



## Health Benefit Options

**CHARLES COUNTY COMMISSIONERS**

*Employees/Retirees Under 65*

*July 2016*

# Table of Contents

- Welcome .....1
- BlueChoice HMO  
*Open Access* .....2
- Away From Home Care® .....4
- BlueChoice Advantage .....5
- BlueCard® .....6
- Patient-Centered Medical  
Home .....8
- My Account* .....10
- Health & Wellness .....12
- Medical Benefits Options .....14
- Find a Doctor, Hospital  
or Urgent Care.....18
- FirstHelp.....19
- Rx Drug Program–3 Tiers .....20
- Maintenance Choice® .....23
- CareFirst Specialty Pharmacy  
Coordination Program.....24
- Mail Service Pharmacy.....25
- Preferred Dental .....26
- BlueVision Plus.....28

## 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) are 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.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.



## Managing your health care budget just got easier

With CareFirst's Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit [www.carefirst.com](http://www.carefirst.com) to learn more!



# 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.

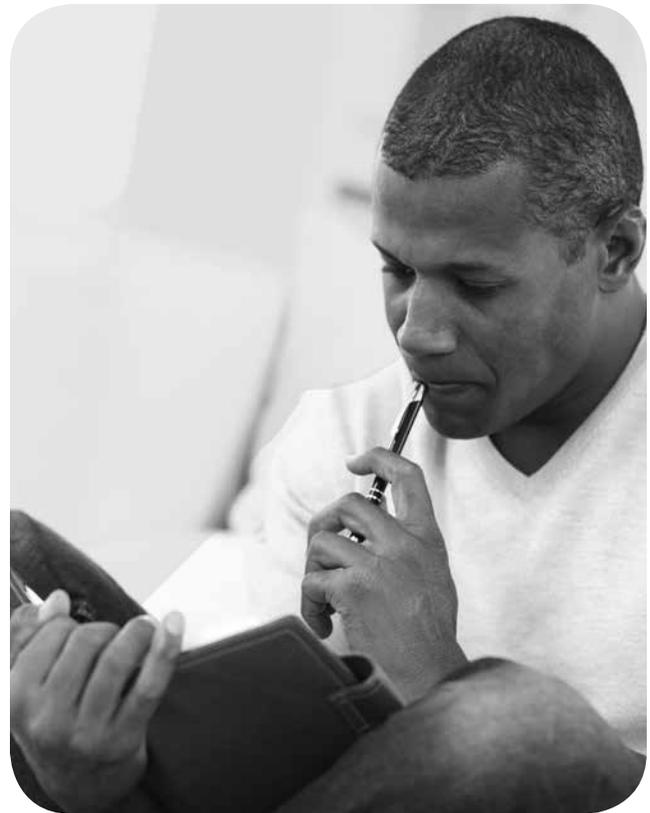
## Take advantage of your benefits

- Choose from more than 35,000 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)
- 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.

With this plan, you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP. However, to ensure you take advantage of lower out-of-pocket costs, we encourage you to first call your PCP when you need care.



*Establish a relationship with your doctor for consistent, quality care.*

## BlueChoice HMO *Open Access*

*An HMO plan with no referrals required*

Your PCP can:

- 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

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.

### 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.



# Away From Home Care®

## Your HMO Coverage Goes With You

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

### Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, DC and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

### Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.
- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.



Always remember to carry your ID card to access Away From Home Care.

- Simply call your Host HMO primary care physician for an appointment when you need care.

### No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

# BlueChoice Advantage

*Offers you the freedom to choose*

BlueChoice Advantage offers flexibility in care options to help control your out-of-pocket costs. There's no need to obtain a referral to see a specialist and you have the freedom to visit any provider, which helps determine your out-of-pocket costs.

## Take advantage of your benefits

- Choose from CareFirst BlueChoice providers or CareFirst PPO 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 when receiving care outside the CareFirst BlueCross BlueShield (CareFirst) service area
- 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 offers you the flexibility and freedom to choose from both in and out-of-network providers. While you are not required to select a PCP, benefits include:

- Coordinating care with all of your providers to help you get access to, and receive, the most appropriate care in the most affordable settings
- Addressing the impact that care you receive for one health issue could have on another
- Reviewing all of your medications and possible drug interactions
- Using health records to identify duplicate tests or services already ordered or performed by another provider

## Receiving care inside the CareFirst service area

When care is rendered in Maryland, Washington, D.C. or Northern Virginia, use the CareFirst BlueChoice network 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/copays

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, CareFirst PPO providers, 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.

Prior authorization is not required for emergency admissions or for maternity admissions.

*Wherever you go, your health care coverage goes with you*

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.



*As always, go directly to the nearest hospital in an emergency.*

Your membership gives you a world of choices. More than 85% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

## Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at [www.bcbs.com](http://www.bcbs.com), or call BlueCard Access at 800-810-BLUE (2583).
3. Call Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it's different from the BlueCard Access number listed in Step 2.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

## Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The BlueCard Worldwide program provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At BlueCard Worldwide hospitals, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At non-BlueCard Worldwide hospitals, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BlueCard Worldwide Service Center. The claim form is available online at [www.bcbs.com](http://www.bcbs.com).
- To find a BlueCard provider outside of the U.S. visit [www.bcbs.com](http://www.bcbs.com), select *Find a Doctor or Hospital*.

*Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.*

## Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.



Visit [www.bcbs.com](http://www.bcbs.com) to find providers within the U.S. and around the world.

# Patient-Centered Medical Home

*Focusing on you and your health*

Whether you're trying to get healthy or stay healthy, you need the best care available. That's why the CareFirst BlueCross BlueShield<sup>1</sup> family of health plans has created a program to improve health care quality and help slow rising health care costs over time.

Our Patient-Centered Medical Home (PCMH) program focuses on the relationship between you and your primary care provider (PCP)—whether a physician or nurse practitioner (NP). It's designed to provide your PCP<sup>2</sup> with a more complete view of your health needs, as well as the care you're receiving from other providers. As the leader of your health care team, your PCP will be able to use this information to better manage and coordinate your care, a key to better health.

## Treating your overall health

Whether you see your PCP for preventive care, or you need more care, your PCP is expected to:

- Coordinate your care with all your health care providers, including specialists, labs, pharmacies, and mental health facilities to help you get access to, and receive, the most appropriate care available in the most affordable settings.
- Identify and address any impact the care you receive for one health issue may have on another.
- Review all of your medications and possible drug interactions with you.
- Review your health records for duplicate tests or services already ordered or performed by another provider.



### Why a PCP is important to your health

By visiting your PCP for routine visits as recommended, you can build a relationship, and your PCP will get to know you and your medical history.

A PCP is concerned with your overall health. If you have an urgent health issue, having a PCP who knows your health history often makes it easier and faster to get the care you need. Your PCP can sometimes provide advice over the phone or fit you in for a visit. That helps you avoid long lines and expensive charges at the emergency room.

When you visit your PCP for screenings and preventive services, he or she can detect health concerns in the early stages, when they are easier and less costly to treat.

<sup>1</sup> All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

<sup>2</sup> The doctors and other medical providers, who provide your care, are independent providers making their own medical determinations and are not employed by either CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.

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 (RN), so you have the support you need, answers to your questions and information about your care.

### Extra care for certain health issues

When you participate in PCMH, your PCP will take specific steps to coordinate and manage your care. If you have certain health issues, your PCP will create an online record of your health needs with specific follow-up activities.

Your care coordinator is expected to:

- Assist your PCP by coordinating your care and answering your questions.
- Follow up with you to make sure you're not having problems following your treatment plan. For example, if you have diabetes, the care coordinator can help you take steps to better understand and control your diabetes.
- Assist you in obtaining services and equipment necessary to manage your health condition.

### It's your choice

PCMH is a voluntary program. When you participate:

- You pay no additional premium.
- There is no change in your benefits.
- There is no change to your health plan requirements.
- You can opt-out at any time without penalty and without changing your PCP and/or NP.

Please note that if you have a high deductible health plan, certain charges may apply until you meet your deductible.



### How do I get started?

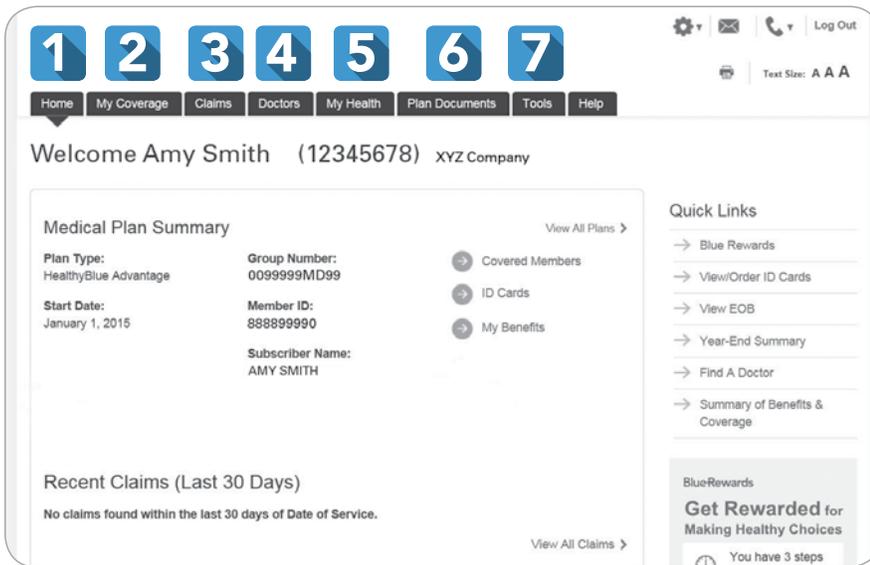
Simply sign the Election to Participate form and return it to your PCP.

You can get the form from your PCP, or you can download it from the Forms section at [www.carefirst.com/memberpcmh](http://www.carefirst.com/memberpcmh). By signing the election form, you agree to give your PCP access to your health information on file with CareFirst. This includes data from claims and notes from any CareFirst programs in which you have participated.

