

HealthyBlue
Focused on you.



HealthyBlue HMO HSA

The background of the advertisement consists of a light blue rounded rectangle. In the center is a dark blue rounded rectangle. Three semi-transparent blue squares are positioned around the dark blue rectangle: one in the top right, one in the bottom left, and one in the top right of the dark blue area.

HealthyBlue HMO!

A health care plan focused on u.

- save money
- manage your health
- get rewarded

Welcome

Welcome to your plan for healthy living

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



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!





How your plan works

HSA & HRA Compatible Plans

A Guide to How an HSA or HRA Compatible Plan Works

Your CareFirst BlueCross BlueShield (CareFirst) or CareFirst BlueChoice, Inc. (CareFirst BlueChoice) HSA/HRA compatible health plan is a high deductible health plan. The plan meets all of the requirements you need to establish your own Health Savings Account (HSA), or if your employer offers it, a Health Reimbursement Arrangement (HRA). This means it complies with IRS regulations, thus allowing you, your employer, or both to set up a medical funding arrangement or account to help fund your out-of-pocket costs.

These medical funding arrangements or accounts put you, the consumer, in the driver's seat. Your medical savings arrangement or account allows you to make the decision on where and how to spend your health care funds, while still benefiting from the Blue Cross and Blue Shield provider discounts.

Your employer may establish a Health Savings Account for you and your family, or you may be able to open one yourself from a local participating bank. With the Health Reimbursement Arrangement, your employer sets aside a specific amount of money for you each benefit year.

Here's how the HSA works:

- An HSA can be funded by you, your employer or both.
- You then use the money in your account to pay the full or discounted cost of covered services.
- The amount in your account is applied toward your health care expenses. If you use all of your account funds before meeting your deductible, you will then be responsible for any remaining balance of your deductible.
- Once you meet your deductible, your CareFirst or CareFirst BlueChoice health coverage begins. You will then pay a percentage of the cost of your care (called the coinsurance or copays) for medical covered services and a coinsurance or copay for prescription drugs.
- Funds in an HSA are completely portable, so if you change jobs or stop working, the funds stay with you (or you may set up your own HSA account if not offered by your employer).

- There are no "use it or lose it" rules like there are with Flexible Spending Accounts—unspent money stays in the HSA from year-to-year.
- Qualified HSA funds can be invested.

Amounts paid from an HSA are not taxed as long as they are used to pay for qualified health care expenses. You can decide how much to contribute, up to the difference between your health plan's annual deductible and the amount that your employer contributes towards the fund.

Here's how the HRA works:

- An HRA is funded by your employer.
- Each year, your employer makes a contribution toward your HRA.
- You then use the money to pay the cost of covered services.
- The amount is applied toward your health care expenses. If you use all of your funds before meeting your deductible, you will then be responsible for any remaining balance of your deductible.
- Once you meet your deductible, your CareFirst or CareFirst BlueChoice health coverage begins. You will then pay a percentage of the cost of your care (called the coinsurance or copays) for medical covered services, and depending on your plan, a copay for prescription drugs.
- Any remaining balance in your account at the end of the benefit year automatically (if employer allows) rolls over to the next year and is added to the annual contribution made by your employer.

HSA & HRA Compatible Plans

A Guide to How an HSA or HRA Compatible Plan Works

The greater the balance, the less you have to pay out-of-pocket.

- Dollars can be used to pay for any covered services received by any family member covered under the plan.
- If you choose another plan or leave the company without continuing your coverage, the balance returns to your employer.

How your deductible works

Your CareFirst or CareFirst BlueChoice health plan has an annual deductible that you must satisfy before your health coverage begins. While you need to meet a deductible each benefit year, the money spent from your HSA or HRA on certain eligible health care expenses will count toward meeting that deductible. Most plans cover routine preventive care at 100%, or for a predictable copay or coinsurance. This applies to such benefits as well-child visits, adult physicals and cancer screenings. Once your deductible is met, you may then pay a percentage of the cost of your care (called the copay or coinsurance) for all covered services, and depending on your plan, a copay for prescription drugs.

The more you know, the better you can manage your health care needs. With our HSA and HRA compatible

plans, you can tap into the power of the Internet to help manage your benefits.

We offer online tools which allow you to:

- Check the status of a claim
- Compare hospitals
- Request a member ID card
- Confirm or review eligibility
- Find a doctor
- Access health and wellness information
- Compare prescription drug costs

Our prescription drug web site provides you with specific details on prescription drug coverage along with the ability to conduct price inquiries and compare the cost of generic drugs versus brand name products. You can use the site to calculate daily and annual drug costs, search for pharmacies and compare the cost of retail and mail order options. Just visit www.carefirst.com/rx.

A toll-free help line and member education programs are also available.

NOTE: Since your plan may include a combined medical and prescription drug deductible, you will be required to pay the full discounted cost of your prescription drugs until you meet your deductible.

Disclaimer

The Health Savings Account is not an insurance program, but a financial savings account. CareFirst BlueCross BlueShield and CareFirst BlueChoice, through its vendors, provides administrative services only for the Account and is not liable for any account balances. The Account may be used for qualified medical expenses as defined in the employer's plan document. Account balances are unfunded liabilities of the employer. They are not vested benefits and may be reduced or withdrawn at any time, at the option of your employer. The employer's plan document terms prevail over any inconsistencies in any verbal, written, or electronic information provided by CareFirst BlueCross BlueShield and CareFirst BlueChoice.

How CareFirst and CareFirst BlueChoice handle discounts:

When a provider signs a contract to provide services to CareFirst and CareFirst BlueChoice members, he/she is also agreeing to accept reimbursement established by CareFirst and CareFirst BlueChoice as payment in full. The amount that CareFirst and CareFirst BlueChoice pays its providers for covered services is called the allowed benefit. The difference between the provider's actual charge for services and the allowed benefit by CareFirst and CareFirst BlueChoice is called the discount savings. Member deductibles and coinsurance are based on the lower of the allowed benefit and/or the provider's actual charge.

CareFirst and CareFirst BlueChoice may retain a portion of the discount savings as part of its fees. The discount

savings may take several forms, such as BlueCard® network access fees and other provider discounts that have been negotiated by CareFirst and CareFirst BlueChoice. The specific amount that we retain has been agreed upon by CareFirst and CareFirst BlueChoice and your employer. For more information, please refer to your member contract.

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

The CareFirst benefits are issued under policy form numbers:

MSGR: COC-NCA (MSGR) REV (7/14); MD/CF/MSGR/DOCS (7/14); MD/CF/MSGR/SOB/PPO/CORE (7/14); MD/CF/MSGR/SOB/PPO/ENHANCE (7/14);

MD/CF/MSGR/SOB/PPO/HSA/CORE (7/14); MD/CF/MSGR/SOB/PPO/HSA/ENHANCE (7/14); MD/CF/MSGR/SOB/PPO/HRA (7/14); MD/CFBC/MSGR/EOC (7/14); MD/CFBC/MSGR/DOCS (7/14); MD/CFBC/MSGR/SOB/CORE (7/14); MD/CFBC/MSGR/SOB/ENHANCE (7/14); MD/CFBC/MSGR/HSA/SOB/CORE (7/14); MD/CFBC/MSGR/HSA/ENHANCE (7/14); MD/CFBC/MSGR/HSA/OOP/OA (7/14)

MD (Non-MSGR): GC-M; GPS/M; COC/M; DOCS-PPO/M; ELIG-MD; MD/CF/SOB HDHP (7/14); MD/CF/CDH RX (7/14); MD/CF/MANDATES 10/00 HDHP (R. 12/04); MD/CFBC/GC (R. 7/03); MD/CFBC/EOC (R. 7/03); MD/CFBC/DOCS (R. 7/03); MD/BC-OOP/SOB HDHP (7/14); MD/CFBC/ELIG (R. 5/05); MD/CFBC/ADD SERV AMEND (7/14);

MD/CFBC HDHP/LL AMEND (7/14); MD/CFBC/HDHP RX (7/14); MD/CFBC/GC (R. 7/03); MD/CFBC EOC (R. 7/03); MD/CFBC/DOCS (R. 7/03); MD/BC-OOP/SOB HDHP (7/14); MD/CFBC/ELIG (R. 5/05); MD/CFBC/ADD SERV AMEND (7/14); MD/CFBC HDHP/LL AMEND (7/14); MD/CFBC/HDHP RX (7/14); CCH/NCA GC/M; CCH/NCA COC/M; DOCS/M; MD/CMM/SOB HDHP (7/14); MD/CF/ATTC (R. 5/05); MD/CFBC/ADD SERV AMEND (7/14); MD/CFBC/HDHP RX (7/14) and any amendments.

DC: GC-A/DC-6/94; GPS-DC-6/95; DC/CERT-9/96; DC/PPO-A-8/96; DC/NCA/ELIG-C 6/97; DC/CF/SOB HDHP (7/14); DC/CF/CDH RX (7/14); DC/CF/WIG HDHP (R. 12/04); DC/BC/GC 2/02; DC/BC/EOC 2/02; DC/BC/DOC 2/02; DC/CFBC/ATTC (R. 5/05); DC/BC-OOP/HDHP SOB (7/14); DC/CFBC/HDHP RX (7/14); DC/BC/GC 2/02; DC/BC/EOC 2/02; DC/BC/DOC 2/02; DC/CFBC/ATTC (R. 5/05); DC/BC-OOP/HDHP SOB (7/14); DC/CCH/NCA COC 8/96; DC/DOCS-8/96; DC/CF/ATTC (R. 5/05); DC/CCH/NCA GC 9/96; DC/CMM/SOB HDHP (7/14); DC/CF/CDH RX (R. 9/06) and any amendments.

