out-of-pocket limits will be combined to meet the family out-of-pocket limit; however, no individual Member may contribute more than the individual out-of-pocket amount.

<sup>5</sup> Please refer to your Evidence of Coverage to determine your coverage level.

<sup>6</sup> If office copayment has been paid, additional copayment not required for this service.

<sup>7</sup> The actual out-of-pocket limit may vary based on the types of coverage selected by your employer.

<sup>8</sup> Copayment or portion of deductible may be required at the point of sale while in the deductible period. Member will never be required to pay more than CareFirst's Allowed Benefit for service rendered.

\* Out-of-network coinsurances are based on a percentage of the out-of-network Allowed Benefit. If services are received from a non-participating provider, the member is responsible for 100% of charges above the Allowed Benefit. However, if services are received from a participating provider, the member is only responsible for amount up to the Allowed Benefit.

\*\* Applies to services not listed in the previous preventive care charts; In-Network only.

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.



# BlueChoice HMO Open Access

## *An HMO Plan with No Referrals Required*

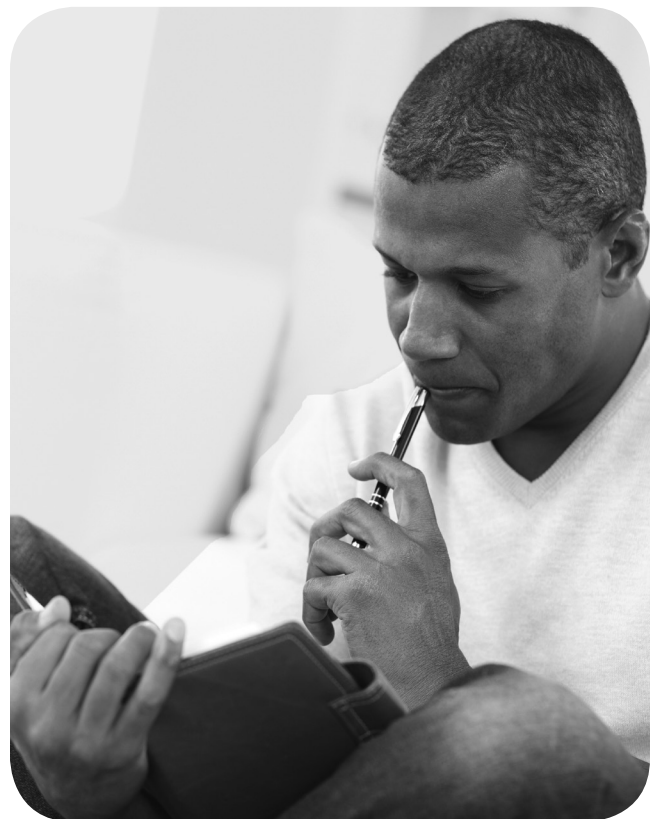
With a BlueChoice HMO *Open Access* plan, your primary care provider (PCP) provides preventive care and works with you to find specialty care using a large network of CareFirst BlueChoice specialists. However, unique to this plan is its Open Access feature which allows you to visit specialists directly without needing a referral from your PCP.

### Benefits of BlueChoice HMO Open Access

- Choose from more than 37,000 providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- HMO plans encourage you to establish a relationship with your PCP for consistent, quality care.
- No PCP referral required to see a specialist.
- Receive comprehensive coverage for preventive health care visits at no cost.
- Avoid the unwelcome surprise of high medical costs with predictable copays and deductibles (if applicable).
- Save time—you don't have to file a claim when you receive care from a CareFirst BlueChoice provider.
- Avoid balance billing when you receive care from a CareFirst BlueChoice provider.
- Access the Away From Home Care® program to enjoy plan benefits if you're out of the area for at least 90 days.

### How your plan works

Establishing a relationship with one provider is the best way for you to receive consistent, quality health care. When you enroll in a BlueChoice HMO *Open Access* plan, you will select a PCP to manage your primary medical care. Make sure you select a PCP for not only yourself but each of your family members as well. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in either family practice, general practice, pediatrics or internal medicine.



