













Member Quick Guide

Your logo here

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How health insurance works

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

Plan year begins January 1

Get your preventive care

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

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

Need additional care?

Meet your deductible

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

YOU PAY 100%
until you meet your deductible



Pay your share

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

YOU PAY | **YOUR INSURANCE PAYS**



Reach your out-of-pocket maximum

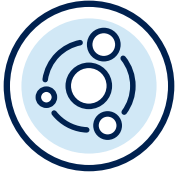
Your insurance will pay 100 percent of your covered medical expenses after you have reached your out-of-pocket maximum for the year.

YOUR INSURANCE PAYS 100%



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

Plan year ends December 31



Your plan's network

Getting started with your plan

While not required, it is recommended that you choose an in-network primary care provider (PCP). By visiting your PCP for routine visits, he or she will get to know you, your medical history and your habits.

In-network—CareFirst's approved group of healthcare providers—including doctors, hospitals, pharmacies and labs—where you can receive medical services. When you use in-network providers, you will almost always pay less than if you use an out-of-network provider.

Out-of-network—Healthcare providers who do not agree to be in CareFirst's network are out-of-network. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for additional charges up to the provider's billed amount.

Did you know? You never need a referral to see a specialist.



Your Explanation of Benefits

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

SAMPLE

Explanation of Benefits

THIS IS NOT A BILL

THIS STATEMENT REPORTS ON A CLAIM(S) WE RECENTLY PROCESSED FOR YOU AND/OR YOUR DEPENDENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE:

MAIL ADMINISTRATOR
P.O. BOX 14114
LEXINGTON, KY 40512

Claim Detail				What Your Provider Can Charge You		Your Responsibility			Total Claim Cost			
				1	2	3	4	5				
Line No.	Date of Service	Service Description	Status	Provider Charges	Allowed Charges	Co-Pay	Deductible	Co-Insurance	Paid by CareFirst	What You Owe	Remark Code	
	2/15/2020 - 2/15/2020	Medical Care	Paid	\$125.00	\$79.41	\$35.00	\$0.00	\$0.00	\$44.41	\$35.00		
Total				\$125.00	\$79.41	\$35.00	\$0.00	\$0.00	\$44.41	\$35.00		

For illustrative purposes only. This information is not intended as medical advice. Amount paid will be based on deductible status and plan you are enrolled in.

- 1 Provider charges**—the amount billed by your health care provider(s) for your visit(s).
- 2 Allowed benefit (allowed charges in your EOB)**—the net amount a provider can charge a CareFirst member for a covered service.
- 3 Copay**—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you'll pay \$35 each time you visit a specialist. The Plan will start paying for part or all of the services received after that.
- 4 Deductible**—the amount of money you must pay each year before the Plan begins to pay its portion of your claims. For example, if your deductible is \$100, you'll pay the first \$100 for health care services covered by your Plan (subject to the deductible). The Plan will start paying for part or all of the services received after that.
- 5 Coinsurance**—the percentage you pay after you've met your deductible. For example, if your health care plan has a 30 percent coinsurance and the allowed benefit is \$100, your cost would be \$30. The Plan would pay the remaining \$70.



My Account—your total online resource

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

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

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





Your member ID card

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

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

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

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

BlueCross BlueShield® Your Logo Here

Member Name **DOE JOHN R** 5
Member ID **JFT888 55 3333** 1
Group **5802262 -DC10** 2
Eff Date **01/01/22** 6 **\$2000 DED EPO HRA**
BC/BS Plan **080/ 580** 3

4

www.carefirst.com
Customer Service: 866.CUSTOM
Provider Service: 877.228.7268

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

24hr FirstHelp(Nurse): 800-635-9700
Mental Health/Substance Abuse: 800-245-7013
Pre-Auth/Case Management: 866-773-2884
Locate Out of Area Providers: 800-810-2583

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

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

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

Ready to take charge of your health? CareFirst has partnered with Sharecare, Inc.* to bring you a wellness experience that puts the power of health in your hands.

Your wellness program provides a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect your individual interests and needs—all tailored to help you live your healthiest life. Access these exclusive features whenever, wherever you want:

- **RealAge®**—In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body compared to your calendar age.
- **Personalized timeline**—Receive recommendations, content and services tailored to you.
- **Trackers**—Connect your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.
- **Challenges**—Stay motivated to achieve your health goals by joining a challenge.
- **Health profile**—Access your health data, including biometric and lab results, vaccine information and medications, all in one place.



