



The CareFirst BlueCross BlueShield
family of health care plans



Health Benefit Options

CHARLES COUNTY COMMISSIONERS

Retirees 65+

July 2015

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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.

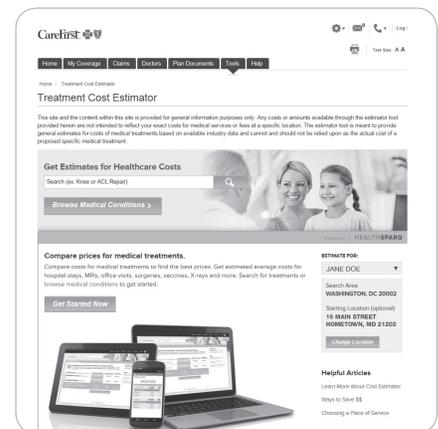


Managing your health care budget just got easier

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 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.

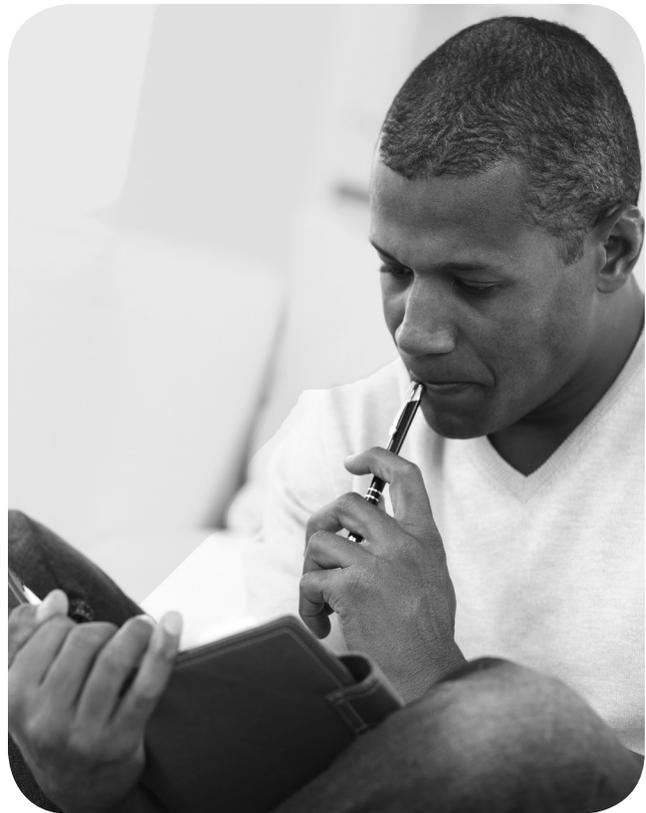
Take advantage of your benefits

- 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.

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.

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 BlueShield¹ 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 PCP² 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.

¹ All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

² 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. 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 Claims

View personalized information on your claims and out-of-pocket costs online with *My Account*. Simply log on to www.carefirst.com/myaccount for real-time information about your plan.

Features of *My Account*

- View your deductible status and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims—total charges, benefits paid and costs for a specific date range
- Request an ID card
- Sign up for electronic communications and get your information faster and more securely

Signing up is easy

Visit www.carefirst.com/myaccount, click on *Register Now* and set up your User ID and Password. You'll just need information from your member ID card.

Additional tools

Depending on your specific health plan, you may have access to the following services through *My Account*:

- Find out the exact dollar amount you'll pay at a particular pharmacy
- View a side-by-side comparison of costs at local pharmacies
- Download claim forms
- Find in-network providers
- Track your reward progress
- Compare costs from different doctors, hospitals and facilities with our Treatment Cost Estimator

Mobile access

View the most-visited information in *My Account* on your smartphone or tablet.

Our mobile site is available from any browser-equipped mobile device. To try out the app, visit your favorite app store, search for “CareFirst” and install the CareFirst app on your device.



Enjoy access to:

- Find A Provider
- Search for nearby urgent care and ER facilities, based on your current location (as determined by your device's GPS).
- Searchable claims information
- Who's eligible and covered under your policy
- View your ID cards (App users can also print and email ID cards)
- Register for *My Account* and maintain your security and notification preferences.

For more information on our mobile site and app, visit www.carefirst.com/mobileaccess.

Find a Doctor, Hospital or Urgent Care

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 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. 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. From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.