VA: GC-A-4/95; GPS-F1-4/95; VA/CERT-5/96; PPP-A-5/95; VA/NCA/ELIG-C 5/97; VA/CF/SOB HDHP (7/14); VA/CF/CDH RX (7/14); VA/CF/WIG HDHP (R. 12/04); VA/CC/GC 5/01; VA/CFBC/EOC (R. 1/06); VA/CC/DOC 5/01; VA/BC-OOP/SOB HDHP (7/14); VA/CFBC/ATTC (R. 5/05); VA/CFBC/HDHP RX-9/06; VA/CC/GC 5/01; VA/CFBC/EOC (R. 1/06); VA/CC/DOC 5/01; VA/BC-OOP/SOB HDHP (7/14); VA/CFBC/ATTC (R. 5/05); CCH/NCA GC 5/95; CCH/NCA-CERT-5/95; CMM-A-4/95; VA/CMM/SOB HDHP-9/06; VA/CF/ATTC (R. 5/05); VA/CF/CDH RX (R. 9/06) and any amendments or riders.



The CareFirst BlueCross BlueShield family of health care plans

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.

HSA and HRA Compatible Plans

How your compatible plans work

Your employer has chosen to offer you a CareFirst “compatible” health plan. This means that it meets all the IRS regulations needed to allow you to establish a Health Savings Account (HSA) either on your own or through your employer. These plans can also be used with a Health Reimbursement Arrangement (HRA) if offered by your employer.

Compatible health plans allow you or your employer to set up a medical savings account, such as an HSA or an HRA, to help you pay for out-of-pocket medical costs on a tax-preferred basis. These plans were designed to put you, the consumer, in the driver’s seat, by empowering you to make decisions on where, when and how to spend your health care funds, while still enjoying the benefits of a CareFirst health plan.

Your annual deductible

Your CareFirst health plan has an annual deductible that you must satisfy before most of your health coverage begins. This deductible starts over at the beginning of each plan year. This means that if your plan includes a \$2,400 annual deductible, you will be required to meet the \$2,400 deductible each year before your health care benefits begin.

Because we want you to stay healthy, preventive care is not subject to the deductible. This includes routine physicals, routine GYN visits, well-child care and cancer screenings, as well as the lab tests associated with these preventive visits. These services are usually either covered in full or subject only to a predictable copay. Your summary of benefits will provide you with more details.

Paying for out-of-pocket costs

If you or your employer have set-up a medical savings account for your CareFirst compatible plan, you may use the money in your account to pay for the health care expenses that count toward meeting your deductible. For example, if you go to the doctor because of an illness, the cost of that visit will be applied to your annual deductible and you can use your HSA or HRA funds to pay for that service.



Compatible plans

A CareFirst “compatible” plan meets the requirements necessary to combine it with either a Health Savings Account or a Health Reimbursement Arrangement.

Services covered by your CareFirst health plan

If during the course of your plan year you reach your annual deductible, your CareFirst health plan will kick-in and you will receive the benefits for all covered services as outlined in your summary of benefits. You may still have some out-of-pocket expenses in the form of coinsurance or copays.

- A copay is a fixed amount you contribute toward a service.
- Coinsurance is a percentage of the cost of the service.

If funds remain in your HSA or HRA after meeting the deductible, you can use the funds to cover these out-of-pocket expenses.



Combined medical and Rx deductible

All HSA-compatible plans, and some HRA-compatible plans, include a combined medical and prescription drug deductible. For this type of plan, you will be required to pay the full cost of your prescription drugs until you meet your deductible. The amount you pay will reflect the discounted price negotiated by CareFirst.

If you are used to only paying a copayment for prescription drugs, the price of some drugs may surprise you as they can be very expensive. Before filling your prescription, try out CareFirst's Drug Pricing tool available on www.carefirst.com (go to *My Account*) to investigate potential alternatives that you can discuss with your doctor or pharmacist that may save you money.



HealthyBlue HMO HSA/HRA

No referrals needed

With HealthyBlue HMO, you'll enjoy no copays for select services and access to the BlueChoice provider network. We also offer online tools and resources at **www.carefirst.com** that give you the freedom and flexibility to manage your health care and wellness goals wherever you are.

Take advantage of your benefits

- Pay \$0 for preventive care with your primary care provider (PCP), well-child visits and cancer screenings when you use the BlueChoice network.
- Choose any BlueChoice specialist you want—no referrals needed.
- Pay \$0 for select generic drugs for the treatment of diabetes, cholesterol, blood pressure, asthma and depression.
- Access to over 35,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists and hospitals) in Maryland, Washington, D.C. and Northern Virginia.
- Enjoy your plan benefits when you're out of the area for 90 days or more with the Away From Home Care® program.



*Choose
from 35,000
providers—
no referrals!*

How your plan works

Step 1: Select a PCP

Establishing a relationship with one doctor is the best way to receive consistent, quality health care. When you enroll in a HealthyBlue plan, you select a PCP—either a physician or nurse practitioner—to manage your primary medical care. Make sure you select a PCP for yourself and each of your covered family members. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in family practice, general practice, pediatrics or internal medicine.

To ensure that you receive the highest level of benefits and pay the lowest out-of-pocket costs for all services, see your PCP for preventive and routine care. There's no copay for adult preventive care, well-child visits and cancer screenings for you and your family.

Make sure you only receive care from a CareFirst BlueChoice provider or you will not be covered (with the exception of emergency services, urgent care and follow-up care after emergency surgery).



Step 2: Meet your deductible

Your HealthyBlue HMO has an annual deductible. However, this deductible does not apply to all services. For those services that are subject to the deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. For these covered services, CareFirst BlueChoice negotiates a discounted rate with the BlueChoice network providers.

Deductible requirements can vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Evidence of Coverage for detailed deductible information.

In-network services not subject to deductible

- Adult preventive visits with PCP (including OB/GYN)
- Well-child visits with PCP (including exams and immunizations)
- Cancer Screenings (pap, mammogram, prostate, colorectal)

Step 3: Your plan will start to pay for services

Your full benefits will become available once your deductible is met. If more than one person is covered under your plan, CareFirst BlueChoice will start to make payments for everyone covered once the family deductible is met, as long as you visit participating CareFirst BlueChoice providers and facilities. Depending on your plan, you may have to pay a copay or coinsurance when you receive care.

Out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you'll pay during your benefit period for medical and prescription drug expenses.

Should you reach your out-of-pocket maximum, CareFirst BlueChoice will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period.

Once your out-of-pocket maximum is satisfied, copays or coinsurance amounts will not be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. For example, if you have a family plan you must meet your family out-of-pocket maximum before the plan pays 100% of the allowed benefit for covered services. Members should refer to their Evidence of Coverage for detailed out-of-pocket maximum information.

Laboratory services

To receive the maximum laboratory benefit with your HealthyBlue HMO plan, you must use a LabCorp® facility. LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate a LabCorp patient service center near you, call (888) LAB-CORP (522-2677) or visit www.labcorp.com.

Lab services performed at a facility that is not part of the LabCorp network may not be covered. Also, any lab work performed in an outpatient setting will require prior authorization from your PCP.

Out-of-area coverage

With your HealthyBlue HMO, out-of-area coverage is limited to emergency services, urgent care and follow-up care after emergency surgery. However, members and their covered dependents planning to be out of the CareFirst BlueChoice service area for at least 90 consecutive days can take advantage of our Away From Home Care program.

This program offers temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended business trips 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.

HealthyBlue HMO is underwritten by CareFirst BlueChoice, Inc.





What's covered

HealthyBlue HMO HSA/HRA

Integrated Deductible

Summary of Benefits

Services	In-Network You Pay ¹
	Visit www.carefirst.com/doctor to locate providers and facilities
FIRSTHELP—24/7 NURSE ADVICE LINE	
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.
BLUE REWARDS	
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$600 for taking an active role in getting healthy and staying healthy.
ANNUAL MEDICAL DEDUCTIBLE (Benefit Period)²	
Individual	\$1,500
Family	\$3,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit Period)³	
Medical ⁴	\$4,500 Individual/\$6,550 Family
Prescription Drug ⁴	Combined with in-network out-of-pocket maximum
PREVENTIVE SERVICES	
Well-Child Care (including exams & immunizations)	No charge*
Adult Physical Examination (including routine GYN visit)	No charge*
Breast Cancer Screening	No charge*
Pap Test	No charge*
Prostate Cancer Screening	No charge*
Colorectal Cancer Screening	No charge*
PCP AND SPECIALIST SERVICES	
FACILITY CHARGE ⁵ —In addition to the physician copays/coinsurances listed below, if a service is rendered on a hospital campus, ADD facility charge if applicable	Deductible, then \$200 per visit
Office Visits for Illness—PCP ^{5,6}	No charge* after deductible
Convenience Care (retail health clinics such as CVS MinuteClinic or Walgreens Healthcare Clinic)	No charge* after deductible
Office Visits for Illness—Specialist ^{5,6}	Deductible, then \$30 per visit
Allergy Testing ⁵	Deductible, then No charge* PCP/Deductible, then \$30 per Specialist visit
Allergy Shots ⁵	Deductible, then No charge* PCP/Deductible, then \$30 per Specialist visit
Physical, Speech, and Occupational Therapy ^{5,7} (limited to 30 visits/injury/benefit period)	Deductible, then \$30 per visit
Chiropractic Services ⁵ (limited to 20 visits/benefit period)	Deductible, then \$30 per visit
Acupuncture ⁵ (limited to 20 visits/benefit period)	Deductible, then \$30 per visit
EMERGENCY SERVICES	
Urgent Care Center (such as Patient First or Express Care)	Deductible, then \$50 per visit
Hospital Emergency Room Services	
▪ Facility	Deductible, then \$200 per visit (waived if admitted)
▪ Physician	No charge* after deductible
Ambulance (if medically necessary)	Deductible, then \$50 per service