*The BlueChoice HMO plan achieved a “Commendable” rating from the National Committee for Quality Assurance (NCQA).*

To ensure you receive the highest level of benefits (and pay the lowest out-of-pocket cost), you should first call your PCP when you need care.

Your PCP will:

- Provide basic medical care.
- Prescribe any medications you need.
- Maintain your medical history.
- Work with you to determine when you should see a specialist.
- Assist you in the selection of a specialist, if needed.

While traditional HMO plans require you to obtain a written referral from your PCP before seeing a specialist, this plan has an Open Access feature, so you have direct access to CareFirst BlueChoice specialists without needing a written referral from your PCP. Make sure you only receive care from a CareFirst BlueChoice provider or you will not be covered, with the exception of emergency services and follow-up care after emergency surgery.

## Your benefits

### Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you pay during your benefit period. Should you ever reach your out-of-pocket maximum, CareFirst BlueChoice, Inc. will then pay 100% of the allowed benefit for most covered services for the remainder of the 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.

If more than one person is covered under your BlueChoice HMO *Open Access* plan, once the total out-of-pocket maximum is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family). Members should refer to their Certificate or Evidence of Coverage for detailed out-of-pocket maximum information.

## Laboratory services

To receive the maximum laboratory benefit from your BlueChoice HMO *Open Access* plan, you must use a LabCorp® facility for any laboratory services. Services performed at a facility that is not part of the LabCorp network may not be covered under your plan. Also, any lab work performed in an outpatient 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 the LabCorp patient service center near you, call (888) LAB-CORP or visit [www.labcorp.com](http://www.labcorp.com).

## 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 identification card.



# BlueChoice HMO Open Access

## Summary of Benefits

Services	In-Network You Pay
<b>PREVENTIVE SERVICES AND OFFICE VISITS</b>	
Routine/Preventive health exams**	\$10 PCP/\$15 specialist
Physician office visits	\$10 PCP/\$15 specialist
Well-child care including immunizations and boosters**	\$10 copay per visit
Colorectal screening**	\$10 PCP/\$15 specialist
Gynecological visit	\$10 PCP/\$15 specialist (no charge Pap smears)
Family planning and infertility benefits (including infertility testing, infertility and contraceptive counseling and intrauterine insemination)	\$10 PCP/\$15 specialist
Artificial insemination and in-vitro fertilization	50% of Plan Allowance services subject to limitations as described in certificate of coverage
Allergy testing	\$15 copay per visit/\$25 copay per testing series
Allergy shots	\$10 PCP/\$15 specialist
Annual eye exam (non-routine)	\$25 ophthalmologist
Hearing test (covered for all ages)	\$10 PCP/\$15 specialist
Hearing aids for children under the age of 18 (For each ear every 36 months if prescribed, fitted and dispensed by a licensed audiologist)	100% of Plan Allowance less \$15 office visit copay
Outpatient Physical, Speech and Occupational Therapy (limited to 30 visits per calendar year)	\$15 copay per visit
<b>MEDICAL AND SURGICAL SERVICES</b>	
Outpatient physician services (specialist)	\$15 copay per visit
Outpatient surgery	\$10 PCP/\$15 specialist (Facility covered in full)
Morbid obesity surgery	\$10 PCP/\$15 specialist
Diagnostic tests, X-ray and lab tests at participating facilities	Covered in full
Chemotherapy (outpatient)	\$15 copay per visit
Radiation therapy (outpatient)	\$15 copay per visit
Renal dialysis	\$15 copay per visit
<b>HOSPITALIZATION (365 days per year)</b>	
Room & Board (semi-private room)	Covered in full
Physician services	Covered in full
Prescription drugs (inpatient)	Covered in full
Ancillary services	Covered in full

