CareFirst
Family of health care plans

Your 2026 Healthcare Benefit Guide

United States Postal Service



With Care,

CareFirst®

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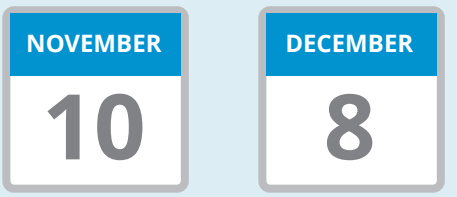
Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

United States Postal Service

Your open enrollment is



Ready to explore your 2026 benefits?
Let's get started.

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It helps to understand some key terms

CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

Medical plan highlights

Let's look at some of your in-network costs for common services with this plan.

	BlueChoice Advantage
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	$2,000 individual/$4,000 family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	$7,000 individual/$14,000 family
Plan Includes Out-of-network Coverage	Yes
Staying healthy	
Annual Physical Exam	$0 per visit
Preventive Screenings and Immunizations	$0 per visit
Provider services	
Primary Care Provider	$30 per visit*
Specialist (e.g. Dermatologist)	$60 per visit
Mental Health Professional—Office	$30 per visit*
Urgent Care	$50 per visit
Emergency Room	$300 plus 30% of CareFirst member cost
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	$30 PCP / $60 Specialist per visit
Labs (non-hospital facility)	$30 PCP / $60 Specialist per visit
X-rays (non-hospital facility)	$30 PCP / $60 Specialist per visit
Physical, Speech and/or Occupational Therapy	$60 per visit
Chiropractic	$60 per visit
Acupuncture	$60 per visit
Outpatient Surgery (surgical center)	After deductible is met, 30% of CareFirst member cost
Inpatient Surgery (including maternity)	After deductible is met, 30% of CareFirst member cost
Durable Medical Equipment	After deductible is met, 30% of CareFirst member cost

Plans that have a 2026 effective date: Virtual Connect Plus—pay $0 for PCP, mental health video visits with CloseKnit and select in-person providers. Deductible always applies to HSA-eligible plans **(carefirst.com/virtualconnect). Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and complete plan details.*

Prescription drug plan highlights

Here are your costs for prescription drugs from a participating pharmacy.

	BlueChoice Advantage RX
Costs to consider	
Prescription Plan Tier	$10/30%/40%
Prescription Deductible	$0
Up to 34-day supply	
Generic Drugs (Tier 1)	$10 non-maintenance $20 maintenance $20 Mail Order
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to $250 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to $350 maximum
90-day supply	
Generic Drugs (Tier 1)	$20
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to $500 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to $700 maximum

Visit **carefirst.com/rxgroup** *for the most up-to-date drug lists and other important information. Benefit designs are subject to and may be impacted by certain state regulations.*

Restricted Generics Program

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, you will only pay the copay.

CVS Caremark Mail Service

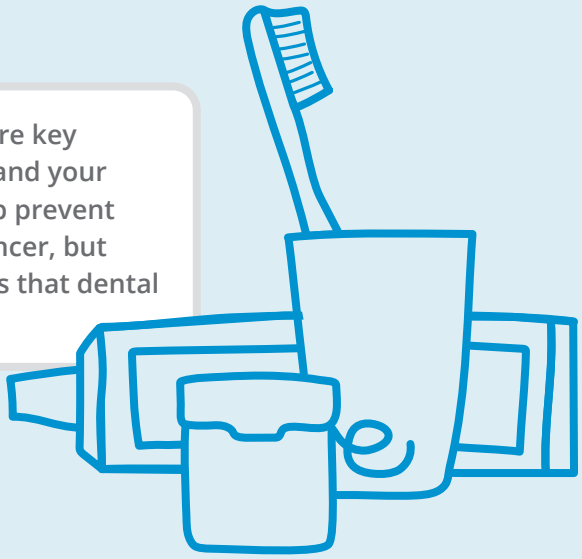
Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

Dental plan highlights

Let's review some of your in-network costs for common dental services.

	Dental Plan
Costs to consider	
Plan Includes Out-of-network Coverage	No
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	$0 per visit
Two Cleanings per Year	$0 per visit
Basic services	
X-rays (bitewings, periapical and full-mouth)	$0 per visit
Fluoride Treatments for children under 16	$0 per visit

Regular preventive dental checkups are key to maintaining both your oral health and your overall health. Checkups not only help prevent tooth decay, gum disease and oral cancer, but they help you avoid the pain and costs that dental problems can bring with them.