Click "Find Providers" tab on 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's a 'Home' button and a 'Login' button. The main content area features a large banner for 'The New My Account' with a 'Log In to My Account' button. To the right of the banner is a 'Buy Health Insurance Now!' button. Below the banner is a 'Quick Links' section with buttons for 'Pay Your Bill', 'A Look at Blue Rewards', 'Prescription Drug Information', and 'Stay Connected'. To the right of 'Quick Links' is a 'Find a Provider' section with a search bar and a 'Log In to My Account' button. Further right is an 'Already a Member?' section with 'Register Now' and 'Tour My Account' buttons. On the far right is a 'Need Health Insurance?' section with links for 'Individual & Family Plans' and 'Medigap Plans'. Below these sections are 'CareFirst Features' and 'Recent Updates' sections.

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

With our Health + Wellness Program you can

- Become aware of unhealthy lifestyles.
- Improve your health with programs that target your specific health or lifestyle issues.
- Access online tools to help you get and stay healthy.
- Manage a chronic condition 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 into *My Account* at www.carefirst.com and visit *My Health*.

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 a variety of free, confidential lifestyle and health coaching programs to help improve your health. Your coach will monitor your progress and provide guidance and support with programs like tobacco cessation, weight loss and disease management for chronic conditions such as diabetes and COPD.



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 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 to help you lose weight, manage a condition and more.
- **Message Center**—Receive health tips, activity tracker reminders, encouraging emails and more.

Validity magazine

Validity 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, addressing any health care issues and enjoy a healthier future.

Patient-Centered Medical Home (PCMH)

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

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

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

Find a participating PCMH provider in our provider directory at www.carefirst.com/findadoc.

Case Management

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

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

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

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™

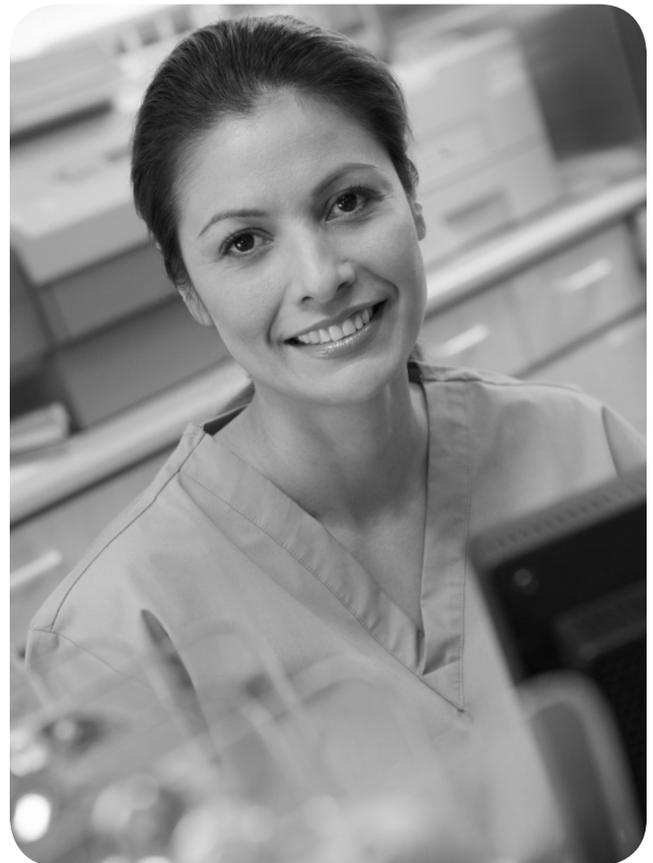
First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp™ nurse is available to answer your questions and assist you in determining your options.

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

Medical Benefits Options

Benefits	HMO
	BlueChoice HMO <i>Open Access</i>
NETWORK	BlueChoice
COPAYS	\$10 PCP / \$15 Specialist copay
ANNUAL DEDUCTIBLE	
Individual	None
Individual & Child	None
Individual & Adult	None
Family	None
OUT OF POCKET MAXIMUM	
Medical	\$2,000 Individual / \$6,000 Family
Prescription	\$4,600 Individual / \$7,200 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services
PREVENTIVE SERVICES	
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
OFFICE VISITS, LABS AND TESTING	
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)
Radiation/Chemotherapy/Renal Dialysis	\$15 copay
EMERGENCY CARE AND URGENT CARE	
Physician's Office	\$10 PCP / \$15 Specialist copay
Urgent Care Center	\$10 PCP / \$15 Specialist copay
Hospital Emergency Room	\$50 copay (waived if admitted)
Ambulance (if medically necessary)	No charge