Services	In-Network You Pay
<b>MATERNITY</b>	
Prenatal and postnatal care	\$15 copay per visit
Delivery and hospitalization	Covered in full
Nursery care of newborn	Covered in full
<b>MENTAL HEALTH/ALCOHOL AND SUBSTANCE ABUSE</b>	
Outpatient visits	\$10 copay
Hospitalization (includes halfway house)	Covered in full
Partial hospitalization	100%
Medication management	\$10 copay per visit (outpatient visit PCP copay)
<b>EMERGENCY SERVICES</b>	
In plan urgent care center	\$15 copay
In plan physicians office	\$10 PCP/\$15 specialist
Emergency room	\$100 (waived if admitted)
<b>SKILLED NURSING FACILITY</b>	
Room, board and physician and medical services	Covered in full
<b>HOSPICE CARE</b>	
Inpatient facility or at-home care	Covered in full
Home Health Care	Covered in full
<b>MISCELLANEOUS SERVICES</b>	
Ambulance	Covered in full
Medical devices (including durable medical equipment)	25% of Plan Allowance
Spinal Manipulation (up to 20 visits per calendar year)	\$15 copay

Note: This summary is for comparison purposes only and does not create rights not given through the benefit plan.

\* All services are reimbursed at the Plan Allowance.

\*\* Applies to services not specifically listed in the previous preventive care charts; In-Network only.

# Preferred Dental

*Includes access to a National Provider Network*

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)<sup>1</sup> offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

## Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia may be included—ask your benefits manager for details).
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

## Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

## Frequently asked questions

### How do I find a preferred dentist?

You can access an online directory 24 hours a day at [www.carefirst.com/doctor](http://www.carefirst.com/doctor). Click on the Dental tab, followed by Preferred Dental (PPO).

### How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

### Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 888-755-2657 between 8:30 am and 5:15 pm ET, Monday–Friday.

<sup>1</sup> The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

	In-Network CareFirst Pays	Out-of-Network CareFirst Pays
<b>MAXIMUM ANNUAL BENEFIT</b>	\$2,000 (combined in-and out-of-network)	
<b>ANNUAL DEDUCTIBLE</b>		
■ Class I	None	None
■ Class II & Class III	\$50	\$100
■ Class IV & Class V	\$50	\$100
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES (CLASS I)</b>		
<ul style="list-style-type: none"> <li>■ Oral Exams (three per benefit period)</li> <li>■ Prophylaxis (two cleanings per benefit period)</li> <li>■ Bitewing X-rays</li> <li>■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li> </ul>	<ul style="list-style-type: none"> <li>■ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li> <li>■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 16)</li> <li>■ Space maintainers (once per 60 months)</li> <li>■ Palliative emergency treatment</li> </ul>	<p>100% of Allowed Benefit<sup>1</sup></p> <p>80% of Allowed Benefit<sup>1</sup></p>
<b>BASIC SERVICES (CLASS II)</b>		
<ul style="list-style-type: none"> <li>■ Direct placement fillings using approved materials (one filling per surface per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> <li>■ Simple extractions</li> </ul>	<p>100% of Allowed Benefit after deductible<sup>1</sup></p> <p>80% of Allowed Benefit after deductible<sup>1</sup></p>
<b>MAJOR SERVICES – SURGICAL (CLASS III)</b>		
<ul style="list-style-type: none"> <li>■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li> <li>■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> </ul>	<ul style="list-style-type: none"> <li>■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li> <li>■ General anesthesia rendered for a covered dental service</li> <li>■ Removal of impacted teeth</li> </ul>	<p>100% of Allowed Benefit after deductible<sup>1</sup></p> <p>80% of Allowed Benefit after deductible<sup>1</sup></p>
<b>MAJOR SERVICES – RESTORATIVE (CLASS IV)</b>		
<ul style="list-style-type: none"> <li>■ Full and/or partial dentures (once per 60 months)</li> <li>■ Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>■ Denture adjustments and relining (limits apply for regular and immediate dentures)</li> </ul>	<ul style="list-style-type: none"> <li>■ Recementation of crowns, inlays and/or bridges (once per 12 months)</li> <li>■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li> </ul>	<p>50% of Allowed Benefit after deductible<sup>1</sup></p> <p>40% of Allowed Benefit after deductible<sup>1</sup> (\$400 maximum benefit per service)</p>
<b>ORTHODONTIC SERVICES (CLASS V)</b>		
<ul style="list-style-type: none"> <li>■ Benefits for orthodontic services are available for covered members prior to age 20 who meet treatment criteria.</li> </ul>	50% of Allowed Benefit <sup>1</sup>	30% of Allowed Benefit <sup>1</sup>
<ul style="list-style-type: none"> <li>■ Lifetime Maximum</li> </ul>	\$1,500 maximum (combined in-and out-of-network)	

<sup>1</sup> NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

# BlueVision Plus

*A plan for healthy eyes, healthy lives*

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and 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 [www.carefirst.com](http://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 BlueCross BlueShield or 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.