Perks included with every plan

Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more

Enjoy exclusive discounts through our Blue365 Program on things like fitness gear, gym memberships, meal delivery services, hotels and travel

Earn up to $250 by completing healthy activities through your well-being and incentive program

$0 Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the Noom program."



"I like knowing I can call the 24-hour nurse line at any time."



With CareFirst, you get so much more

Unmatched access

With 95% of national providers[1] and 99% of local providers[2] within our Blues network, you have the **broadest access to care.**

Comprehensive care

Our comprehensive care approach meets you where you are, ensuring you have a consistent, whole health experience that helps you better manage your **physical, emotional, social and financial well-being.**

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations,** resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



1 in 2 americans are covered by Blue regionally, 1 in 3 nationally[3]



Most chosen health plan in the Mid-Atlantic, serving 3.5 million members



A not-for-profit company driven by mission



Access to 1.7 million U.S. providers[4]

2025 WORLD'S MOST ETHICAL COMPANIES® ETHISPHERE 13-TIME HONOREE

CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 12 consecutive years.



[1] *CHP Network Compare Findings, Q3 2017*
[2] *CareFirst Book of Business Data, August 2020*
[3] *BCBSA Blue Facts, February 2022*
[4] *Provider Data Repository (PDR), January 2021*

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So many options for when you need care

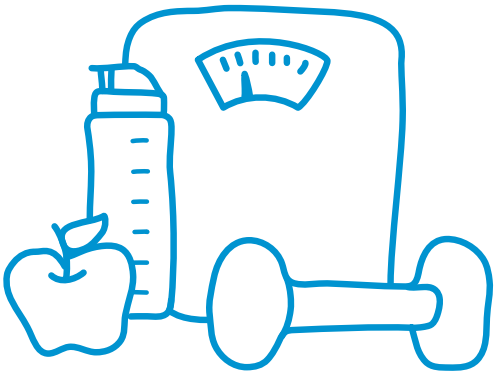
Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. But when life makes that difficult, CareFirst offers so many other ways to get the care you need.

	Needs or symptoms such as:	Virtual option
CloseKnit Virtual Care		
CloseKnit offers 24/7/365 virtual-first primary care, urgent care*, mental health and other specialty services. ** Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+*	■ Cough, cold and flu ■ Urgent care needs ■ Illness while traveling ■ Therapy ■ Psychiatry, lactation and nutrition services ■ Medication questions ■ Insurance or coverage questions	✔
24-Hour Nurse Advice Line		
Call **800-535-9700** for general questions about health issues or where to go for care	■ Cough, cold and flu ■ Rashes ■ Medication questions	✔
PCP Visit		
Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	■ Routine physical ■ Diabetic care ■ Cough, cold, flu, allergies ■ Bronchitis	✔
Convenience Care Centers		
(e.g., CVS MinuteClinic) Health screenings, vaccinations, minor illness or injury	■ Cough and cold ■ Pink eye ■ Ear pain ■ Flu shot	✗
Urgent Care Centers		
Non-life-threatening illness or injury requiring immediate care	■ Sprains ■ Cut requiring stitches ■ Minor burns ■ Sore throat	✗
Emergency Room Visit		
Life-threatening illness or injury	■ Chest pain ■ Difficulty breathing ■ Uncontrolled bleeding ■ Major burns	✗

CloseKnit is a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members.

CareFirst WellBeing℠

Live your healthiest life with CareFirst WellBeing. Access motivating digital resources anytime, plus specialized programs for extra support—at no cost to you—including:



- **RealAge®:** Discover if your healthy habits are making an impact by taking the RealAge health assessment.
- **Health coaching:** Get one-on-one confidential support from trained professionals to achieve your best health.
- **Lifestyle coaching:** Identify opportunities to improve your daily health, from managing stress to eating healthy and being active.
- **Disease management:** Get help to better understand and manage your chronic or complex condition.
- **Tobacco cessation:** Learn how to recognize and avoid tobacco cravings and habits with our voluntary and confidential 21-day program, Craving to Quit.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program, SmartDollar, can help.
- **Weight management programs:**[1] Reach a healthier weight and reduce the risk of developing type 2 diabetes with the following programs:
  - **Noom weight management:** Gain confidence to make lasting change with this award-winning weight loss program designed by psychologists.
  - **Noom diabetes prevention program (DPP):** Access tracking tools, peer support and specially trained coaches to help lower the risk of diabetes.
  - **Eat Right Now:** Change your eating patterns with this 12-month program that combines neuroscience and mindfulness tools.
- **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.

Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.



[1] To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

Find a doctor tool

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.

Try it for yourself. Visit carefirst.com/doctor. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.



My Account benefits

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. With My Account, you can:

- 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
- Send a secure message for members

Treatment Cost Estimator

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- **Receive personalized estimates based on your plan**
- **Compare costs from different doctors and facilities**

BlueCard and Blue Cross Blue Shield Global® Core

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.



"I'm constantly traveling for work and for fun. It's good to know I'm covered—wherever I go."

Mental and behavioral health support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

- **CloseKnit**—access our leading virtual care practice through a simple, convenient app. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.
- **Substance Use Support**—get clinical counseling 24/7, or schedule substance use disorder treatment for you or a loved one within 48 hours.
- **Care Navigation**—talk to a Behavioral Health Care Manager who can help you find a path forward. LGBTQ+ members can contact our dedicated services specialist for help navigating care and understanding benefits.

To learn more about all the free mental and behavioral support available, visit **carefirst.com/mentalhealth**.

You're never alone. If you or someone you know is in crisis, call or text 988 or contact the CareFirst support line at 800-245-7013.



"We all struggle at times, so knowing there are so many options my teens can turn to for help is a huge relief."

Blue Rewards incentive program

As part of your CareFirst WellBeing℠ program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities, you and your spouse/domestic partner can earn rewards as you continue to put your own care first. Each activity comes with its own reward.



Earn $25
Consent to receive wellness emails and take the RealAge® assessment

RealAge is a simple assessment that will help you determine the physical age of your body compared to your calendar age.

Must complete RealAge test before December 31.



Earn $100
For completing an annual physical or preventative screening.

When you complete an annual physical or preventive screening the claim will be processed and show completed in your Blue Rewards profile.



Earn $25

For Consenting to receive wellness emails.



Earn $100
For completing a biometric screening.

Complete a biometric screening at your doctor's office, Quest Patient Service Center or a CVS Minute Clinic.

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa® Debit Card with your rewards on it. This card can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan[1]. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.



Visit carefirst.com/wellbeing or download CareFirst WellBeing from your app store to get started.

[1] *Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.*

Next steps

Ready to enroll?

- Visit **https://liteblue.usps.gov**
- Complete the enrollment process
- Look for your member ID cards in the mail
- Be sure to download the CareFirst mobile app to access your plan on-the-go

Not ready to choose your plan just yet?

- If you need more detailed plan information, visit **carefirst.com/usps**
- Set a reminder on your phone so you don't miss the deadline!

DECEMBER

8

Don't worry—you have until December 8, 2025 to make or change your plan selection.

We're here to help! If you have additional questions, please call 877-477-3273, Monday-Friday 8 a.m. to 9 p.m. EST.



"Everything in this guide is designed to help you and your family achieve your best health. And all the plans, programs, tools and resources that we've built for you are exactly what we expect for ourselves and those we love. Because, like you, we're CareFirst members, too."

Tonya O.

CareFirst

Employee since '22

CareFirst Family of health care plans

UNITED STATES POSTAL SERVICE

USPS Health Benefit Plan 2026 Biweekly Rates

USPS Health Benefits Plan 2026 Biweekly Rates			
	Self	Self Plus One	Self and Family
Total Premium	**$209**	**$475**	**$672**
$125 Subsidy			
Employee	$84.00	$350.00	$547.00
USPS	$125.00	$125.00	$125.00
75% Subsidy			
Employee	$84.00	$118.75	$168.00
USPS	$125.00	$356.25	$504.00
65% Subsidy*			
Employee	$84.00	$166.25	$235.20
USPS	$125.00	$308.75	$436.80

*Self Only Category receives $125 subsidy within first 365 days of employment

CCAs and RCAs Only	Self	Self Plus One	Self and Family
Employee	$52.25	$118.75	$168.00
USPS	$156.75	$356.25	$504.00

Text "PRECAREER" to 39369 - To receive benefits updates regarding the CareFirst plan and other benefits plans, sign up to receive text messages from USPS by texting “PRECAREER” to 39369.