Services	In-Network You Pay ¹
DIAGNOSTIC SERVICES	
Labs ⁸	
▪ LabCorp	No charge* after deductible
▪ Hospital (Preauthorization required)	Deductible, then \$100 per visit
X-ray	
▪ Non-Hospital/Freestanding Facility	Deductible, then \$50 per visit
▪ Hospital (Preauthorization required)	Deductible, then \$150 per visit
Imaging	
▪ Non-Hospital/Freestanding Facility	Deductible, then \$100 per visit
▪ Hospital (Preauthorization required)	Deductible, then \$200 per visit
HOSPITALIZATION—(Members are responsible for both physician and facility fees)	
Outpatient Surgical Center Services	
▪ Facility	Deductible, then \$100 per visit
▪ Physician	Deductible, then \$30 per visit
Outpatient Hospital Surgical Services	
▪ Facility	Deductible, then \$300 per visit
▪ Physician	Deductible, then \$30 per visit
Inpatient Hospital Services	
▪ Facility	Deductible, then \$300 per day (\$1,500 maximum per admission)
▪ Physician	Deductible, then \$30 per visit
HOSPITAL ALTERNATIVES	
Home Health Care	Deductible, then \$30 per visit
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	Deductible, then \$30 per visit
Skilled Nursing Facility (limited to 60 days/benefit period)	Deductible, then \$30 per admission
MATERNITY	
Preventive Prenatal and Postnatal Office Visits	No charge*
Delivery and Facility Services	Deductible, then \$300 per day (\$1,500 maximum per admission)
Artificial and Intrauterine Insemination ^{5,9}	Not covered
In Vitro Fertilization Procedures ^{5,9}	Not covered
MENTAL HEALTH AND SUBSTANCE ABUSE—(Members are responsible for both physician and facility fees)	
Office Visits	No charge* after deductible
Outpatient Services	
▪ Facility	No charge* after deductible
▪ Physician	No charge* after deductible
Inpatient Services	
▪ Facility	Deductible, then \$300 per day (\$1,500 maximum per admission)
▪ Physician	Deductible, then \$30 per visit
MEDICAL DEVICES AND SUPPLIES	
Durable Medical Equipment	No charge* after deductible
Hearings Aids	Not covered
VISION	
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider
Eyeglasses and Contact Lenses	Discounts from participating vision centers

Note: Allowed Benefit is the fee that participating, in-network providers have agreed to accept for a particular covered service. The provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

* No copayment or coinsurance.

- ¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
- ² For family coverage only: The family deductible must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.
- ³ For Family coverage only: The family out-of-pocket maximum must be met before any member's services will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum may be met by one member or any combination of members.
- ⁴ Plan has an integrated medical and prescription drug out-of-pocket maximum.
- ⁵ If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.
- ⁶ "Telemedicine services" refers to the use of a combination of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of audio-only telephone, electronic mail message (e-mail), or facsimile transmission (FAX) is not considered a telemedicine service.
- ⁷ There are no limits for children under age 19 when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
- ⁸ Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging.
- ⁹ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required

Note: Upon enrollment in CareFirst BlueChoice, you will need to select a Primary Care Provider (PCP). To select a PCP, go to www.carefirst.com/doctor for the most current listing of PCPs from our online provider directory. You may also call the Member Services toll free phone number on the front of your CareFirst BlueChoice ID card for assistance in selecting a PCP or obtaining a printed copy of the CareFirst BlueChoice provider directory.

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

The benefits described are issued under form numbers: DC/CFBC/GC (R. 1/13) DC/CFBC/HB HMO EOC (1/13) DC/CFBC/DOL APPEAL (R. 1/16) DC/CFBC/LG/HMO/DOCS (6/16) DC/CFBC/LG/HMO/SOB (6/16) DC/CFBC/LG/INCENT (1/16) DC/CFBC/RX3 (R. 1/15) DC/CFBC/ATTC (R. 1/10) and any amendments.



www.carefirst.com

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

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®' Registered trademark of CareFirst of Maryland, Inc.

Ways to Save with Generic Drugs

Take control & save on your drug costs

You can save money on prescription drugs by switching to generics. Generic drugs are proven to be just as safe and effective as their brand-name counterparts. The difference? Name and price.

What are generics?

- Generics work the same as brand-name drugs, but cost much less.
- A generic drug is essentially a copy of a brand-name drug. It contains the same active ingredients and is identical in dosage, safety, strength, how it's taken, quality, performance and intended use.
- Generic drugs are approved by the U.S. Food and Drug Administration (FDA).
- Generic drugs are manufactured in facilities that are required to meet the same FDA standards of good manufacturing practices as brandname products.¹

Save by using generic drugs

- Generic drugs are less expensive than brandname medications.
- On average a member can potentially save around \$200 to \$360 per year by using generic drugs.²
- A study by the FDA concluded that consumers who are able to replace all their branded prescriptions with generics can save up to 52 percent on their daily drug costs.¹

Here's an example of how much you could save by switching to a generic alternative.

Brand name	Generic name	Average monthly cost* of brand	Average monthly cost* of generic	Monthly savings if using generic
Ambien (10mg)	Zolpidem Tartrate	\$398	\$2	\$396
Coumadin (2mg)	Warfarin Sodium	\$55	\$6	\$49
Lipitor (20mg)	Atorvastatin Calcium	\$237	\$5	\$268
Singulair (10mg)	Montelukast Sodium	\$204	\$7	\$197

**Costs based on June 2015 prices at CVS pharmacies and rounded to the nearest dollar.*

¹ FDA, *Savings from Generic Drugs Purchased at Retail Pharmacies*, June 26, 2009.

² Annual savings estimate based on 2009 data from CVS Caremark Industry Analytics and Finance.

How do I switch to a generic drug?

You can ask your doctor if any of the prescription medications you are currently taking can be filled with a generic alternative. To find out if there are lower cost drugs available, including generics, which can be used to treat your condition:

- Visit the Drug Search section of www.carefirst.com/rx to view the CareFirst Preferred Drug List.
- Print the list and take it with you to your doctor.
- Ask your doctor if a generic drug could work for you.

How we help you save

To help you get the most savings, our pharmacy benefit manager, CVS/caremark* notifies members by mail about opportunities to save with generic drugs.

- If you fill a prescription for a non-preferred brand drug you will receive a personalized letter from CVS/caremark with available lower-cost generic alternative options plus steps for changing to a generic alternative.
- Plus, a letter will be enclosed that you can take to your doctor on your next visit.

*CVS/caremark is an independent company that provides pharmacy benefit management services.



Generic drugs are a great alternative. Take control of your prescriptions and save money by talking to your doctor today about switching to a generic drug.



Pharmacy Program

Integrated Deductible

See Annual Deductible on Medical Summary of Benefits
\$0/0/25/45 Retail Copays ■ 50% Injectables

Summary of Benefits

Plan Feature	Amount	Description
Deductible	See medical summary of benefit for annual deductible amount	If you meet your combined medical and drug deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductible are noted below.
Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	If you reach your out-of-pocket maximum, CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance, and other eligible out-of-pocket costs count toward your out-of-pocket maximum except balance billed amounts
Preventive Drugs (Affordable Care Act) (up to a 34-day supply)	\$0 (Not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List (ACA)* (examples: Folic Acid, Fluoride, and FDA approved contraceptives for women).
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	\$0 (Not subject to deductible except for HSA plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) – HealthyBlue Select Generics (up to a 34-day supply)	\$0 (Not subject to deductible)	See complete list of HealthyBlue generic drugs at www.carefirst.com/hbselectgenerics or call 800-241-3371.
Generic Drugs (Tier 1) (up to a 34-day supply)	\$0	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	\$25	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$45	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectables (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All self-administered injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: \$0 Preferred Brand: \$50 Non-preferred Brand: \$90 Self-administered Injectables: 50% coinsurance up to a maximum payment of \$150.	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy. Injectables are covered at 50% coinsurance up to a maximum payment of \$150.
Restricted Generic Substitution	Yes	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay.



Visit www.carefirst.com/rx for the most up-to-date Preferred Drug List and Formulary (list of covered drugs), including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

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

Policy Form Numbers: DC/CFBC/RX3 (R. 8/12)



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.

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.



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Rx Drug Program—3 Tiers

A total prescription for health

Prescription drugs are an integral part of high-quality health care. The prescription benefits your employer is offering give you an affordable and convenient way to make the best decisions when it comes to your prescriptions.

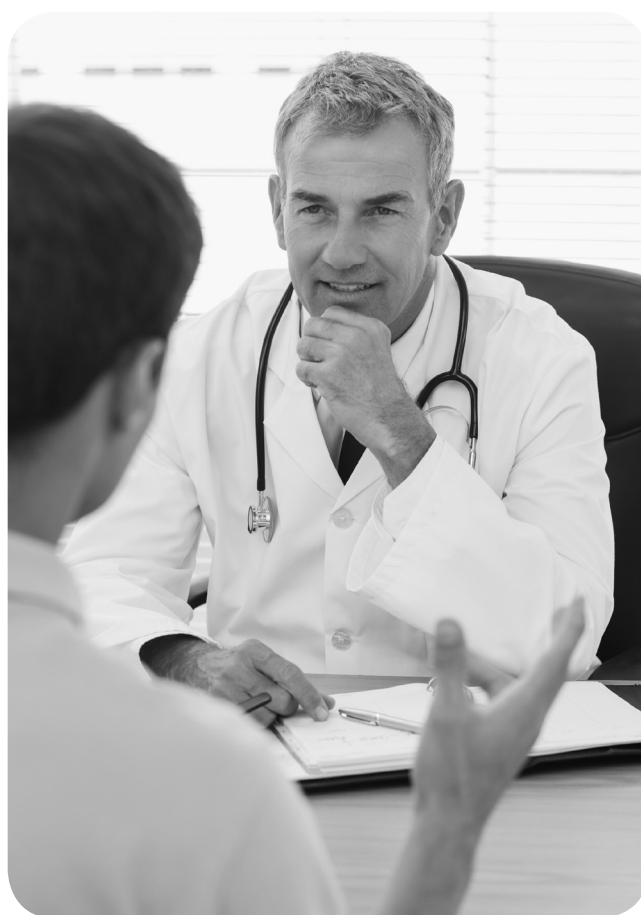
Your Rx benefits

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, you'll have access to:

- A nationwide network of more than 60,000 participating pharmacies
- Nearly 5,000 drugs
- Mail Service Pharmacy, our convenient, fast and accurate mail order drug program
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs
- Personalized notices detailing cost savings opportunities, safety alerts and other important drug information

How your plan works

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective.



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 drugs on the Preferred Drug List.

The prescription drugs found on the CareFirst Formulary (drug list) are divided into tiers. These tiers include no cost drugs, generic, preferred brand and non-preferred brand drugs and the price you pay is determined by the tier the drug falls into.