### What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to [www.carefirst.com](http://www.carefirst.com), locate *For Members*, then click on *Forms, Vision, Davis Vision*.

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

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

### Mail order replacement contact lenses

Free membership and access to a mail order replacement contact lens service provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-855-589-7911 or visit [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com).



Need more information?  
Please visit  
[www.carefirst.com](http://www.carefirst.com)  
or call **800-783-5602**.

(18-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	Plan pays up to \$50 allowance Optometrist; \$66 Ophthalmologist; you pay balance.
<b>FRAMES</b>	
Davis Vision Frame Collection	No copay
Non-Collection Frame	Plan pays up to \$40 allowance, you pay balance
<b>SPECTACLE LENSES</b>	
Basic Single Vision (including lenticular lenses)	Plan pays up to \$40 allowance, you pay balance
Basic Bifocal	Plan pays up to \$70 allowance, you pay balance
Basic Trifocal	Plan pays up to \$90 allowance, you pay balance
In-Network	You Pay
<b>CONTACT LENSES (initial supply)</b>	
Medically Necessary Contacts	Plan pays up to \$230 allowance with prior approval, you pay balance
Davis Vision Contact Lens Collection	Plan pays up to \$80 allowance, you pay balance
In-Network	You Pay
<b>LENS OPTIONS<sup>1</sup> (add to spectacle lens prices above)</b>	
Standard Progressive Lenses	\$65
Premium Progressive Lenses (Varilux®, etc.)	\$105
Polarized Lenses	\$75
High Index Lenses	\$60
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$35
Scratch-Resistant Coating	included
Standard Anti-Reflective (AR) Coating	\$40
Premium AR Coating	\$55
Ultra AR Coating	\$69
Ultraviolet (UV) Coating	\$15
Tinting	No copay
Plastic Photosensitive Lenses	\$70

In-Network	You Pay
<b>CONTACT LENSES<sup>1</sup> (mail order)</b>	
DV Contacts Mail Order Contact Lens Replacement Online	Up to 40% off retail price
<b>LASER VISION CORRECTION<sup>1</sup></b>	Up to 25% off allowed amount or 5% off any advertised special <sup>2</sup>

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$50 Optometrist; \$66 Ophthalmologist; you pay balance
Frames	Plan pays \$40, you pay balance
Single Lenses	Plan pays \$40, you pay balance
Bifocal Lenses	Plan pays \$70, you pay balance
Trifocal Lenses	Plan pays \$90, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$240, you pay balance
Medically Necessary Contacts	Plan pays \$230, you pay balance

<sup>1</sup> These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland may no longer provide these discounts.

<sup>2</sup> Some providers have flat fees that are equivalent to these discounts.

**Exclusions**

The following services are excluded from coverage:

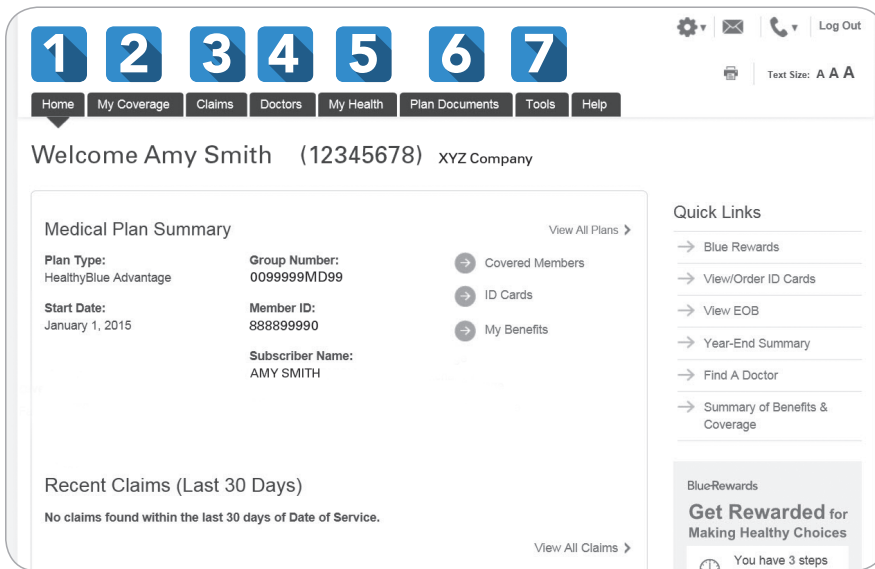
1. Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient 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. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.