Medical Benefits Options

Benefits	HMO
	BlueChoice HMO <i>Open Access</i>
HOSPITALIZATION	
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
HOSPITAL ALTERNATIVES	
Home Health Care	No charge
Hospice	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge
MATERNITY	
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
MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA) - SUBJECT TO FEDERAL MANDATE	
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
MISCELLANEOUS	
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
PRESCRIPTION DRUGS	\$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.
DEPENDENT AGE LIMIT	To age 26, end of month

Your Medicare Supplemental Plan

Your protection against illness and high medical costs

Times have changed, and so have your needs. Even though you have Medicare, you still need additional health insurance to help cover your medical expenses. When you use the providers who participate with Medicare, you will have little to pay for Medicare-covered services. That way, you can just concentrate on feeling better.

If you have any questions, call CareFirst BlueCross BlueShield's Customer Service Department at (800) 628-8549. You can call between 8:00 a.m. and 8:00 p.m., Monday through Friday. A customer service representative will be happy to help you.

What your plan is and how it works

What does the Medicare Supplemental Plan cover?

First, it covers your inpatient Medicare deductible and coinsurance, costs associated with emergency care, outpatient surgery and diagnostic services. Second, CareFirst BlueCross BlueShield will pay 80% of the difference between what Medicare pays and the Medicare approved amount (when you visit Medicare participating providers) or limiting charge (when you visit Medicare non-participating providers) for Major Medical services such as office visits and durable medical equipment.

How does the Medicare Supplemental Plan work?

Your Medicare coverage is always primary. That means that Medicare always pays first for Medicare-covered services. Your Medicare Supplemental Plan is your secondary plan. It provides benefits for some charges and services not covered by Medicare.

When you use a Medicare participating provider for medical services, you will have less to pay for Medicare-covered services because these providers have agreed to accept the Medicare approved amount for their services, commonly referred to as "accepting assignment."

Medicare non-participating providers do not always accept the Medicare approved amount. You will pay more for your care when you use Medicare non-participating providers.

Sometimes Medicare non-participating providers will agree to accept the Medicare approved amount for some services. Whenever they do, you will have less to pay for covered services. Please refer to questions 4 & 5 for examples.

How can I save money with my Medicare Supplemental Plan?

Your Medicare Supplemental Plan pays all of your up-front Medicare Part A deductibles and coinsurance amounts, regardless if you see a Medicare participating or Medicare non-participating provider.

In addition, your Medicare Supplemental Plan covers the Medicare Part B deductible for most services. In these cases, you will not have to pay the deductible, even if you see a Medicare participating or Medicare non-participating provider.

Why is it better to use Medicare participating providers?

When you use Medicare participating providers for Medicare and Major Medical covered services, you save money. Here's an example of a Major Medical service:

Provider's charge	\$50.00
Medicare approved amount	\$28.00
Medicare pays 80% of \$28 approved amount (after Part B deductible)	\$22.40
Balance	\$5.60
CareFirst pays 80% of \$5.60 balance	\$4.48
You pay remaining 20% coinsurance	\$1.12

How much will I pay if I use Medicare non-participating providers?

Medicare non-participating providers can charge you the difference between the Medicare approved amount and the Medicare limiting balance. The difference is usually 15% more than the approved amount.

For example, a Medicare participating provider charges the approved amount for a service, say \$28. A Medicare non-participating provider charges you up to the limiting charge, which would be about \$32.20.

Here's an example of a Major Medical service:

Provider's charge	\$50.00
Medicare approved amount	\$28.00
Medicare limiting charge (15% greater than Medicare approved amount)	\$32.20
Medicare pays 80% of \$28 approved amount (after Part B deductible)	\$22.40
Balance	\$9.80
CareFirst pays 80% of \$5.60	\$4.48
You pay remaining balance up to Medicare limiting charge	\$5.32

CareFirst's allowed benefit for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.



How can I find out if a doctor is participating with Medicare?

There are two ways you can check on a doctor's participation with Medicare:

- Check the Medicare MedPar Directory (you can receive your own copy by calling Medicare).
- Call the provider directly.