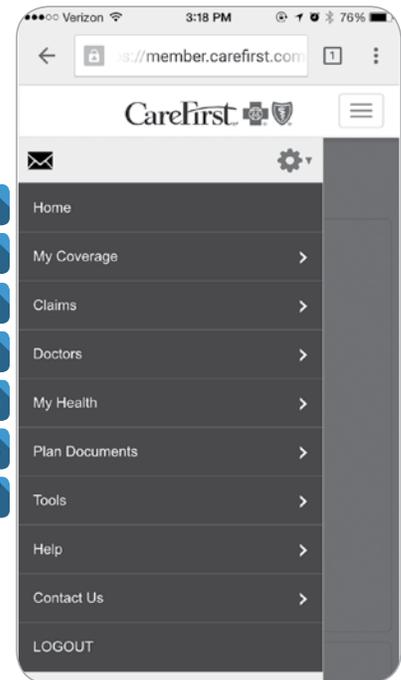
# My Account

## 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

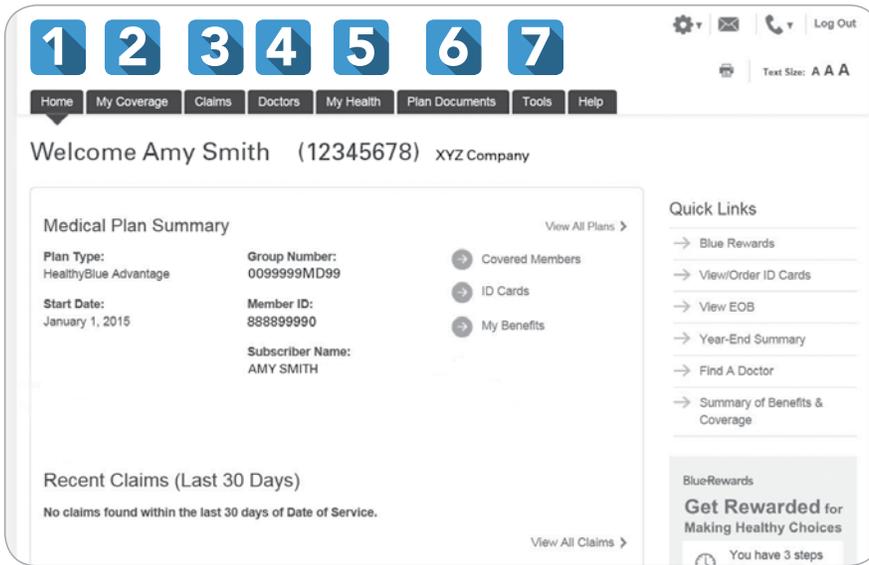
- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Order and refill prescriptions<sup>1,2</sup>
- View prescription drug claims<sup>1,2</sup>
- Find a pharmacy<sup>1</sup>
- Oversee your BlueFund account

### Signing up is easy

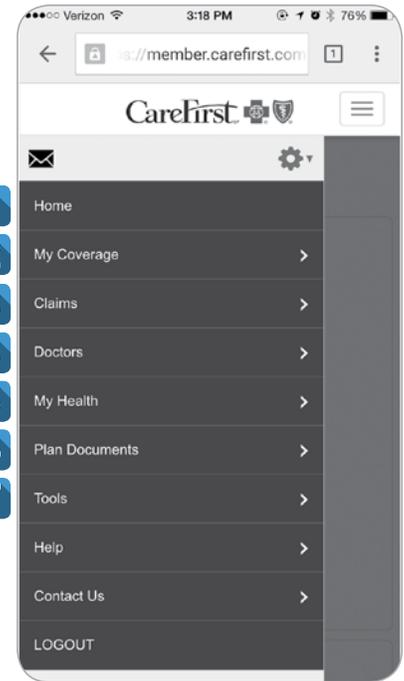
Information included on your member ID card will be needed to set up your account.

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

**My Account**  
Online access to your health care information



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.

# Health & Wellness

*Take charge*

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 better well-being.

## With our Health & Wellness program you can

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle issues.
- Access online tools to help you get and stay healthy.
- Manage chronic conditions and deal with unexpected health issues.

## 15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment. 24 hours after you complete the survey, you'll receive your personalized well-being score, along with a link to create your own personal well-being plan.

Take your well-being assessment today—these may be the most important questions you'll ever answer! Get started by logging in to *My Account* at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount). Next, click on *Health Assessment and Online Coaching* under *Quick Links*.

## Getting healthy

Based on your results after completing the well-being assessment, a health coach may contact you to discuss your results. The health coach will refer you to the appropriate resources, tools and programs that can guide you toward better health.

### Health Coaching

Participate in confidential lifestyle and health coaching programs to help improve your health. Your coach will monitor your progress and provide support with programs like tobacco cessation, weight loss and disease management for conditions like diabetes or chronic obstructive pulmonary disease.



*Don't forget to take your well-being assessment to get an immediate picture of your health.*

## Online health and wellness tools

Looking for tools and resources that empower you to take action, stay connected and get inspired? Log in to *My Account* at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) to take advantage of

### Well-Being Connect™, our wellness portal:

- **Well-Being Plan**—A personalized, easy-to-navigate interactive plan including recommendations and focus areas to help keep you on track.
- **Resource Center**—Find a library of articles, videos and other resources specific to your interests and focus areas.
- **Trackers**—Record daily behaviors and check your progress for weight, exercise, medication, tobacco use, healthy eating and more. Share within your community group or on Facebook.
- **Social Networking**—Join chat sessions, update group activities and share information, personal stories, tips and successes even on Facebook.
- **Recipe Center**—Search thousands of healthy meal ideas, including cuisine-specific recipes and menus that map out calories and nutrition.
- **Message Center**—Receive health tips, activity tracker reminders and encouraging emails.