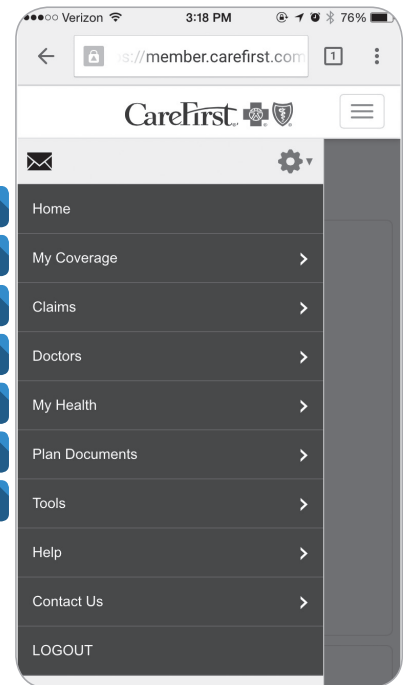
# My Account

## Online access to your health care information

View your personalized health insurance information online with *My Account*. Simply log on to **www.carefirst.com** from your computer, tablet or smartphone for real-time information about your plan.



As viewed on a computer.



As viewed on a smartphone.

## My Account at a glance

### 1. Home

- Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
- Use *Settings* ⚙️ to manage your password and communications preferences
- Access the Message Center ✉️

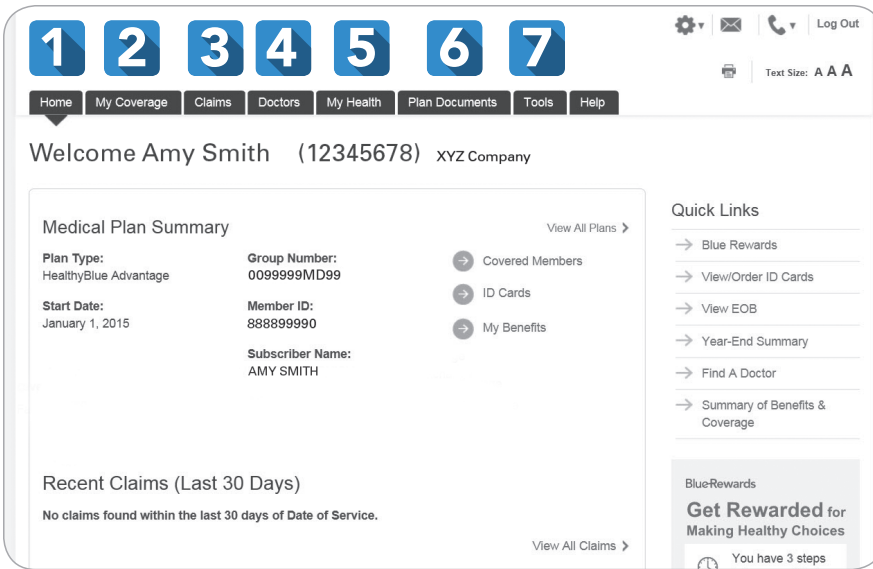
### 2. My Coverage

- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Order and refill prescriptions<sup>1,2</sup>
- View prescription drug claims<sup>1,2</sup>
- Find a pharmacy<sup>1</sup>
- Oversee your BlueFund account