Rights and responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to **www.carefirst.com** and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices.* Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
  - Send an email to: **quality.care.complaints@carefirst.com**
  - Fax a written complaint to: **301-470-5866**
  - Write to:
    CareFirst BlueCross BlueShield
    Quality of Care Department
    P.O. Box 17636
    Baltimore, MD 21297

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at 877-261-8807.

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/ member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

Defending Access to Women's Health Care Services Revision Act of 2018

The services set forth below mirrors preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums

Children

Well child visits (to age 21) to include:

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish
- Health, diet and weight counseling
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

Immunizations for children include:

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Adults

Preventive care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon Cancer Screenings
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives and counseling
- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider) including medication monitoring, preventive counseling or office visits which may include the following services:
  - Adherence counseling
  - Creatinine testing
  - HIV, Hepatitis B and Hepatitis C screenings
  - Pregnancy testing
  - STI screening and counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives:

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- Fertility Mobile Apps**
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection1 (generic only) (P)
- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

Information on preventive services are available at **healthcare.gov/coverage/preventive-care-benefits**
To verify your benefits, check your benefits contract, your enrollment materials or log into My Account at **carefirst.com/myaccount**.
*Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.
**Cannot submit to both HSA and FSA for reimbursement
[1] Includes brand name Depo-SubQ Provera 104 (injection)
(P) Prescription Required; (OTC) Over the Counter

- Influenza
- Measles, mumps and rubella
- Diphtheria, Tetanus, Pertussis
- Meningococcal
- Pneumococcal
- Varicella

Breastfeeding supplies (provided under the Durable Medical Equipment (DME) benefits of the contract)

Coverage is provided for:
- Electric breast pump (rental and/or purchase)
- Hospital grade electric breast pump (rental)
- Manual breast pumps (rental and/or purchase)

Replacement supplies include:
- Adapter for breast pump
- Breast pump replacement tubing
- Breast shield and splash protector for use with breast pump
- Cap for breast pump bottle
- Locking ring for breast pump
- Polycarbonate bottle for use with breast pump

Prenatal care:
- Routine prenatal obstetrical office visits
- Lactation consultations which may include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.
- Perinatal depression screening and counseling

Breast cancer drugs:
- Tamoxifen, Raloxifene, Exemestane and Anastrozole forwomen 35 and older at an increased risk for invasive breast cancer. Preauthorization required

Preventive drugs for adults:
- Aspirin (81mg) (OTC*)
- Colon Preparations–age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)
- Statins (generic low to moderate intensity) — adults age 40 to 75 (P)
- Generic antiretroviral therapy (Rx): Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

Preventive drugs for children:
- Fluoride—starting at 6 months (P)
- Iron—6–12 mo. risk of anemia (OTC*)

Notice of Nondiscrimination and Availability of Language Assistance Services

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 interpreter
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email	**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 identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n’akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa’ákonínízin (Navajo): Díí bee ił hane’í béeso nich’ą́ąh naa’nil bee nik’é’asti’í bódahólníihgo bee baa dahane’í biyi’. Dayoołkáłí dóó bee ida’ii’aahí háídíí shį́į t’áá bich’į’jį’ ha’át’íishį́į ádadiiliiłígíí biyi’. Díí bee baa dahane’í dóó t’áá jiik’eh nizaad bee nika’e’eyeedgo bee ná’ahoot’i’. Bił hada’dít’éhí binaaltsoos nitł’izhí bee béédahóziní bąąh béésh bee hane’í námboo biká’ígíí yee dahalne’ dooleeł. Nááná ła’ 855-258-6518 yee dahalne’ dóó yáłti’í biba’ asdáago niléí ó bił adílchíid hodoo’niidjį’. Naalnishí haadzį́į’go, saad nínízinígíí bee bił hodíilnih dóó ata’ yáłti’í bich’į’ ni’doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

Notes

CareFirst

Family of health care plans

CONNECT WITH US:

The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518.

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