### Vitality magazine

*Vitality* provides information about your health plan and includes articles on health and wellness topics, including nutrition, physical fitness and preventive health.

### 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.

## 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 (PCP) 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 keep you in better health and manage any current or potential health risks.

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 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.

# Medical Benefits Options

Benefits	HMO
	BlueChoice HMO Open Access
<b>NETWORK</b>	BlueChoice
<b>COPAYS</b>	\$10 PCP / \$15 Specialist copay
<b>ANNUAL DEDUCTIBLE</b>	
Individual	None
Individual & Child	None
Individual & Adult	None
Family	None
<b>OUT OF POCKET MAXIMUM</b>	
Medical	\$2,000 Individual / \$6,000 Family
Prescription	\$4,600 Individual / \$7,200 Family
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited except on fertility services
<b>PREVENTIVE SERVICES</b>	
Well-Child Care	
0–24 months	No Charge
24 months–13 years (immunization visit)	No Charge
24 months–13 years (non-immunization visit)	No Charge
14–17 years	No Charge
Adult Physical Examination	No Charge
Routine GYN Visits	No Charge
Mammograms	No Charge
Cancer Screening (Pap Test, Prostate and Colorectal)	No Charge
<b>OFFICE VISITS, LABS AND TESTING</b>	
Office Visits for Illness	\$10 PCP / \$15 Specialist copay
Diagnostic Services	\$20 copay (Office) / \$30 (OutPatient Facility)
X-ray and Lab Tests	\$10 copay (Office) / \$30 (Outpatient Facility)
Allergy Testing	\$10 PCP / \$15 Specialist copay
Allergy Shots	\$10 PCP / \$15 Specialist copay
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$15 copay; (limited to 30 visits/condition/benefit period)
Outpatient Chiropractic	\$15 copay; (limited to 20 visits/condition/benefit period)
<b>EMERGENCY CARE AND URGENT CARE</b>	
Physician's Office	\$10 PCP / \$15 Specialist copay
Urgent Care Center	\$20 PCP / \$25 Specialist copay
Hospital Emergency Room	\$100 copay (waived if admitted)
Ambulance (if medically necessary)	No charge

## Medical Benefits Options

BlueChoice Advantage	
In-Network	Out-of-Network
BlueChoice and Preferred Provider (PPO BlueCard)	Participating/Non-Participating
\$15 PCP/\$20 Specialist	N/A
None	\$200
None	\$400
None	\$400
None	\$400
\$1,000 Individual / \$2,000 Family	
\$5,600 Individual / \$11,200 Family	
Unlimited except on fertility services	Unlimited except on fertility services
100% Allowed Benefit	80% Allowed Benefit, no deductible
100% Allowed Benefit	80% Allowed Benefit, no deductible
100% Allowed Benefit	80% Allowed Benefit, no deductible
100% Allowed Benefit	80% Allowed Benefit, no deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
\$15 PCP / \$20 Specialist copay	80% Allowed Benefit after deductible
\$30 copay (Office) / \$50 (OutPatient Facility)	80% Allowed Benefit after deductible
\$15 copay (office) / \$50 (Outpatient Facility)	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
\$20 copay (limited to 100 combined visits)	80% Allowed Benefit after deductible (limited to 100 visits per year)
\$20 copay (unlimited visits)	80% Allowed Benefit after deductible (unlimited visits)
\$15 PCP / \$20 Specialist copay	100% Allowed Benefit—Accidental Injury; \$15 PCP / \$20 Specialist copay—Medical Emergency
\$25 PCP / \$30 Specialist copay	100% Allowed Benefit—Accidental Injury; \$15 PCP/\$20 Specialist—Medical Emergency
\$125 copay (waived if admitted)	\$125 copay (waived if admitted)—Accidental Injury; 80% Allowed Benefit after deductible—Medical Emergency
100% Allowed Benefit	100% Allowed Benefit

## Medical Benefits Options

Benefits	HMO
	BlueChoice HMO Open Access
<b>HOSPITALIZATION</b>	
Inpatient Facility Services	No charge (365 days)
Outpatient Facility Services	No charge
Inpatient Physician Services	No charge
Outpatient Physician Services	\$10 PCP / \$15 Specialist copay
<b>HOSPITAL ALTERNATIVES</b>	
Home Health Care	No charge
Hospice	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge
<b>MATERNITY</b>	
Prenatal and Postnatal Office Visits	No charge
Delivery and Facility Services	No charge
Nursery Care of Newborn	No charge
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of the allowed benefit
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of the allowed benefit
<b>MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA) - SUBJECT TO FEDERAL MANDATE</b>	
Inpatient Facility Services (requires Pre-authorization)	No charge
Inpatient Physician Services	No charge
Outpatient Services (MH & SA)	\$10 copay office visits
Partial Hospitalization	No charge (facility)
Medication Management Visit	\$10 copay
<b>MISCELLANEOUS</b>	
Durable Medical Equipment	No charge
Acupuncture	Not covered
Transplants—Major Organ (travel & Lodging limited to 75 days per transplant)	100% Allowed Benefit
Hearing Aids for Children (limited to one hearing aid/per ear every 36 months)	No copay per aid/per ear
<b>PRESCRIPTION DRUGS — FORMULARY 2</b>	\$5 Generic / \$20 Formulary Brand / \$35 Non-Formulary Brand. Voluntary Maintenance Choice: 2 copays at CVS Retail or Mail Order for Maintenance Prescriptions; all other retail pharmacies will be 3 copays for Maintenance Prescriptions. <b>Formulary 2</b>
<b>DEPENDENT AGE LIMIT</b>	To age 26, end of month