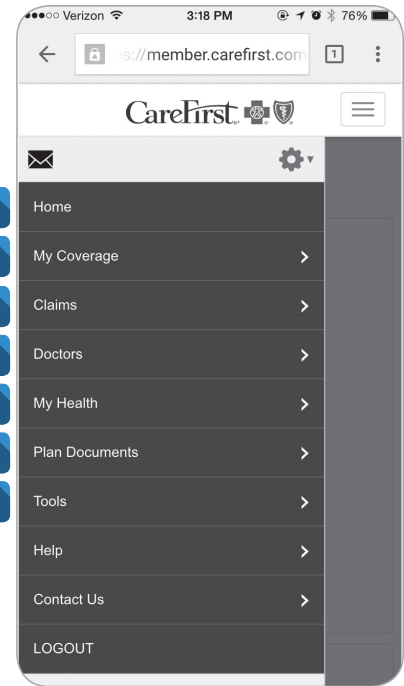
### Signing up is easy

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

- Visit **www.carefirst.com**
- Select *Register Now*
- Create your User ID and Password



As viewed on a computer.



As viewed on a smartphone.

### 3. Claims

- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary

### 4. Doctors

- Select or change your primary care provider (PCP)
- Search for a specialist

### 5. My Health

- Learn about your wellness program options<sup>2</sup>
- Locate an online wellness coach<sup>2</sup>
- Track your Blue Rewards progress

### 6. Plan Documents

- Look up your forms and other plan documentation<sup>2</sup>
- Review your member handbook<sup>2</sup>

### 7. Tools

- Treatment Cost Estimator
- Drug pricing tool<sup>1,2</sup>
- Hospital comparison tool<sup>2</sup>

<sup>1</sup> These features are available only if your drug benefits are provided by CareFirst.

<sup>2</sup> These features are available only when using a computer at this time.

Whether you're looking for health and wellness tips, discounts on health-related services, or support to manage a health condition, we have the resources to help you get on the path to good health.

## Online health education

Find a wide variety of health education articles, nutritious recipes and cooking videos, interactive health-related tools and more at [www.carefirst.com/livinghealthy](http://www.carefirst.com/livinghealthy).

## FirstHelp™

Registered nurses are available 24 hours a day to answer your health care questions. Call 800-535-9700 with your health questions or for help choosing the best source of care.

## Vitality magazine

*Vitality* provides updates to your health care plan and a variety of health and wellness topics, including food and nutrition, physical fitness and preventive health. All issues are available online at [www.carefirst.com/vitality](http://www.carefirst.com/vitality).

## Wellness discount program

Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more. Visit [www.carefirst.com/wellnessdiscounts](http://www.carefirst.com/wellnessdiscounts).

## Health news

Get the latest information to help you and your family maintain a healthy lifestyle. To sign up for our monthly electronic member newsletter, visit [www.carefirst.com/healthnews](http://www.carefirst.com/healthnews).



*Health and wellness programs and resources help you and your family live a healthy life.*

## Pedometer app

Count your steps, distance traveled and calories burned for each workout with the free CareFirst Ready, Step, Go! app. The app is available for iPhone™, iPod Touch™, or Android™ smartphones—visit your app store and search for “Ready, Step, Go!”

## Coordinating your care

Whether you’re trying to get healthy or stay healthy, you need the best care. CareFirst has programs to help you take an active role in your health, address any health care issues and enjoy a healthier future.

### Patient-Centered Medical Home (PCMH)

PCMH was designed to provide your primary care provider with a more complete view of your health needs, as well as the care you receive from other providers. When you participate in this program, you are the focus of an entire health care team whose goal is to better manage and coordinate your care and improve your health.

If you have a chronic condition, or are at risk for one, your PCP may:

- Create a care plan based on your health needs with specific follow-up activities to help you manage your health
- Provide access to a care coordinator, who is a registered nurse, so you have the support you need, answers to your questions and information about your care

Find a participating PCMH provider in our provider directory at [www.carefirst.com/findadoc](http://www.carefirst.com/findadoc).

## Case Management

If you have a serious illness or injury, our Case Management program can help you navigate through the health care system and provide support along the way. Our Case Managers are registered nurses who will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Answer any of your questions.