What Medicare does and doesn't cover

What does Medicare cover?

Medicare has two parts, A and B. Medicare Part A (hospital insurance) partially pays for medically necessary:

- Inpatient hospital facility charges.
- Care in a skilled nursing facility after a hospital stay.
- Home health care provided by a Medicare – participating home health agency.
- Hospice care for the terminally ill.

Medicare Part B (medical services insurance) partially pays for medically necessary:

- Physician's services.
- Outpatient hospital services.
- Home health visits.
- Physical and speech therapy.
- Services and supplies covered by Medicare, such as x-rays and durable medical equipment.

What isn't covered by Medicare?

Medicare does not pay the full cost of all covered services. Medicare requires that you pay a share of the costs in the form of deductibles and coinsurance/copays. Medicare does not cover prescription drugs. Prescription drugs are covered under the pharmacy benefit with CareFirst.

What you'll need to file claims

You never have to submit a claim to Medicare. By law all providers must file these claims for you. And that applies to non-participating providers as well as participating providers.

If I receive care in Maryland, will I have to file any claims to CareFirst?

You will not have to file any claims with CareFirst for covered services if you receive the services in Maryland, Washington D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. While you may be asked to fill out claim forms for the provider, you will not have to submit the claims yourself.

CareFirst electronically receives claims from Medicare for covered services received in Maryland, Washington D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. That means that your claims automatically come to us from Medicare when you give your CareFirst membership number to your provider at the time you receive care.

Make sure that you always give your CareFirst membership number to your provider when you give your Medicare membership number. Without your CareFirst number, Medicare won't know to forward your claim information to us. You will then have to file your own claim.

Will I have to file any claims to CareFirst if I receive care outside of the states listed above?

Yes, your providers will file your Medicare claims for you. That's the law. But you will have to file claims with CareFirst to get benefits from your Traditional Medicare Supplemental Plan.

Here's what you should do. After Medicare has paid its share, you will receive an "Explanation of Medicare Benefits" (EOMB). Make copies of this form and of your bills for each claim. Do not send the original EOMB and medical bills. Keep the originals in your files. Claims rarely get lost, but if that should happen, you can resubmit your claim if you have kept the originals.

Send a copy of the EOMB, your bills and a completed claim form to the following address:

CareFirst Blue Cross Blue Shield
Mail Administrator
P.O. Box 14114
Lexington, KY 40512

Getting the most from your health care plan

To make sure that you make the most of your benefits and pay the least for care, follow these simple guidelines:

- Always find out if a provider is participating (accepts the Medicare approved amount) or non-participating (does not accept the Medicare approved amount) before you receive care.
- Avoid additional out-of-pocket expenses by using Medicare participating providers when you need Medicare-covered services.
- Always give your Medicare membership number and your CareFirst membership number when you receive care.
- If you need to file a claim, file right away so that you don't miss the filing deadline.

Medicare Supplemental Plan

Medicare Eligibles/Retirees Over 65—July 2015

Benefits	Medicare Covers	Standard Group Over 65
Part A Hospital Deductible	60 days of inpatient hospital care, except for a \$1,260 deductible.	Pays the first \$1,260 of the inpatient hospital bill for the first 60 days of hospitalization.
Inpatient Days 61-90	30 additional days of hospital inpatient care, except for a \$315 per day copayment.	Pays the \$315 per day copayment for days 61-90 of inpatient hospitalization.
Lifetime Reserve Days	60 additional “lifetime reserve” days of inpatient hospital care, except for a \$630 per day copayment.	Pays \$630 per day copayment when the 60 “lifetime reserve” days are used.
Skilled Nursing Facility	100 days of inpatient care in a skilled nursing facility, except for the \$157.50 per day copayment for days 21-100.	Pays the \$157.50 per day copayment for days 21-100 in a skilled nursing facility.
Inpatient Medical/ Surgery	80% of the Medicare-approved amount for in-hospital surgery and medical care, after the annual \$147 deductible has been met.	Pays the \$147 deductible and 20% of the Medicare-approved amount for in-hospital surgery and medical care.
Outpatient Surgery	80% of the Medicare-approved amount for outpatient hospital visits and surgery, for medical conditions after the annual \$147 deductible has been met.	Pays the \$147 deductible and 20% of the Medicare-approved amount for outpatient hospital visits and surgery, for a medical condition.*
Emergency Services	80% of the Medicare-approved amount for minor surgery and emergency first aid provided in a physician’s office or hospital outpatient department, after the annual \$147 deductible has been met.	Pays the \$147 deductible and 20% of the Medicare-approved amount for physician services for surgery and emergency first aid provided in a physician’s office or hospital outpatient department.*
Diagnostic Services	Covers clinical laboratory services at 100% of the Medicare-approved amount. 80% of the Medicare-approved amount for diagnostic X-rays or pathology examinations provided in a physician’s office or hospital outpatient department, after the \$147 deductible has been met.	Medicare covers in full. For outpatient minor surgery or accidental injury: Pays the \$147 deductible and 20% of the Medicare-approved amount if provided by a Medicare participating physician or hospital outpatient department* For all other cases: Covered by Major Medical.
Radiation/ Chemotherapy Services	80% of the Medicare-approved amount for radiation/ chemotherapy services provided in an office or hospital outpatient department, after the \$147 deductible has been met.	Pays the \$147 deductible and 20% of the Medicare-approved amount for radiation/ chemotherapy services provided in an office or hospital outpatient department.
Diabetic Supplies & Services	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the \$147 annual deductible has been met.	Pays 80% of Part B Medicare deductible and coinsurance.