Drug tier (Cost-share)	Definition	More information
No cost drugs (preventive drugs, oral chemotherapy and diabetic supplies)	The Affordable Care Act (ACA) classifies certain drug therapies as “preventive” if they reduce the risk of certain serious health conditions. Oral chemotherapy drugs and diabetic supplies (needles, lancets, test strips, alcohol swabs) covered under the pharmacy benefit are included in this tier.	Preventive drugs (aspirin, folic acid, fluoride, iron supplements, smoking cessation products, and FDA approved contraceptives for women) are available at no cost if prescribed under certain medical criteria by your doctor. Oral chemotherapy drugs and diabetic supplies covered under the pharmacy benefit are also available at no cost for non-Health Savings Account (HSA) plans. If you have an HSA, you must first meet your deductible.
Tier 1 You pay: lowest copay (\$)	Generic drugs	Generic drugs 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: ■ 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	■ Drugs in this tier will cost the most.

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

Note: If the cost of your medication is less than your copay or coinsurance, you only pay the cost of the medication. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance amount for drugs depending whether you use generic, preferred brand or non-preferred brand drugs. Check your benefit summary or enrollment materials for specific plan information. Once you are a member, you can view specific cost-share information in *My Account*.

Preferred Drug List

CareFirst has a Preferred Drug List that may save you money. The list includes generic and preferred brand drugs selected for their quality, effectiveness, safety and cost by an independent CVS/caremark¹ national Pharmacy and Therapeutics (P&T) committee.

- By using the CareFirst Preferred Drug List, you can work with your doctor or pharmacists to make safe and cost-effective decisions to better manage your health care and costs.
- Even though non-preferred drugs aren't part of the Preferred Drug List, they're still covered, but at the highest cost-share. Go to www.carefirst.com/rx and refer to the *Drug Search* section to view the entire formulary.

Two ways to fill prescriptions

Retail pharmacies

With access to more than 60,000 pharmacies across the country, you can visit www.carefirst.com/rx and use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card with you when filling prescriptions.

Mail Service Pharmacy

Mail Service Pharmacy is a convenient way to fill your prescriptions, especially for refilling medications taken frequently. You can register three ways – online through *My Account*, by phone or by mail.

¹CVS/caremark is an independent company that provides pharmacy benefit management services.

Once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24 hours a day, seven days a week
- Schedule automatic refills
- Receive email notification of order status
- Choose from multiple payment options

Prescription Guidelines

Some medications are only intended to be used in limited quantities; others require that your doctor obtain prior authorization through CareFirst before they can be filled. These drug provisions are indicated on the formulary found in the *Drug Search* section on www.carefirst.com/rx.

- **Quantity limits** have been placed on the use of selected drugs for quality, safety or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.
- **Prior authorization** is required before you fill prescriptions for certain drugs. Your doctor must obtain prior authorization from CareFirst before these drugs are covered.
- **Step therapy** asks that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor can speak to your experience with these alternatives prior to dispensing a more expensive drug.

Care Management

Take advantage of the following programs and resources available at no cost to you with your CareFirst prescription drug plan.

Specialty Pharmacy Coordination Program

The specialty pharmacy coordination program provides personalized care for our members with certain chronic conditions requiring specialty medications. Working together, we can help you achieve the best possible results from your specialty medication therapy.

Personal Attention

The more you know about your health condition, the better you can successfully manage it. Our specialty customer care team works together with your doctors and case managers to provide you with in-depth support and service for your particular condition. We offer:

- One-on-one therapy support with a registered nurse for certain chronic conditions like multiple sclerosis, hepatitis C, hemophilia, and selected autoimmune diseases
- Injection training coordination
- Medications mailed to your home or office, or available for pick up at any CVS retail pharmacy
- 24-hour pharmacist assistance
- Educational materials for your specific condition
- Drug interaction monitoring and review
- Refill reminders

To take full advantage of these program benefits, your specialty medications must be filled through the CVS/caremark Specialty Pharmacy².

Comprehensive Medication Review (CMR)

Medication complications cause 10% of hospital admissions³. The Comprehensive Medication Review program seeks to reduce prescription drug-related complications, and related hospitalizations, and ensure the best possible outcomes for members with high potential for medication-related issues. If you are identified for the program, a dedicated team of pharmacists will collaborate with you and your doctor(s) to review and evaluate:

- Possibilities for drug interactions
- Opportunities to support medication adherence
- Cost effective therapy
- Gaps in care
- Duplications in drug therapy

The program's one-on-one support ensures you are not only taking the most favorable drug therapy to manage your conditions, but you are also able to take your medications as prescribed.

² May not apply in VA or for MD PPO plans. Check your plan for more information.

³ Osterberg, L., Blaschke, T. (2005). Adherence to medication. *N Engl J Med*, 353(5), 487-497. and Berg JS, Dischler J, Wagner DJ, Raia JJ, Palmer-Shevin N. Medication compliance: a healthcare problem. *Ann Pharmacother*. 1993 Sep;27(9 Suppl):S1-24. Review



Medication Therapy Management (MTM) Program

Taking medications as prescribed not only helps improve your health but can also reduce health care costs. Working together with CVS/caremark, CareFirst's MTM program is designed to help you get the best results from your medication therapy.

We review pharmacy claims for opportunities to:

- Save you money;
- Support compliance with medications;
- Improve your care, and
- Ensure safe use of high risk medications.

When opportunities are identified, "Drug Advisories" are mailed to you and/or your providers outlining potential for savings or any medication-related issues. You may also have the opportunity to speak one-on-one with a pharmacist, through the Pharmacy Advisor program, who can answer questions and help you manage your prescription medications.

Online tools and resources

To get the most from your prescription drug plan, you need to stay informed. Our easy-to-use, interactive tools and resources are available 24 hours a day, seven days a week. Visit www.carefirst.com/rx and select Drug Tools to see if a drug is covered, find a pharmacy, learn how drugs interact with each other and get more information about medications. You can access even more tools and resources once you're a member through *My Account*.

Keeping you informed

Our pharmacy benefit manager, CVS/caremark, keeps you informed about your prescription drug coverage and provides you with periodic updates about your plan through targeted mailings. You could get notices about lower cost drug alternatives, alerts about possible safety concerns, drug tier changes and more.

Ways to save

Here are some ways to help you save on your prescription drug costs.

- **Use generic drugs**—generic drugs can cost up to 80 percent less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use maintenance medications**—maintenance medications are drugs you take regularly for ongoing conditions such as diabetes, high blood pressure or asthma. You can get up to a three-month supply of your maintenance medications for the cost of two copays through any pharmacy in the network, including through mail order.
- **Use mail order**—by using our Mail Service Pharmacy you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.

Should you have any questions about your prescription benefits once you're a member, please call CareFirst Pharmacy Services at 800-241-3371.



HealthyBlue Select Generics

\$0 – Drug List for CDH Plans only

Effective 01/01/2017

Certain drugs are considered “generic preventive” by CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.’s Pharmacy Management Team. As a HealthyBlue CDH member, the drugs listed below are not subject to your deductible and have a \$0 copay.

For the most up-to-date list, visit www.carefirst.com/hbselectgenerics.

ANTIDEPRESSANT DRUGS (DEPRESSION)
AMITRIP HCL/CHLORDIAZEPOXIDE
AMITRIPTYLINE HCL
AMITRIPTYLINE HCL/PERPHENAZINE
AMITRIPTYLINE HCLREPACK
AMOXAPINE
AMOXAPINEREPACK
BUPROPION HCL
CHLORDIAZEPOXIDE-AMITRIPTYLINE
CITALOPRAM HYDROBROMIDE
CLOMIPRAMINE HCL
DESIPRAMINE HCL
DESIPRAMINE HCLREPACK
DESVENLAFAXINE
DOXEPIN HCL
DULOXETINE HCL
ESCITALOPRAM OXALATE
FLUOXETINE HCL
FLUVOXAMINE MALEATE
IMIPRAMINE HCL
IMIPRAMINE PAMOATE
MAPROTILINE HCL
MIRTAZAPINE
NEFAZODONE HCL
NORTRIPTYLINE HCL
OLANZAPINE-FLUOXETINE HCL
PAROXETINE HCL
PERPHENAZINE/AMITRIPTYLINE
PHENELZINE SULFATE
PROTRIPTYLINE HCL
SERTRALINE HCL
TRANLYCYPROMINE SULFATE
TRAZODONE HCL

ANTIDEPRESSANT DRUGS (DEPRESSION) CON'T
TRAZODONE HCL DIVIDOSEDIVIDOSE
TRIMIPRAMINE MALEATE
VENLAFAXINE HCL
ANTIHYPERTENSIVE DRUGS (HIGH BLOOD PRESSURE)
ACEBUTOLOL HCL
ACETAZOLAMIDE
AMILORIDE & HYDROCHLOROTHIAZIDE
AMILORIDE HCL
AMLODIPINE BESYLATE
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM
AMLODIPINE BESYLATE-BENAZEPRIL HCL
AMLODIPINE BESYLATE-VALSARTAN
AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE
ATENOLOL
ATENOLOL & CHLORTHALIDONE
BENAZEPRIL & HYDROCHLOROTHIAZIDE
BENAZEPRIL HCL
BETAXOLOL HCL
BISOPROLOL & HYDROCHLOROTHIAZIDE
BISOPROLOL FUMARATE
BUMETANIDE
CANDESARTAN CILEXETIL
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE
CAPTOPRIL
CAPTOPRIL & HYDROCHLOROTHIAZIDE
CARVEDILOL
CHLOROTHIAZIDE
CLONIDINE
CLONIDINE & CHLORTHALIDONE
CLONIDINE HCLREPACK
DILTIAZEM CD