## Medical Benefits Options

BlueChoice Advantage	
In-Network	Out-of-Network
100% Allowed Benefit	80% Allowed Benefit after deductible
\$35 copay	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
\$25 copay	80% Allowed Benefit after deductible
100% Allowed Benefit	100% Allowed Benefit, no deductible
100% Allowed Benefit	100% Allowed Benefit, no deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit after copay	80% Allowed Benefit after deductible
100% Allowed Benefit after copay	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
\$15 copay (office)	80% Allowed Benefit after deductible
\$35 copay	80% Allowed Benefit after deductible
\$15 copay	80% Allowed Benefit after deductible
100% Allowed Benefit	80% Allowed Benefit after deductible
\$20 copay	80% Allowed Benefit after deductible
100% Allowed Benefit	100% Allowed Benefit, no deductible
100% Allowed Benefit per aid/per ear (children and adults)	100% Allowed Benefit per aid / per ear (children). 80% Allowed Benefit after deductible (adults)
\$5 Generic / \$20 Formulary Brand / \$35 Non-Formulary Brand. Voluntary Maintenance Choice: 2 copays at CVS Retail or Mail Order for Maintenance Prescriptions; all other retail pharmacies will be 3 copays for Maintenance Prescriptions. <b>Formulary 2</b>	\$5 Generic / \$20 Formulary Brand / \$35 Non-Formulary Brand. Voluntary Maintenance Choice: 2 copays at CVS Retail or Mail Order for Maintenance Prescriptions; all other retail pharmacies will be 3 copays for Maintenance Prescriptions. <b>Formulary 2</b>
To age 26, end of month	To age 26, end of month

# 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'. A search bar is located in the top right corner. Below the navigation, there are links for 'Home', 'Health Care Reform', 'Find the Right Plan', 'Health & Wellness', 'Find Providers', and 'For Members'. A 'Login' button is also present. The main content area features a 'Mobile Access' section with a smartphone image and a 'Buy Health Insurance Now!' button. Below this is a 'Quick Links' section with a 'Find a Provider' search box containing a 'Provider Last Name' input field and a 'Search' button. Other sections include 'Already a Member?' with a 'Log in to My Account' button, 'Need Health Insurance?', 'CareFirst Features' with a 'Read About PCMH' button, and 'Recent Updates' with a 'Read More' button.

# 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

# Rx Drug Program—3 Tiers

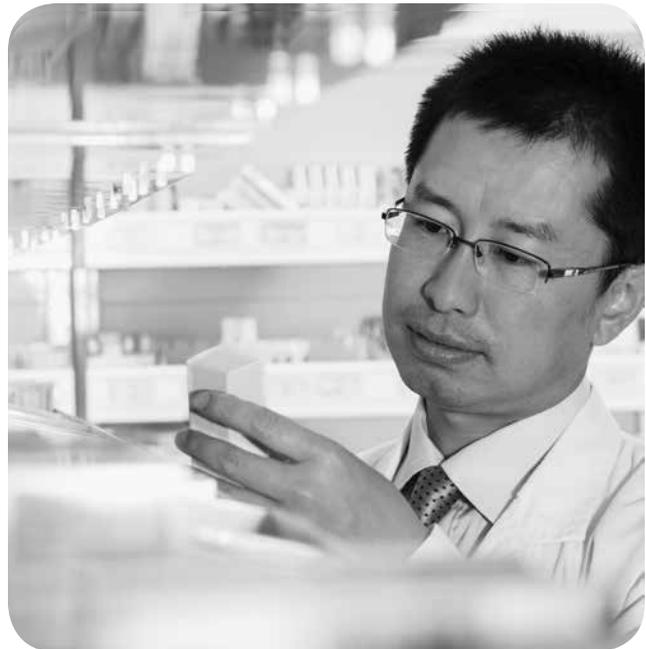
*A total prescription for health*

In order to receive the best possible health care, your employer is offering both medical and pharmacy benefits. By working with your doctor and pharmacist, you can focus on your overall health and make the right decisions when it comes to your prescriptions.

## Your Rx benefits

Safe and cost-effective with a large network of pharmacies to choose from—that's your prescription plan. As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (collectively, CareFirst) member, you have access to:

- A network with more than 60,000 participating pharmacies located nationwide.
- Mail Service Pharmacy, our convenient, fast and accurate mail order drug program.
- Rx Specialty Support, a program designed for members who take specialty medications.
- Rx Authorize to monitor your prescription drug use.
- Educational tools and resources to help you save money, understand your plan and manage your prescriptions, at [www.carefirst.com/rx](http://www.carefirst.com/rx).