Preventive Benefits		
Annual Physical	One Annual Wellness visit every 12 months. There is no coinsurance, copayment or deductible.	Covered by Medicare
Routine GYN	No coinsurance, copayment or deductible for Pap Smears, Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women at high risk.	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount for digital rectal exam for men age 50 and older after the \$147 annual deductible has been met. 100% for the PSA test; 80% for other related services. Covered once a year.	Pays 100% of Part B Medicare deductible and coinsurance
Colorectal Cancer Screening	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.	Covered by Medicare
Mammography Screening	No coinsurance, copayment or deductible. One baseline between ages 35-39. Once every 12 months for age 40 and older.	Covered by Medicare
Bone Mass Measurement	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.	Covered by Medicare

**Benefits limited to minor surgery or services provided within 72 hours of an accident or injury.*

In addition to the Standard Group Over 65 Benefits, the Retirees of Charles County Commissioners also have . . .

Major Medical Benefits:

To reimburse subscribers for out-of-pocket expenses not covered by Medicare, such as balances on office visits and durable medical equipment.

Major Medical benefits are reimbursed at 80% of Allowed Benefit up to a \$200 out-of-pocket maximum. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

Prescription Drug Card Program:

\$5 copay generic/\$20 copay Formulary Brand/\$35 copay

Annual out-of-pocket maximum of \$6,400

Rx Drug Program—3 Tiers

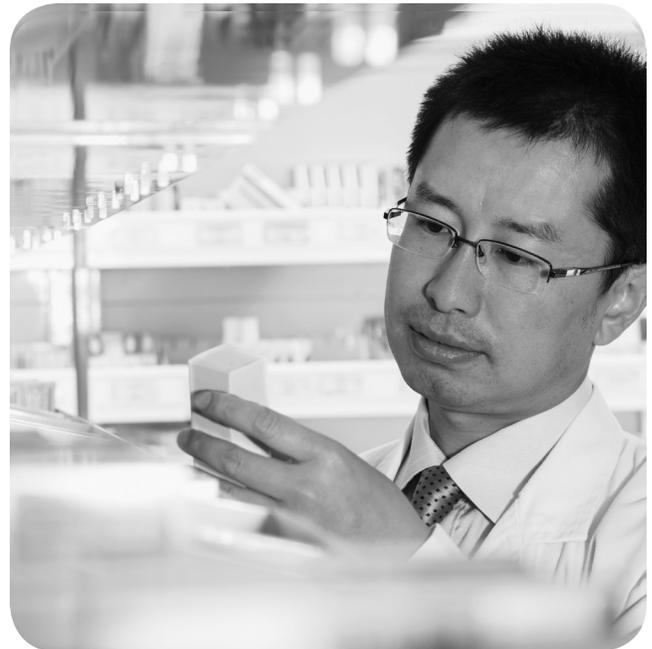
A Total Prescription for Health

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.



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.