ANTIHYPERTENSIVE DRUGS (HIGH BLOOD PRESSURE) CON'T
DILTIAZEM HCL
DILTIAZEM HCL ER
DILTIAZEM HCL SR
DILTIAZEM HCLREPACK
DOXAZOSIN MESYLATE
ENALAPRIL MALEATE
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE
EPROSARTAN MESYLATE
FELODIPINE
FOSINOPRIL SODIUM
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE
FUROSEMIDE
FUROSEMIDE-CARPUJECT-CARPUJECT
FUROSEMIEREPACK
GUANFACINE HCL
HYDRALAZINE HCL
HYDRALAZINE HCL/RESERPINE/HCTZ
HYDROCHLOROTHIAZIDE
HYDROCHLOROTHIAZIDE/RESERPINE
INDAPAMIDE
IRBESARTAN
IRBESARTAN-HYDROCHLOROTHIAZIDE
ISRADIPINE
LABETALOL HCL
LISINOPRIL
LISINOPRIL & HYDROCHLOROTHIAZIDE
LOSARTAN POTASSIUM
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE
METHAZOLAMIDE
METHYCLOTHIAZIDE
METHYLDOPA
METHYLDOPA & HYDROCHLOROTHIAZIDE
METHYLDOPATE HCL
METOLAZONE
METOPROLOL & HYDROCHLOROTHIAZIDE
METOPROLOL SUCCINATE
METOPROLOL TARTRATE
MINOXIDIL
MOEXIPRIL HCL
MOEXIPRIL/HYDROCHLOROTHIAZIDE
NADOLOL
NADOLOL & BENDROFLUMETHIAZIDE
NICARDIPINE HCL
NIFEDIPINE

ANTIHYPERTENSIVE DRUGS (HIGH BLOOD PRESSURE) CON'T
NIFEDIPINE CR
NIMODIPINE
PERINDOPRIL ERBUMINE
PINDOLOL
PRAZOSIN HCL
PROPRANOLOL & HYDROCHLOROTHIAZIDE
PROPRANOLOL HCL
PROPRANOLOL HCL CR
QUINAPRIL HCL
QUINAPRIL-HYDROCHLOROTHIAZIDE
RAMIPRIL
RAUWOLFIA SERPENTINA/BFMTZ
RESERPINE
RESERPINE/HYDROCHLOROTHIAZIDE
SOTALOL HCL
SPIRONOLACT/HYDROCHLOROTHIAZID
SPIRONOLACTONE
TELMISARTAN
TELMISARTAN-AMLODIPINE
TELMISARTAN-HYDROCHLOROTHIAZIDE
TERAZOSIN HCL
TIMOLOL MALEATE
TORSEMIDE
TRANDOLAPRIL
TRANDOLAPRIL/VERAPAMIL HCL
TRIAMTERENE & HYDROCHLOROTHIAZIDE
VALSARTAN
VALSARTAN-HYDROCHLOROTHIAZIDE
VERAPAMIL HCL
VERAPAMIL HCL ER
ANTIPEMIC DRUGS (CHOLESTEROL)
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM
ATORVASTATIN CALCIUM
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CHOLINE FENOFIBRATE
COLESTIPOL HCL
FENOFIBRATE
FENOFIBRATE MICRONIZED
FENOFIBRIC ACID
FLUVASTATIN SODIUM
GEMFIBROZIL
LOVASTATIN
NIACIN

ANTILIPEMIC DRUGS (CHOLESTEROL) CON'T
OMEGA-3 ACID ETHYL ESTERS
PRAVASTATIN SODIUM
ROSUVASTATIN CALCIUM
SIMVASTATIN
ASTHMA, COPD (LUNG DISEASE)
ALBUTEROL SULFATE
AMINOPHYLLINE
BUDESONIDE
BUDESONIDE (INHALATION)
CROMOLYN SODIUM
DYPHYLLINE
DYPHYLLINE-GUAIFENESIN
IPRATROPIUM BROMIDE
IPRATROPIUM-ALBUTEROL
ISOPROTERENOL HCL
LEVALBUTEROL HCL
METAPROTERENOL SULFATE
MONTELUKAST SODIUM
TERBUTALINE SULFATE
THEOPHYLLINE
THEOPHYLLINE ANHYDROUS
THEOPHYLLINE ANHYDROUS CR
THEOPHYLLINE CR
THEOPHYLLINE ERREPACK
ZAFIRLUKAST

DIABETIC DRUGS (BLOOD SUGAR)
ACARBOSE
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
CHLORPROPAMIDE
CHLORPROPAMIDEREPACK
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE/METFORMIN HCL
GLYBURIDE
GLYBURIDE,MICRONIZED
GLYBURIDE/METFORMIN HCL
METFORMIN HCL
METFORMIN HCL ER
MIGLITOL
NATEGLINIDE
PIOGLITAZONE HCL
PIOGLITAZONE HCL-GLIMEPIRIDE
PIOGLITAZONE HCL-METFORMIN HCL
REPAGLINIDE
REPAGLINIDE-METFORMIN HCL
TOLAZAMIDE
TOLBUTAMIDE

This list may not be all inclusive and does not guarantee coverage. Please check your benefit materials for the terms of your current prescription drug coverage.



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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** 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.



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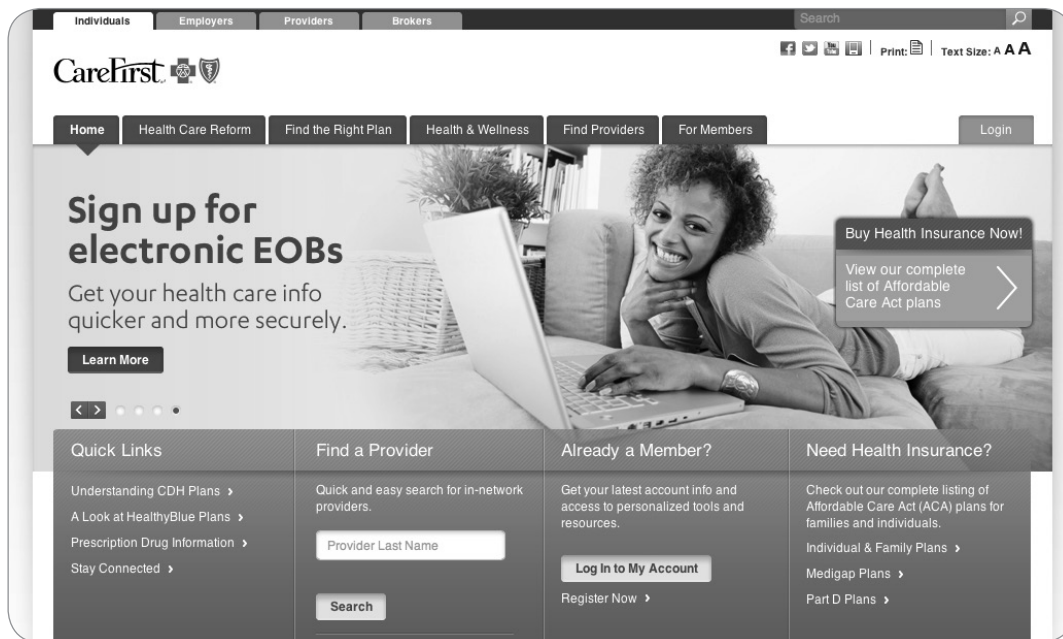
Getting the most
from your plan

Getting the Most from Your Plan

There's More to Your Health Plan Than You Might Think

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at **www.carefirst.com** to learn more about the following member benefits.



Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan online, day or night.

Compare plans

Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

Get discounts

Access wellness discounts on fitness gear, gym memberships, healthy eating options, and more.

Read up about your health

Find a variety of health education articles, nutritious recipes, interactive health tools and more on the *Health and Wellness* section of our website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)

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

FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit www.carefirst.com/needcare for more information.

Convenience care centers (retail health clinics)

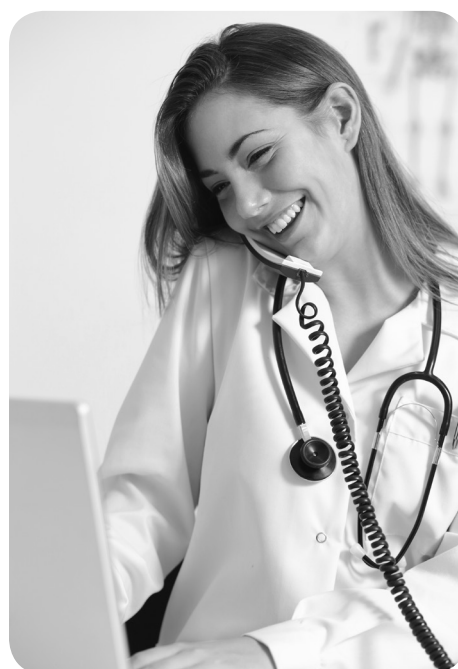
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.



For more information, visit
www.carefirst.com/needcare.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<ul style="list-style-type: none">■ Cough, cold and flu■ Pink eye■ Ear infection	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none">■ Cough, cold and flu■ Pink eye■ Ear infection	X	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none">■ Sprains■ Cut requiring stitches■ Minor burns	X	✓
Emergency Room	\$200	<ul style="list-style-type: none">■ Chest pain■ Difficulty breathing■ Abdominal pain	✓	✓

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.



*Did you know that
where you choose
to get lab work,*

*X-rays and surgical procedures
can have a big impact on your
wallet? Typically, services
performed in a hospital cost
more than non-hospital
settings like LabCorp,
Advanced Radiology or
ambulatory surgery centers.*

To determine your specific benefits and associated costs:

- Log in to *My Account* at www.carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions,
visit www.carefirst.com/needcare.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.



Mental Health Support

Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life, caused by a variety of reasons, many of which are beyond your control. Some of the contributing factors include:

- Biology, such as genes, brain chemistry, physical illness or injury
- Life experiences, such as trauma, tragedy or abuse
- Family history

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

Our partner, Magellan* Healthcare, offers specialized services and programs to help you get well, if and when you need assistance related to:

- Depression
- Drug or alcohol dependence
- Stress
- Work-life balance
- Eating disorders



One in five American adults has experienced a mental health issue.¹

If you or someone close to you needs support or help making an appointment, call Magellan Healthcare at 800-245-7013.

* Magellan Healthcare is an independent company that provides managed behavioral health services to CareFirst BlueCross BlueShield and CareFirst BlueChoice members. Magellan Healthcare does not provide Blue Cross Blue Shield products or services.