Our Case Management program is voluntary and confidential. For more information, or to enroll, call 888-264-8648.



# Find a Doctor, Hospital or Urgent Care

[www.carefirst.com/doctor](http://www.carefirst.com/doctor)

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor or a facility, [www.carefirst.com](http://www.carefirst.com) can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at [www.carefirst.com](http://www.carefirst.com). The site is updated weekly, so you always have the most up-to-date information available.



## The most up-to-date information

Go to [www.carefirst.com/doctor](http://www.carefirst.com/doctor). From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.
- Select a Primary Care Physician.

Click "Find Providers" tab on [www.carefirst.com](http://www.carefirst.com) to:

- Learn more about our Directory.
- Change your PCP.
- Research a Doctor or Hospital.
- Learn about Specialists.

The screenshot shows the CareFirst website interface. At the top, there are navigation tabs for 'Individuals', 'Employers', 'Providers', and 'Brokers'. Below these is a search bar and social media icons. A main navigation bar includes 'Home', 'Health Care Reform', 'Find the Right Plan', 'Health & Wellness', 'Find Providers', and 'For Members'. A 'Mobile Access' banner features an image of a hand holding a smartphone displaying the CareFirst app. Below the banner is a 'Quick Links' section with categories like 'Find a Provider', 'Already a Member?', and 'Need Health Insurance?'. The 'Find a Provider' section includes a search box for 'Provider Last Name' and a 'Search' button. The 'Already a Member?' section has a 'Log in to My Account' button. The 'Need Health Insurance?' section lists various plan options. At the bottom, there are sections for 'CareFirst Features' (including PCMH and paperless services) and 'Recent Updates'.

# FirstHelp™

## 24-Hour Health Care Advice Line

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

### How FirstHelp™ works

Simply call 800-535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

### When to call FirstHelp™

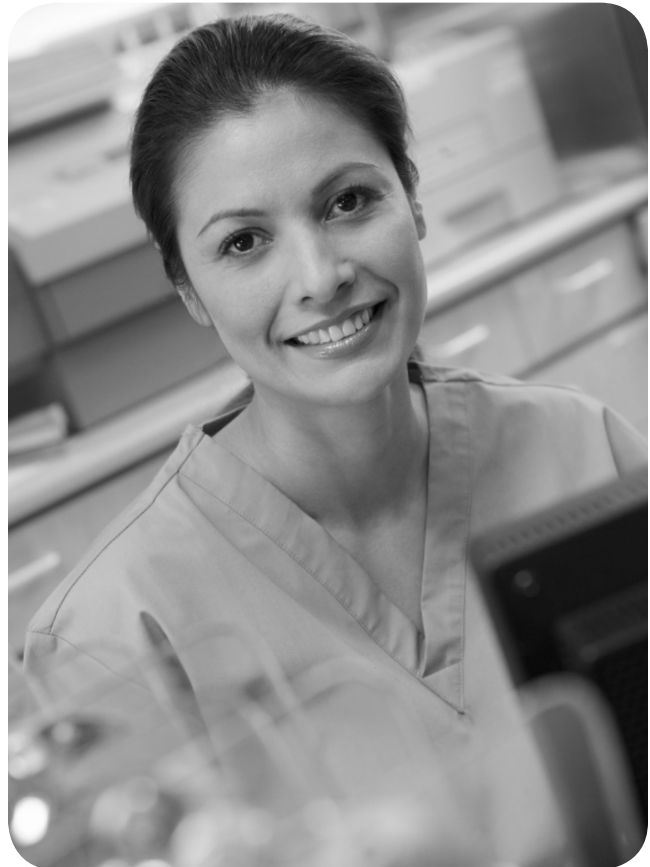
First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp™ nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.



FirstHelp™ 24 Hours  
800-535-9700









CareFirst BlueCross BlueShield  
CareFirst BlueChoice, Inc.  
10455 Mill Run Circle  
Owings Mills, MD 21117-5559

[www.carefirst.com](http://www.carefirst.com)

*Health benefits administered by:*



CONNECT WITH US:



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.  
CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.  
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.