## Making a difference in your health

By having both your medical and prescription benefits with CareFirst, our team of health care professionals can look at total patient care to better manage your health care costs and the quality of service you receive.

Having access to pharmacy and medical claims information allows CareFirst to develop cost-effective programs in order to improve the consistency of your care. We can more accurately identify those members who could benefit from our care management programs based on early detection. It's all in an effort to provide you with the best possible care to help you maintain your overall health.

## Saving money with your 3 Tier plan

The prescription drugs in your plan will fall into 1 of 3 Tiers. Tiers 1 and 2 are part of CareFirst's Preferred Drug List and have been selected for their effectiveness and price. Even though Tier 3 drugs are not part of the Preferred Drug List, they're still covered by your benefits, but at the highest copay. And remember, if the cost of your medication is less than your copay, you only pay the cost of the medication.

Once you meet your deductible (if applicable to your plan), you may pay a different copay amount for drugs depending on if you use Generic, Preferred Brand or Non-preferred Brand drugs. Should you have questions about your benefits, please call CareFirst Pharmacy Services at 800-241-3371.

<b>Tier 1*</b> You Pay: Lowest Copay (\$)	Generic Drugs	All Generic drugs on the Preferred Drug List will be in Tier 1.
<b>Tier 2*</b> You Pay: Higher Copay (\$\$)	Preferred Brand Drugs	If a Generic version of a Tier 2 drug is released then: <ul style="list-style-type: none"> <li>The Generic drug is added to Tier 1.</li> <li>The Brand drug moves to Tier 3 and becomes a Non-preferred Brand drug.</li> </ul>
<b>Tier 3**</b> You Pay: Highest Copay (\$\$\$)	Non-preferred Brand Drugs	Some plans require members who choose a Tier 3 drug over the Generic version to: <ul style="list-style-type: none"> <li>Pay the highest copay, and</li> <li>Pay the cost difference between the Brand drug and its Generic.</li> </ul>

\* Part of CareFirst's Preferred Drug List.

\*\* Self-Injectable drugs are covered under Tier 2 or Tier 3 in three-tier designs.

## Filling your prescriptions

Your Rx drug benefits can be used for both maintenance and non-maintenance prescriptions. As a CareFirst member, you can receive up to a 34-day supply of medication from a retail pharmacy or Mail Service Pharmacy. You may also request a 90-day supply of your maintenance medication and pay 2x the appropriate copay amount,<sup>1</sup> depending on the tier level of your medication, through your retail pharmacy or Mail Service Pharmacy.

### Retail pharmacies

Simply present your prescription and member ID card at a participating pharmacy and pay a copay<sup>1</sup> for your medication. And with access to over 60,000 pharmacies nationwide, you can use the *Pharmacy Finder* tool located in the *Drug Tools* on [www.carefirst.com/rx](http://www.carefirst.com/rx) to choose a location that's convenient for you.

### Mail Service Pharmacy

Mail Service Pharmacy gives you an easy way to order medications by phone, mail or online. Your prescriptions will be reviewed and filled by registered pharmacists and mailed directly to your home. Convenient, fast and accurate, Mail Service Pharmacy also allows you to:

- Consult with pharmacists over the phone, 24 hours a day.
- Check account balances and make payments using automated phone systems.
- Receive e-mail notifications about your order status.

*Talk to your doctor to make sure you are using drugs on CareFirst's Preferred Drug List. Remember, you'll save the most money when using Tier 1 or Tier 2 drugs.*

## Maximizing your benefits

Take advantage of the free programs and resources available with your CareFirst Rx drug plan.

### Comprehensive Medication Review

As part of the Medication Therapy Management program, members are eligible to participate in a free annual Comprehensive Medication Review. During the Comprehensive Medication Review participating pharmacies provide individualized, in-person consultations, medication monitoring and education; interfacing with both the member and the physician to ensure the appropriate use of medications and to reduce drug costs. To find a participating Pharmacy, click on *Medication Therapy Management* located in the *Manage Your Medications* section on [www.carefirst.com/rx](http://www.carefirst.com/rx).

### Generic drug education

Made with the same active ingredients as their brand-name counterparts, Generics are also equivalent in dosage, safety, strength, quality, performance and intended use.

\*\*\* Please note that you must meet your annual deductible (if applicable to your plan) before paying only a copay for any of your prescription medications.

To begin saving money, ask your doctor or pharmacist if any of the drugs you're currently taking can be filled with a Generic alternative. You can also visit [www.carefirst.com/rx](http://www.carefirst.com/rx) to learn more about Generic drugs and use our Preferred Drug List to see if a Generic is available to treat your condition.

## Rx Specialty support

When you need specialty medications we will provide you with personalized care to successfully manage your condition, including one-on-one therapy support, 24/7 patient assistance, refill reminders and more.

You may receive coverage for a variety of drugs used to treat the following health conditions:

- Cancer
- Crohn's Disease
- Growth Hormones Deficiencies<sup>2</sup>
- Hepatitis C
- Multiple Sclerosis
- Infertility Treatment Management<sup>2</sup>
- Rheumatoid Arthritis
- Ulcerative Colitis

<sup>2</sup>Please review your policy for details on what coverage is available under your plan.