¹ United States Department of Health and Human Services. Mental Health Myths and Facts. Accessed August 21, 2015 at: <http://www.mentalhealth.gov/basics/myths-facts/index.html>.



Connecting to support

Magellan Customer Service associates can answer your questions and connect you to the services and programs that best fit your needs, including:

Appointment assistance

The associate can help you find a provider or transfer you to a *My Care Link Up* specialist to help you schedule an appointment.

Telehealth services are also available. Telehealth allows you and your behavioral health provider to communicate via an online appointment. Receive the same services as an in-person visit (including prescribing medication, if appropriate) via a secure, private online connection.

Note: to access this service, you will need a computer with a webcam and high-speed Internet.

Assistance with outpatient and non-emergency services is available Monday through Friday, 8 a.m. to 6 p.m. ET.

Emergency and inpatient services

Care managers are available 24-hours a day, seven days a week to assist you with a clinical emergency or an inpatient prior authorization.

Case management

Additional support is available through the mental health and substance abuse case management program. A personal care coordinator will discuss your situation with you, determine an appropriate treatment plan and help you work toward individualized goals to improve your health. (**Note:** Parents or guardians can provide the necessary information for minors).

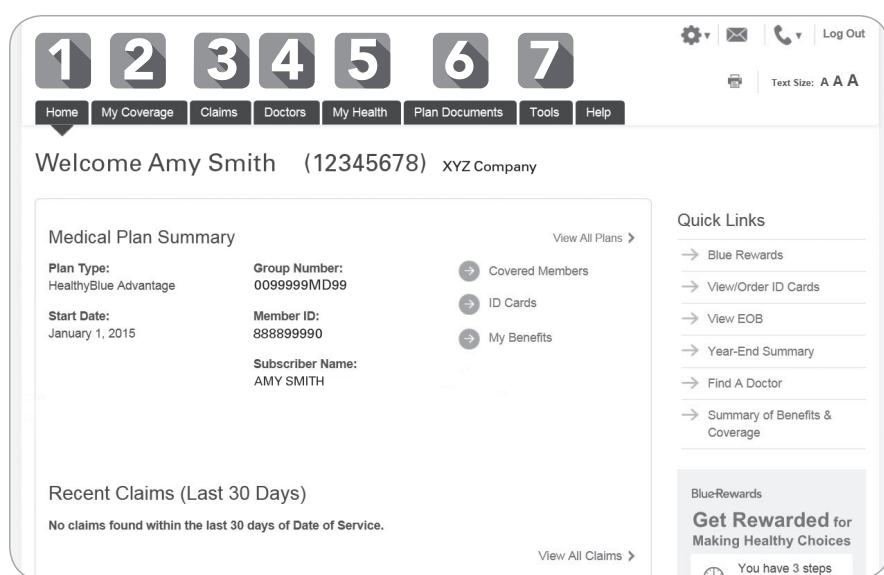
If you are more comfortable discussing your concerns with your primary care provider (PCP) first, he or she may contact Magellan on your behalf. Just remember, help is available by calling Magellan Healthcare at 800-245-7013.



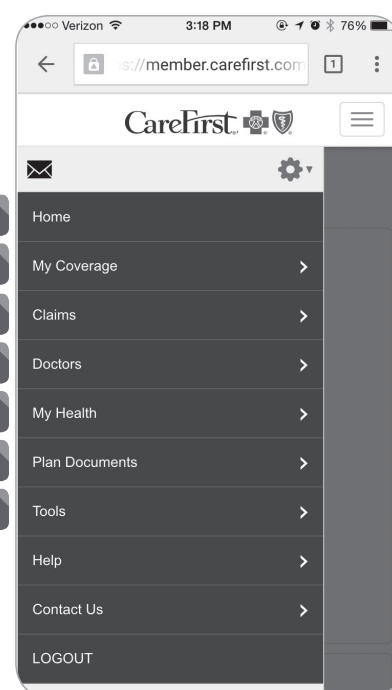
My Account

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^{1,2}
- View prescription drug claims^{1,2}
- Find a pharmacy¹
- Oversee your BlueFund account

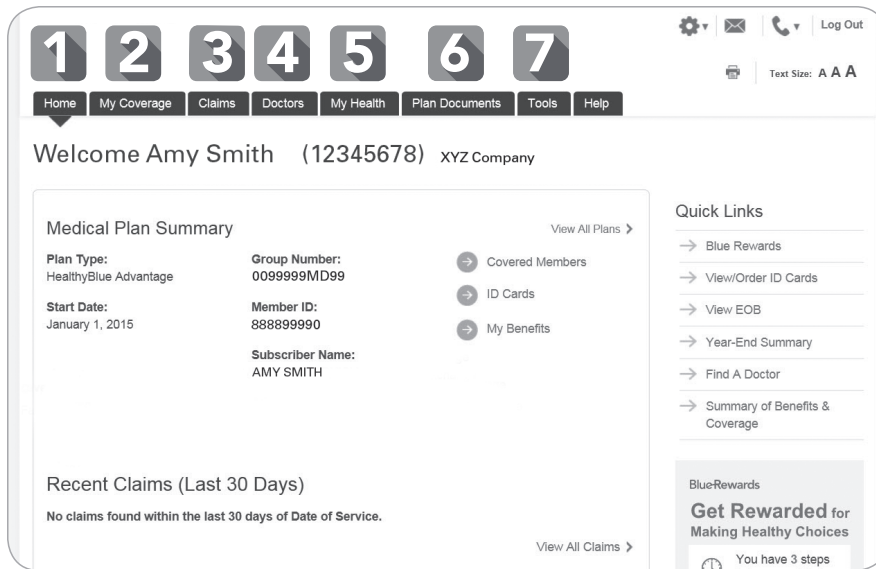
Signing up is easy

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

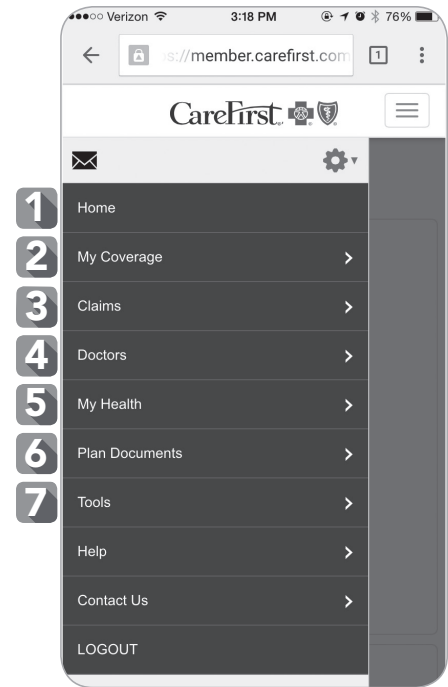
- Visit **www.carefirst.com**
- Select *Register Now*
- Create your User ID and Password

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 options²
- Locate an online wellness coach²
- Track your Blue Rewards progress

6. Plan Documents

- Look up your forms and other plan documentation²
- Review your member handbook²

7. Tools

- Treatment Cost Estimator
- Drug pricing tool^{1,2}
- Hospital comparison tool²

¹ These features are available only if your drug benefits are provided by CareFirst.

² These features are available only when using a computer at this time.



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.

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**. 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 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.

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.



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This wellness program is administered by Healthways, an independent company that provides health improvement services to CareFirst and BlueChoice members.

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, D.C. 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.



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

- 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.
- 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.



CareFirst BlueChoice, Inc. is an independent licensee 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.

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, nurse practitioner or health care facility, **www.carefirst.com/doctor** can help you find what you're looking for based on your specific needs.

You can search and filter results by:

- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Accepting new patients
- Language
- Group affiliations
- Gender

To view personalized information on which doctors are in your network, log in to *My Account* on your computer, tablet or smartphone and click *Find a Doctor* from the Doctors tab or the Quick Links.

Find a Doctor

What type of care are you looking for?



Medical

Search for a doctor or facility by name or provider type



Mental Health

Search for a behavioral health/substance abuse provider or facility



Dental

Search for a dentist or facility for dental care



Vision

Search for a provider or facility for vision care



Pharmacy

Locate a pharmacy near your home or office



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Coordination of Benefits

If You're Covered by More Than One Health Plan

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you're insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

What is Coordination of Benefits (COB)?

It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

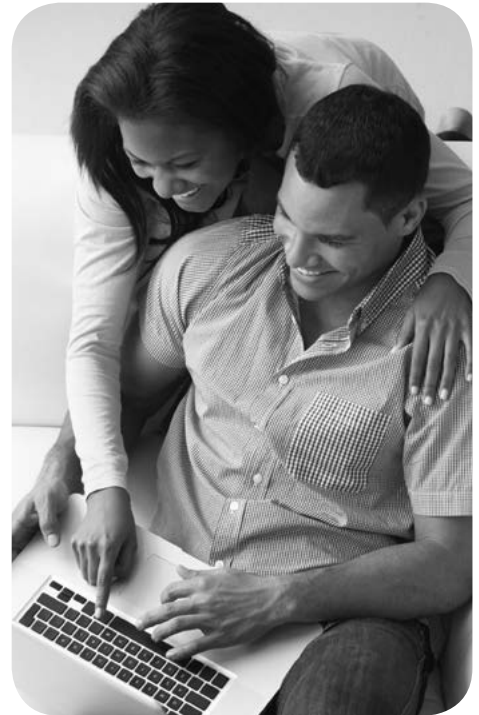
How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The **primary plan** has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The **secondary plan** then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.



Covered by more than
one health plan?
Contact Member Services
at the number listed on
your ID card.

What if I have other coverage?

Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You're covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

How do I submit claims?

When CareFirst is the primary plan

You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

When CareFirst is the secondary plan

Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

When CareFirst is the primary and secondary plan

You don't need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under *Other Health Insurance*. In most cases, we'll automatically process a second claim to consider any balances.

Which health plan is primary?

There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It's important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn't have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you're the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse's plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
 - For example, if your birthday is May 3 and your spouse's is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
 - When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
 - For dependent coverage only, if none of the above rules apply, the plan that's covered the dependent longer is primary.