Tier 1* You Pay: Lowest Copay (\$)	Generic Drugs	All Generic drugs on the Preferred Drug List will be in Tier 1.
Tier 2* 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"> ■ The Generic drug is added to Tier 1. ■ The Brand drug moves to Tier 3 and becomes a Non-preferred Brand drug.
Tier 3** 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"> ■ Pay the highest copay, and ■ Pay the cost difference between the Brand drug and its Generic.

* 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, 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 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 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.

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.

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 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 Deficiencies¹
- Hepatitis C
- Multiple Sclerosis
- Infertility Treatment Management¹
- Rheumatoid Arthritis
- Ulcerative Colitis

¹ 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 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 Tool²
- Refill and Mail Order Information²
Drug Reference and Interactions²
- Drug Information²
- Claims History Tool²
- Identify a Medication

² 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 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>Please let us know.</p> <p>You can do so quickly and easily. Choose the option that works best for you:</p> <ul style="list-style-type: none">■ Go to www.carefirst.com 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.■ Visit your local CVS retail pharmacy and talk to the pharmacist■ Call us toll-free using the number on the back of your member ID card, and we'll handle the rest
To continue with CVS Mail Service Pharmacy	<p>You don't have to do anything.</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 an exclusive specialty pharmacy in the CareFirst network—CVS/caremark Specialty Pharmacy and OncoSource Rx Specialty Pharmacy, depending on your health condition.

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 have access to:

- Convenient, dependable delivery service to your home or location of choice at no additional cost
- Consulting pharmacists available by phone 24 hours a day, seven days a week when you have questions about your prescription
- Refill options online, by phone or by email
- An automated phone system to check account balances and make payments
- Email notifications of your order status
- Automatic refills with our ReadyFill at Mail® program
- Multiple payment options — credit or debit card, check, electronic check, Bill Me Later®, or money order (CASH is not accepted)

Benefit from ReadyFill at Mail®

Save more time when you sign up for our ReadyFill at Mail® program. With this program you can have your refills automatically sent to you at the appropriate time for no additional cost. We do the refill ordering for you, so you don't have to spend time online, on the phone or filling out a form. If your prescription is about to expire or the last refill has been used we will contact your doctor for you.

This automatic refill option helps you stay on track with your medication therapy regimen so there is less risk of a missed dose of your maintenance medications.

It's easy to start using mail service

Choose one of the following three ways:



Online

Go to www.carefirst.com and log in to *My Account*, click on *Manage My Health*, select *Drug and Pharmacy Resources*, click on *My Drug Home* and select *Order Prescriptions* to set up an account. **Once your account is set up we'll contact your doctor for a prescription.**



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. **We can contact your doctor directly for a prescription and mail your medications directly to you.**



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 visiting the *Ways to Save* section of www.carefirst.com/rx.

* 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)¹ 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. 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.

¹ 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	
DEDUCTIBLE	\$25 Individual / \$75 Family		
BENEFIT YEAR MAXIMUM (CLASSES I-IV) (JULY 1-JUNE 30)	\$1,500		
LIFETIME MAXIMUM (CLASS V)	\$1,500		
PREVENTIVE & DIAGNOSTIC SERVICES			
<ul style="list-style-type: none"> ▪ Oral Exams (two per benefit period) ▪ Prophylaxis (two cleanings per benefit period) ▪ Bitewing X-rays ▪ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) 	<ul style="list-style-type: none"> ▪ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19) ▪ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19) ▪ Space maintainers (once per 60 months) ▪ Palliative emergency treatment 	No charge	No charge
BASIC SERVICES			
<ul style="list-style-type: none"> ▪ Direct placement fillings using approved materials (one filling per surface per 12 months) 	<ul style="list-style-type: none"> ▪ Periodontal scaling and root planing (once per 24 months, one full mouth treatment) ▪ Simple extractions 	\$0 after deductible for Basic Services; 20% of Allowed Benefit after deductible ¹ for Periodontal Services	\$0 after deductible for Basic Services; 20% of Allowed Benefit after deductible ¹ for Periodontal Services
MAJOR SERVICES – SURGICAL			
<ul style="list-style-type: none"> ▪ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months) ▪ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy) 	<ul style="list-style-type: none"> ▪ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) ▪ General anesthesia rendered for a covered dental service 	20% of Allowed Benefit after deductible ¹	20% of Allowed Benefit after deductible ¹
MAJOR SERVICES – RESTORATIVE			
<ul style="list-style-type: none"> ▪ Full and/or partial dentures (once per 60 months) ▪ Fixed bridges, crowns, inlays and onlays (once per 60 months) ▪ Denture adjustments and relining (limits apply for regular and immediate dentures) 	<ul style="list-style-type: none"> ▪ Recementation of crowns, inlays and/or bridges (once per 12 months) ▪ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance) ▪ Dental implants, subject to medical necessity review (once per 60 months) 	50% of Allowed Benefit after deductible ¹	50% of Allowed Benefit after deductible ¹
ORTHODONTIC SERVICES²			
<ul style="list-style-type: none"> ▪ Benefits for orthodontic services are available for children and adults who meet treatment criteria. 	50% of Allowed Benefit ¹	50% of Allowed Benefit ¹	