## Online tools and resources

To get the most from your Rx drug plan, you need to stay informed. At [www.carefirst.com/rx](http://www.carefirst.com/rx) you will find the tools and resources you need to understand your benefits, including drug recalls, cost saving opportunities and more.

- **Preferred Drug List**—Rest easy knowing that medications on our Preferred Drug List have been reviewed for quality, effectiveness, safety and cost by our Pharmacy & Therapeutics Committee and medical staff.

- **Prescription Drug Information**—Our easy-to-use, interactive tools are available 24 hours a day, 7 days a week:

- Printable Preferred Drug List
- Pharmacy Finder
- Drug Pricing Tool<sup>3</sup>
- Refill and Mail Order Information<sup>3</sup>  
Drug Reference and Interactions<sup>3</sup>
- Drug Information<sup>3</sup>
- Claims History Tool<sup>3</sup>
- Identify a Medication

<sup>3</sup>Available to members only through My Account.

- **Rx Authorize**—Some medications are only intended to be used in limited quantities, while others require advanced approval. With Rx Authorize, you have access to a program that can help monitor your drug therapy, while promoting the use of clinically approved and cost effective prescription medications.

- Quantity Limits**—Look at our quantity limit list to see if your medication can only be prescribed in limited quantities.
- Step Therapy/Prior Authorization**—Use our prior authorization list to determine if your prescription requires advanced approval before it can be filled.

- **Maintenance Medications**—Access the most up-to-date list of maintenance medications, usually taken for 6 months or more to treat chronic conditions.

Visit [www.carefirst.com/rx](http://www.carefirst.com/rx) for more information and to access the most up-to-date Preferred Drug List.

# Maintenance Choice®

Fill your maintenance drug prescriptions with voluntary Maintenance Choice

Maintenance Choice offers you options and savings when it comes to filling your maintenance medications. Maintenance medications are drugs taken regularly for an ongoing condition such as high blood pressure, diabetes, etc. With Maintenance Choice, you can get up to a three-month supply of your maintenance drugs for the cost of a two-month supply. There are two ways to save when filling your maintenance drug prescriptions.

## CVS Mail Service Pharmacy

- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone or email
- Check account balances and make payments through an automated phone system
- Sign up to receive email notifications of order status
- Access a consulting pharmacist by phone 24 hours a day

## CVS Retail Pharmacy

- Access the entire network of CVS pharmacies
- Pick up your medications at a time convenient to you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You can continue to fill a one-month prescription at any retail pharmacy; however, you will continue to pay the applicable copay for each fill. Therefore, a three-month supply of maintenance drugs will cost you three copays rather than two, in addition to three trips to the pharmacy. For more information, call us toll-free at 800-241-3371.

If you would like...	Then...
To pick up at a CVS retail pharmacy or register for CVS Mail Service Pharmacy	<p><b>Please let us know.</b></p> <p>You can do so quickly and easily. Choose the option that works best for you:</p> <ul style="list-style-type: none"><li>■ Go to <a href="http://www.carefirst.com">www.carefirst.com</a> and log into <i>My Account</i> from your computer, tablet or smartphone. Click on <i>My Coverage</i>, select <i>Drug and Pharmacy Resources</i>, select <i>My Drug Home</i> and <i>Order Prescriptions</i> to select a CVS pharmacy location for pick up or register for CVS Mail Service Pharmacy.</li><li>■ Visit your local CVS retail pharmacy and talk to the pharmacist</li><li>■ Call us toll-free using the number on the back of your member ID card, and we'll handle the rest</li></ul>
To continue with CVS Mail Service Pharmacy	<p><b>You don't have to do anything.</b></p> <p>We'll continue to send your medications to your location of choice.</p>

# CareFirst Specialty Pharmacy Coordination Program

*Personalized care for managing  
your chronic medical condition*

Do you have a chronic condition that requires specialty medications? Our CareFirst Specialty Pharmacy Coordination Program can help you achieve better results from your medication therapy through personalized care, support and services designed to help manage your condition.

Through this program CareFirst addresses the unique clinical needs of members who take high-cost specialty drugs for certain conditions like multiple sclerosis, hepatitis C and hemophilia. We recognize that members taking specialty drugs require high-touch, high-quality care coordination and support to assure the best possible outcomes. With this program you have access to the following services:

- Comprehensive assessment of the patient at program initiation
- Coordination between the specialty care coordination team and the patient's primary care provider (PCP)
- Drug interaction review
- Drug and condition-specific education and counseling on medication adherence, side effects and safety
- Refill reminders and inventory coordination to reduce drug waste
- On call pharmacists 24 hours a day, seven days a week for assistance
- Specialty drug care coordination with a registered nurse specializing in select disease states (multiple sclerosis, hemophilia, hepatitis C and select intravenous immunoglobulin conditions)

In order to maximize the effectiveness of the Specialty Pharmacy Coordination Program, your specialty medications must be filled through CVS/caremark Specialty Pharmacy.

By using the CareFirst Exclusive Specialty Pharmacy network, you get specialty medications and personalized pharmacy care management services from a team of clinical experts specially trained in your health condition as well as access to:

- Drug and condition-specific education and counseling
- Confidential, professional and personal care
- On-call pharmacist 24 hours a day, seven days a week
- Insurance and financial coordination assistance
- Online support and resources

Our Specialty Customer Care Team addresses your unique clinical needs, and helps improve adherence, persistency to prescribed therapies and safety, thereby improving your overall health and costs.