Rights & Responsibilities

Notice of privacy practices

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

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



Member satisfaction

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

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

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

Rights & Responsibilities

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

These procedures are also outlined in your Evidence of Coverage.

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

VIRGINIA:

Complaint Intake, Office of Licensure and Certification,
Virginia Department of Health, 9960 Maryland Drive,
Suite 401, Richmond, VA 23233-1463
Phone #: (800) 955-1819 or (804) 367-2106
Fax #: (804) 527-4503

Office of the Managed Care Ombudsman,
Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218
Phone #: 1-877-310-6560 or (804) 371-9032

DISTRICT OF COLUMBIA:

Department of Insurance, Securities and Banking
801 1st Street, NE, Suite 701, Washington, DC 20002
Phone #: (202) 727-8000

Hearing impaired

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

Maryland Relay Program: (800) 735-2258

National Capital Area TTY: (202) 479-3546

Please have your Member Services number ready.

Language assistance

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

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

Confidentiality of subscriber/ member information

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

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

Our responsibilities

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

Your rights

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative

manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.

- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

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

Members' rights and responsibilities statement

Members have the right to:

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

Members have a responsibility to:

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

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

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





How to enroll

Enrollment Made Easy

You're only 5 steps away from enrolling in a CareFirst health care plan. Just follow these steps and if you have any questions about the plan, simply contact your employer.



1

Review all your plan information in this guide

This enrollment guide provides an overview of what you can expect from your health benefits package.

2

Compare coverages and costs

Review the plan description and summary of benefits chart closely. If your employer offers more than one plan, compare the costs and coverage of each plan. And pay special attention to:

- Copay/coinsurance amounts
- Deductibles
- Referral requirements
- Participating doctors – in-network vs. out-of-network
- Out-of-area benefits

3

Review the online provider directory

Visit the online directory at www.carefirst.com/doctor to see a complete listing of participating doctors and medical facilities in the CareFirst provider network.

4

Ask questions

If you need further information, contact your employer.

5

Complete the proper enrollment forms

If you haven't already done so, complete the enrollment form(s) provided in this guide.



How to Complete Your Enrollment Form

Step 1:

Before you complete your enrollment form, ask your HR representative to confirm which enrollment plan is available to you.

- Some health plans require you to elect medical, dental, and vision benefits for yourself and all covered dependents.
- Other plans allow you to elect benefits individually or together – medical only, dental only, vision only or benefits at the coverage level(s) of your choice.

You need to know which enrollment plan is available to you and your dependents so that you can properly complete your enrollment form(s).

Important: Although there are several medical benefit plans and dental benefit plans on the CareFirst BlueChoice and CareFirst BlueCross BlueShield enrollment forms, your employer may not offer all of them. If you choose a benefit plan that your employer does not offer, the processing of your enrollment form may be delayed.

Step 2:

Once you have identified what your health plan offers, refer to the instructions (below) that apply to you.

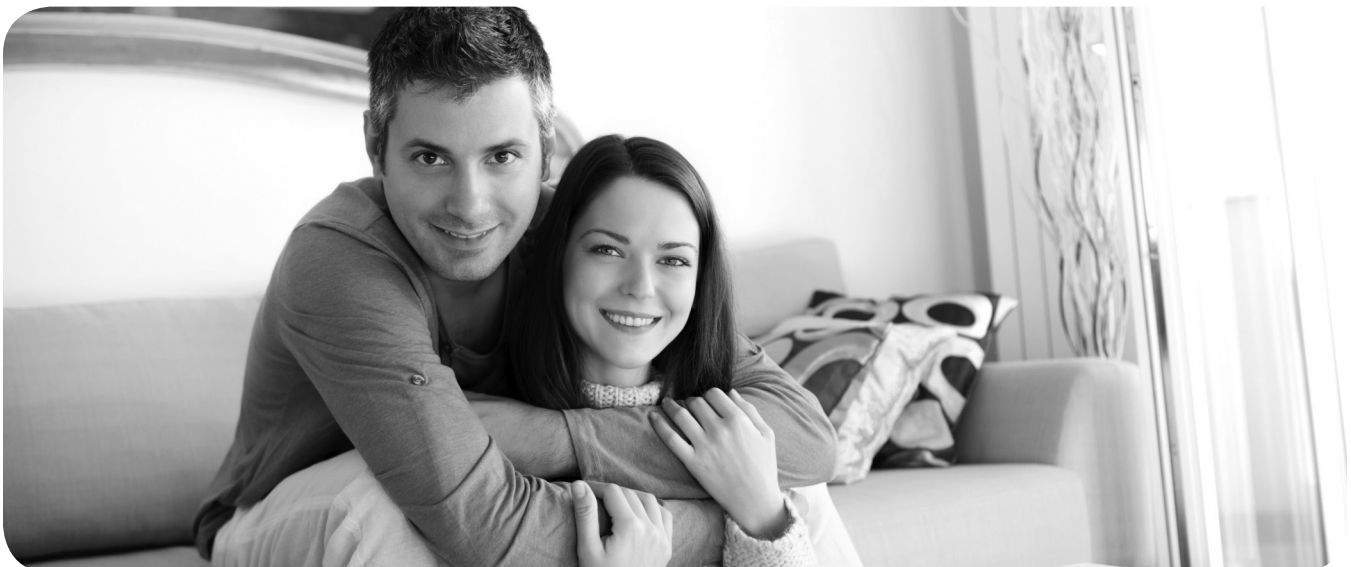
1. Plans requiring both Medical and Dental

- If your health plan requires you to elect both medical and dental benefits, then you need to complete a CareFirst BlueChoice, Inc. enrollment form.

Specific Guidelines for Completing the BlueChoice Enrollment Form

In addition to completing all other “enrollee” and “dependent information” sections of your enrollment form, please complete the following sections:

- *Type of Coverage* section—you must choose the coverage level that applies to your medical and dental benefits.
- *Type of Coverage* section—choose the medical, dental, and vision benefits in which you are enrolling.
- *Health Evaluation Questionnaire*—complete if required by your employer.



2. Plans allowing coverage levels of your choice

You may need to complete two (2) enrollment forms, depending on your benefit choices.

- If you choose both medical benefits and Traditional or Preferred dental benefits, you will need to complete both the CareFirst BlueChoice and the CareFirst BlueCross BlueShield enrollment forms.
- If you choose medical benefits only or medical benefits with Dental HMO benefits, you will need to complete a CareFirst BlueChoice enrollment form.
- If you choose dental benefits only – and are declining medical benefits – you need to complete a CareFirst BlueCross BlueShield enrollment form.

Note: If you choose to enroll in both the medical benefits and the Traditional or Preferred dental benefits, you are free to include different eligible dependents on the enrollment forms if needed. For example, you may choose to cover both children on your medical benefits, but because one of the children is a newborn, you may choose to enroll only one child for dental benefits.

Specific Guidelines for Completing the Enrollment Form(s)

For Medical benefits only or medical benefits with DHMO benefits, use the CareFirst BlueChoice Enrollment Form.

- *Type of Coverage* section—choose the coverage level that applies to your medical benefits and DHMO benefits, if applicable.

- *Type of Coverage* section—choose the medical benefit in which you are enrolling. Do not indicate your dental benefit choice on this enrollment form unless you are choosing DHMO coverage.
- *Health Evaluation Questionnaire*—complete if required by your employer.

For dental benefits (if applicable), use the CareFirst BlueCross BlueShield Enrollment Form.

- Do **not** indicate a coverage level for medical benefits.
- Choose the coverage level for your dental benefits.
- Fill in the requested information under *Enrollee Information*. In the *Type of Coverage* section, do not check the box indicating medical coverage.
- Next, indicate your choice of dental benefit.
- Fill in the dependent information, if applicable. Again, do not check the medical coverage box.

Step 3:

- *Please Read Carefully* section—please read, sign and date this section.
- *Consent to Receive Electronic Notices* section—if you would like to receive electronic notices via email instead of paper notices, please complete this section.





CareFirst BlueChoice, Inc.

840 First Street, NE
Washington, DC 20065

HealthyBlue

HealthyBlue Enrollment Form (District of Columbia Groups)

HOW TO COMPLETE THIS FORM:

1. Please type or print clearly with pen.
2. Complete all appropriate items, sign and date.
3. You **MUST** include a Primary Care Physician name and code number for each dependent listed. The Physician Code # is located in the Provider Directory. **Failure to provide this information may delay In-Network services.**
4. Please return this form to your employer.
5. **Employer must complete if Section VII is answered** – Number of employees in group: _____.

I. EMPLOYER INFORMATION – To be completed by the employer

Employer/Group Administrator	Group Number _____
Effective Date Requested / /	Medical Option _____ Dental Option _____ Vision Option _____

II. ENROLLEE

Social Security Number	Date of Birth / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Initial
Date of Hire / /	Occupation	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired
Residence Address (Number and Street) (City and State) (Zip Code – 9-digit, if known)		
Home Phone ()	Work Phone ()	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married / Domestic Partner <input type="checkbox"/> Other <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Name of Primary Care Physician	Physician Code #	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No

III. TYPE OF ENROLLMENT

CHECK ONE: ☐ New ☐ Coverage Change

IV. TYPE OF COVERAGE

To avoid delays in processing this form, please confirm with your employer the details of the benefit options and coverage levels offered by your employer prior to completing this section.