¹ 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.

Select Vision Program

Making vision care more affordable

Vision is one of our most valued assets. Everyone should take precautions to protect this priceless gift. Some vision problems, such as glaucoma, can only be detected through regular, professional vision exams. Without proper care, these problems can gradually grow worse.

Vision benefits: An affordable option

Vision care is one of the least expensive health care benefits you can purchase. It is also one of the first optional benefits chosen by employees when it is offered.

Select Vision helps you commit to routine eye exams and preventive care that help detect small problems before they become serious and costly. Select Vision provides benefits for:

- Comprehensive vision examinations
- Lenses and frames or contact lenses

A name you can trust

CareFirst BlueCross BlueShield is one of the largest health insurers in Maryland. You will be pleased that you have chosen CareFirst BlueCross BlueShield to provide such an important and valuable benefit program.

Freedom of choice

With Select Vision you can choose any licensed vision care provider—in Maryland or out of state. You have complete freedom to choose your own ophthalmologists, optometrists, and opticians. You may choose to see your current provider, a provider convenient to work or home, or take the recommendations of others.

Easy to use

You simply show your CareFirst BlueCross BlueShield membership card to participating providers at the time of service. The participating provider will bill us and we pay them directly for their services. You don't have any paperwork or claims to file.

If you choose a non-participating provider for your care, you must pay the provider. We will reimburse you up to the limits of your vision plan.



Need more information?
Please visit
www.carefirst.com.



Participating providers save you money

Participating providers agree to accept our reimbursement as payment in full for routine eye examinations.

You can identify participating providers by the distinctive CareFirst BlueCross BlueShield Participating Provider plaque in their offices. If you don't see the plaque, you can ask the provider if he or she participates with CareFirst BlueCross BlueShield before you receive care. You may also call CareFirst BlueCross BlueShield member services to find out if a provider participates.

Non-participating providers

You can also receive vision exams, frames and lenses, or contact lenses from non-participating providers. You must pay these providers for these services and submit any bills or receipts to CareFirst BlueCross BlueShield. We will directly reimburse you up to the allowed benefit or scheduled amount. You are responsible for any difference between our allowed benefit and the billed charges.

What is not covered

- Sunglasses (lenses darker than tint 2), even if prescribed.
- Replacement, within the same benefit period, of lost or damaged frames or lenses (including contacts) for which benefits were provided.
- Exams or materials furnished after the member's coverage is terminated (unless lenses and frames or contact lenses are ordered prior to the termination date and received within 30 days after the date of the order).
- Separate exam for contact lens fitting.

EYE EXAMINATIONS	100% of the Allowed Benefit (any additional charge for contact lenses exam not covered). Benefit for eye exam once every 12 months.		
GLASSES	LENSES (per pair)	FRAMES (per pair)	MAXIMUM ALLOWANCE
Single Vision	\$52.00	\$50.00	\$102.00
Bifocal	\$82.00	\$50.00	\$132.00
Trifocal	\$101.00	\$50.00	\$151.00
Cataract (Aphakic)	\$181.00	\$50.00	\$231.00
CONTACT LENSES (per pair)*			
Single Vision (not medically required)	\$97.00		
Medically Required (following cataract surgery or when vision acuity is correctable to at least 20/70 in the better eye only by use of contact lenses)	\$352.00		
BENEFIT PERIOD FOR FRAMES AND LENSES	Benefits for frames, lenses and contact lenses are available once every 12 months.		

* Fashion contact lenses, which are not corrective, are not included in the schedule of benefits.
Not all services are covered by your benefits contract.
This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

NOTE: This schedule is intended as a source of general information only. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Select Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

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

www.carefirst.com

Health benefits administered by:



CONNECT WITH US:



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