To get started, visit carefirst.com/sharecare. You'll need to enter your CareFirst *My Account* username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

Note: If you have not registered for CareFirst *My Account*, follow the screen prompts to register, using your CareFirst member ID.

You also have access to additional support to help you take on your wellness goals with confidence, including:

- **Health coaching**—Coaches are registered nurses and trained professionals who provide one-on-one support by telephone to help you reach your wellness goals.
- **Tobacco cessation program**—Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Access expert guidance, support and tools to make quitting easier than you might think.
- **Financial well-being**—Learn how to take small steps toward big improvements in your financial situation. Whether you are planning for your child's education, your own retirement, or want to improve your current situation, the financial well-being program can help.





* Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.



Ways to save

Know before you go

Do you know all the resources for medical care available for you and your family? Here are some tips on where to seek care when you, or a family member, are in need of treatment for a minor illness or a serious medical emergency. Being familiar with these options will help you locate the most appropriate and cost-effective medical care. This chart shows how costs may vary depending on where you choose to get care.

Setting	Cost	Sample symptoms	24/7	Prescriptions
 Video Visit for common illnesses	\$	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✓	✓
 Convenience Care	\$	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	X	✓
 Urgent Care	\$\$	<ul style="list-style-type: none"> ■ Sprains ■ Cuts requiring stitches ■ Minor burns 	X	✓
 Emergency Room	\$\$\$\$	<ul style="list-style-type: none"> ■ Chest pain ■ Difficulty breathing ■ Abdominal pain 	✓	✓

Primary Care Provider

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away and they know your medical history.

Ways to save

24-Hour Nurse Advice Line

With our free nurse advice line, members can call 800-535-9700 anytime to speak with a registered nurse. This number is found on the back of your ID card. Nurses will discuss your symptoms with you and recommend the most appropriate care.

Knowing where to go when you need medical care is key to getting treatment with the lowest out-of-pocket costs.

CareFirst Video Visit

Get no-cost treatment for common health concerns like flu and pink eye 24/7 without an appointment. Consult with a board-certified doctor on your smartphone, tablet or computer. You can also schedule visits for therapy/psychiatry, diet/nutrition and breastfeeding support services. These services have a fee and the cost will be displayed before the visit begins.

Visit [carefirstvideovisit.com](https://www.carefirstvideovisit.com) and scroll down to click on *Access Video Visit*.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store and offer basic care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers are a less costly option than the ER or when your PCP is not available on weekends or after hours. Use urgent care centers for a non-life-threatening illness or injury that requires immediate care.

Emergency Room

An Emergency Room (ER) provides treatment for life-threatening illnesses and injuries. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency.

Ways to save

Take advantage of \$0 preventive benefits

Your health plan includes many no-cost preventive services. You'll pay nothing for the following health visits when you use one of our in-network providers:

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

See providers outside of a hospital setting

Some providers and specialists see patients in a hospital or on a hospital campus, which means you could receive two bills—one from your provider and one from the hospital for use of their facility. You'll save the most money when you visit a provider or facility located in a non-hospital setting.

Stay in your plan's network

To search for a particular healthcare provider or facility, or to find providers in the plan's network, visit carefirst.com/usps and click on *Find a Doctor*. Simply search for a provider by selecting *BluePreferred (PPO)* under the *Select Plan* menu option.

Health Reimbursement Arrangement

A Health Reimbursement Arrangement (HRA) is an account funded by USPS to help you pay for your healthcare costs and reduce your annual deductible.

The money contributed to this account is not taxed, and you can access these funds to pay for any qualified medical or prescription expense for you or your covered dependents.



You can lower your costs when you choose:

- In-network providers.
- Care in a non-hospital setting.
- Convenience care clinics or Video Visit any time of day.
- To complete the RealAge® test for a \$50 incentive.



Important terms and definitions

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

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

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

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

Effective date—the date your coverage begins.

Health Reimbursement Arrangement (HRA)—a medical savings account funded by your employer to help pay for your eligible health care expenses. Use the money in your HRA to pay for covered services that are subject to your plan's deductible, copays or coinsurance.

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

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

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

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



Frequently requested services

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

Need to find a hospital, facility, or provider?

Visit carefirst.com/usps

Have a question about your benefits?

Visit carefirst.com/usps or call CareFirst advocacy service at **866-CUSTOM**.

Want to talk with a nurse?

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

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

Call CareFirst BlueCross BlueShield at **866-CUSTOM**



Your right to appeal

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

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

The correspondence should include:

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

Be an informed consumer! Review additional member information:

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



CONNECT WITH US:



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