# Mail Service Pharmacy

*Reliable. Fast. Convenient.*

Take advantage of Mail Service Pharmacy, a fast and accurate home delivery service that offers a way for you to save both time and money on your long-term (maintenance) prescriptions.\*

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Schedule automatic refills for certain maintenance medications through ReadyFill at Mail®
- Choose from home or office delivery service
- Consult with pharmacies by phone 24/7
- Use our automated phone system to check account balances and make payments 24/7
- Receive email notifications of order status
- Choose from multiple payment options

## It's easy to register for mail service

Choose one of the following three ways:



### Online

Go to [www.carefirst.com](http://www.carefirst.com) and log in to *My Account*. Under the *My Coverage* tab, select *Drug and Pharmacy Resources*, click on *My Drug Home* and select *Order Prescriptions* to set up an account.



### By phone

Call the toll-free phone number on the back of your member ID card. Our Customer Care representatives can walk you through the process.



### By mail

If you already have your prescription, you can send it to us with a completed *Mail Service Pharmacy Order Form*. You can download the form by selecting *My Drug Forms* in the *Drug and Pharmacy Resources* section in *My Account*.

\* Long-term or maintenance medications are prescription drugs anticipated to be required for 6 months or more to treat a chronic or ongoing condition such as diabetes, high blood pressure or asthma.

# 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 is included for children and adults).
- **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. You are responsible for deductibles and coinsurance.

## 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 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: (866) 891-2802 between 8:30 am and 5:00 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.

## Summary of Benefits

	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
<b>DEDUCTIBLE</b>	\$25 Individual / \$75 Family	
<b>BENEFIT YEAR MAXIMUM (CLASSES I–IV) (JULY 1–JUNE 30)</b>	\$1,500	
<b>LIFETIME MAXIMUM (CLASS V)</b>	\$1,500	
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b>		
<ul style="list-style-type: none"> <li>▪ Oral Exams (two 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 19)</li> <li>▪ Space maintainers (once per 60 months)</li> <li>▪ Palliative emergency treatment</li> </ul>	No charge
<b>BASIC SERVICES</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>	\$0 after deductible for Basic Services; 20% of Allowed Benefit after deductible <sup>1</sup> for Periodontal Services
<b>MAJOR SERVICES – SURGICAL</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> </ul>	20% of Allowed Benefit after deductible <sup>1</sup>
<b>MAJOR SERVICES – RESTORATIVE</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> <li>▪ Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>	50% of Allowed Benefit after deductible <sup>1</sup>
<b>ORTHODONTIC SERVICES<sup>2</sup></b>		
<ul style="list-style-type: none"> <li>▪ Benefits for orthodontic services are available for children and adults who meet treatment criteria.</li> </ul>	50% of Allowed Benefit <sup>1</sup>	50% of Allowed Benefit <sup>1</sup>

<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 Doctor* 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

[DavisVisionContacts.com](http://DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



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

## Summary of Benefits (12-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	No copay
<b>FRAMES</b>	
Davis Vision Frame Collection	No copay for approximately 400 frames
Non-Collection Frame	Plan pays \$45 towards wholesale price (or equivalent allowance at a retailer), you pay balance
<b>SPECTACLE LENSES</b>	
Basic Single Vision (including lenticular lenses)	No copay
Basic Bifocal	No copay
Basic Trifocal	No copay
<b>CONTACT LENSES (INITIAL SUPPLY)</b>	
Medically Necessary Contacts	No copay with prior approval
Davis Vision Contact Lens Collection	No copay with evaluation if Collection lenses are dispensed
Other Single Vision Contact Lenses	Plan pays \$97, you pay balance
Other Bifocal Contact Lenses	Plan pays \$127, you pay balance
<b>LENS OPTIONS<sup>1</sup> (add to spectacle lens prices above)</b>	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$35
Premium AR Coating	\$48
Ultra AR Coating	\$60
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay

In-Network	You Pay
<b>CONTACT LENSES<sup>1</sup> (MAIL ORDER)</b>	
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
<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 \$45, you pay balance
Frames	Plan pays \$45, you pay balance
Single Lenses	Plan pays \$52, you pay balance
Bifocal Lenses	Plan pays \$82, you pay balance
Trifocal Lenses	Plan pays \$101, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$181, you pay balance
Medically Necessary Contacts	Plan pays \$285, you pay balance
Elective Contact Lenses	Plan pays \$97, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$127, 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:

- Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- 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.
- Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
- Non-prescription glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-rider/Freestanding: MD: MD/CF/GC (R. 10/07) • MD/CF/EOC/D-V (10/08) • MD/CF/DOCS-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (R. 1/08) • CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (7/09) • CFMI/VISION DOCS (7/09) • CFMI/VISION SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

DC: DC/CF/GC (R. 1/09) • DC/CF/COC-V (9/04) • DC/CF/DOCS-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04) • VA: VA/CF/GC (R. 1/09) • VA/CF/COC-V (9/04) • VA/CF/DOCS-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

Ridered: CFMI/51+/VISION (4/09) • MD/BCOO/VISION (R. 1/06) • MD/CF/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) • VA/CF/VISION (R. 1/06).

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