CHECK ONE:

- ☐ HealthyBlue Triple Option, Option # _____
- ☐ HealthyBlue Triple Option HRA, Option # _____
- ☐ HealthyBlue Triple Option HSA, Option # _____
- ☐ HealthyBlue 2.0, Option # _____
- ☐ HealthyBlue 2.0, HRA, Option # _____
- ☐ HealthyBlue 2.0, HSA, Option # _____
- ☐ HealthyBlue HMO, Option # _____
- ☐ HealthyBlue HMO HRA, Option # _____
- ☐ HealthyBlue HMO HSA, Option # _____

CHECK ONE:

- ☐ Individual
- ☐ Individual and Adult
- ☐ Individual and Child
- ☐ Individual and Children
- ☐ Family
- ☐ Coverage Complementary to Medicare (Individual only and benefit coverage only; not eligible for HSA account)

CHECK ALL APPLICABLE:

- ☐ Dental HMO
- ☐ Dental HMO Opt-Out
- ☐ Preferred Dental
- ☐ Traditional Dental
- ☐ BlueVision Plus

V. CHANGE TO EXISTING ENROLLMENT**Dependents affected by additions or deletions must be listed in Section VI - Dependent Information.**

Identification Number, if different from Social Security Number: _____

☐ ADD dependent(s) listed in Section VI☐ ADD spouse due to marriage on _____ (Date)☐ ADD domestic partner on _____ (Date)☐ ADD child due to adoption on _____ (Date)
or appointed legal guardian by court decree dated _____☐ REMOVE dependent(s) listed in Section VI due to _____ (Reason)
on _____ (Date)☐ CHANGE address to that shown in Section II☐ CHANGE my name from _____
to that shown in Section II☐ CHANGE Primary Care Physician to that shown in Section II
for enrollee or Section VI for dependent**(Note: Documentation of adoption or court-appointed
legal guardianship must be provided)****VI. DEPENDENT INFORMATION**

1	Spouse / Domestic Partner/ Civil Union Partner	Name – (Last, First, MI)	Social Security No.	
		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Name of Primary Care Physician	Physician Code Number	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Child	Name – (Last, First, MI)	Social Security No.	
		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Name of Primary Care Physician	Physician Code Number	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Child	Name – (Last, First, MI)	Social Security No.	
		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Name of Primary Care Physician	Physician Code Number	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Child	Name – (Last, First, MI)	Social Security No.	
		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Name of Primary Care Physician	Physician Code Number	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Child	Name – (Last, First, MI)	Social Security No.	
		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Name of Primary Care Physician	Physician Code Number	Current Patient <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE ONLY IF DEPENDENT CHILD IS A STUDENT OR DISABLED (AGE 26 OR OLDER)

If dependent child is a student age 26 or older, please confirm coverage with your employer prior to completing this section.

Dependent Name – (Last, First, MI)	Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Attach Student Certification Form	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Attach Disability Certification Form and Supporting Documentation
Dependent Name – (Last, First, MI)	Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. MEDICARE COVERAGE**FAILURE TO COMPLETE THIS SECTION, IF APPLICABLE, WILL CAUSE SIGNIFICANT CLAIMS PROCESSING DELAYS.**☐ Check this box if any person listed on this form is eligible for or receiving benefits under Medicare.

If you checked the box, please give:

Name _____ Reason for entitlement: ☐ Age 65 or older ☐ Kidney disease ☐ DisabledMedicare Claim No. _____ Eligible for: ☐ Part A Eff. Date ____/____/____ ☐ Part B Eff. Date ____/____/____EMPLOYMENT STATUS (CHECK ONLY ONE BOX): ☐ Actively Employed ☐ RetiredName _____ Reason for entitlement: ☐ Age 65 or older ☐ Kidney disease ☐ DisabledMedicare Claim No. _____ Eligible for: ☐ Part A Eff. Date ____/____/____ ☐ Part B Eff. Date ____/____/____EMPLOYMENT STATUS (CHECK ONLY ONE BOX): ☐ Actively Employed ☐ Retired**VIII. PRIOR COVERAGE / OTHER INSURANCE INFORMATION****IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION WILL CAUSE SIGNIFICANT CLAIMS PROCESSING DELAYS.**☐ Check this box if any person listed on this form is now or has been enrolled within the last 31 days in health care or catastrophic coverage through a Blue Cross and/or Blue Shield Plan, a Health Maintenance Organization, another insurance carrier, or Medicaid. Is this coverage currently in effect? ☐ Yes ☐ NoIf Yes, will this coverage be continued? ☐ Yes ☐ No If No, please provide cancellation date ____/____/____

1. Policy Holder's Name and Social Security Number _____

Sex ☐ M ☐ F Date of Birth ____/____/____

2. Name and Location of Insurance Company _____

3. Policy Number _____ Policy Covers: ☐ Policy Holder Only ☐ Two Persons ☐ Family4. Effective Date of Policy ____/____/____
month day year

5. Service(s) Covered:

A. Hospital Services

☐ Yes ☐ No

E. Dental

☐ Yes ☐ No

B. Physician Services

☐ Yes ☐ No

F. Eye / Vision Care Services

☐ Yes ☐ No

C. Major Medical (out-of-pocket expenses)

☐ Yes ☐ No

G. Mental Illness Services

☐ Yes ☐ No

D. Separate Drug Program

☐ Yes ☐ No

H. HMO

☐ Yes ☐ No6. Is coverage through an employer or other group? ☐ Yes ☐ No

If Yes, name of employer or other group _____

7. Is this coverage under COBRA? ☐ Yes ☐ No

8. To be completed if the parents live apart and provide medical coverage for their child(ren):

Please indicate relationship to child(ren).

PARENT WITH
COURT-ASSIGNED
RESPONSIBILITY
FOR CHILD(REN)'S
MEDICAL EXPENSES_____
Parent's Name / Relationship_____
Child's Name / Date of BirthPARENT WITH
CUSTODY OF
CHILD(REN)_____
Parent's Name / Relationship_____
Child's Name / Date of Birth

IX. PLEASE READ CAREFULLY – THIS SECTION MUST BE DATED AND SIGNED

I hereby enroll, on behalf of myself and each dependent listed above, for the coverage indicated. Coverage will be provided according to the terms and conditions of the contract between CareFirst BlueChoice, Inc. and my employer. I agree to be bound by that contract. If subscription charges are required by my employer, I agree to pay current and future charges to my employer.

CareFirst BlueChoice, Inc. may rescind or void my coverage only if (1) I have performed an act, practice, or omission that constitutes fraud; or (2) I have made an intentional misrepresentation of material fact. CareFirst BlueChoice, Inc. will provide 30-days advance written notice of any rescission of coverage.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, CareFirst BlueChoice, Inc. may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I have carefully read this form and agree to its terms. The recorded answers on this form are, to the best of my knowledge and belief, full, complete and true as of this date.

This information is subject to verification. Failure to complete any section may delay the processing of your form and/or claims payment.

Enrollee Signature

Date

X. CONSENT TO RECEIVE ELECTRONIC NOTICES

CareFirst BlueChoice, Inc. wants to help you manage your health care information and protect the environment by offering you the option of electronic communication.

Instead of paper delivery, you can receive electronic notices about your CareFirst BlueChoice, Inc. health care coverage through email and/or text messaging by providing your email address and/or cell phone number and consent below.

Electronic notices regarding your CareFirst BlueChoice, Inc. health care coverage include, but are not limited to:

- Explanation of Benefits alerts
- Reminders
- Notice of HIPAA Privacy Practices
- Certification of Creditable Coverage

You may also receive information on programs related to your existing products and services along with new products and services that may be of interest to you.

Please note, you may change your email, cell phone and consent information anytime by logging into www.carefirst.com/myaccount or by calling the customer service phone number on your ID card. You can also request a paper copy of electronic notices at any time by calling the customer service phone number on your ID card.

I understand that to access the information provided electronically through email, I must have the following:

- Internet access;
- An email account that allows me to send and receive emails; and
- Microsoft Explorer 7.0 (or higher) or Firefox 3.0 (or higher), and Adobe Acrobat Reader 4 (or higher).

I understand that to receive notices through text messaging:

- A text messaging plan with my cell phone provider is required; and
- Standard text messaging rates will apply.

By checking below, I hereby agree to electronic delivery of notices, instead of paper delivery by:

- ☐ Email only
☐ Cell phone text messaging only
☐ Email and cell phone text messaging

By signing below, I hereby agree to electronic delivery of notices.

Member Name	Signature	Email Address	Cell Phone Number

By signing below, my spouse/partner and any other dependents covered by CareFirst BlueChoice, Inc. individually agree to electronic delivery of notices.

Spouse/Partner/ Dependent Name	Signature	Email Address	Cell Phone Number

CareFirst BlueChoice, Inc. will not sell your email address or cell phone number to any third party and we do not share them with third parties except for CareFirst BlueChoice, Inc. vendors that perform functions on our behalf or to comply with the law.

XI. RACE, ETHNICITY, LANGUAGE (This information is voluntary.)

CareFirst BlueChoice, Inc. is asking its members to voluntarily provide their race, ethnicity, and language attributes. The information provided, while voluntary, will assist us to improve quality of care and access to care, thereby reducing health care disparities and promoting better health outcomes. The information you provide will not have a negative impact on any services we provide to you. The information is kept strictly confidential and will not be shared unless we are required by law to disclose it.

Race	Ethnicity	Preferred Spoken Language*		
White/Caucasian	Hispanic/Latino/Spanish origin	01 English	09 Farsi	18 Russian
Black or African American		02 Albanian	10 French (European)	19 Serbian
American Indian or Alaska Native		03 Amharic	11 Greek	20 Somali
Asian		04 Arabic	12 Gujarati	21 Spanish (Latin America)
Native Hawaiian or Other Pacific Islander		05 Burmese	13 Hindi	22 Tagalog (Filipino)
Other – (To include Multi-Racial)		06 Cantonese	14 Italian	23 Urdu
Decline to answer		07 Chinese (simplified & traditional)	15 Korean	24 Vietnamese
Unknown – Could not be determined		08 Creole (Haitian)	16 Mandarin	98 Other and unspecified languages
			17 Portuguese (Brazilian)	99 Unknown

Last Name	First Name	Race	Ethnicity	Country of Origin	Preferred Spoken Language (*specify number from above)
Enrollee					
Spouse/ Domestic Partner/ Civil Union Partner					
Child					
Child					
Child					
Child					

Enrollee Signature

Date

Waiver of Enrollment Form

Social Security Number _____

Group Number _____

Employment date _____

I certify that the health protection plan of CareFirst BlueCross BlueShield/CareFirst BlueChoice has been explained to me and at this time I choose:

- ☐ Not to enroll or, FOR ☐ myself and my dependents, (if any)
- ☐ If enrolled, to cancel coverage ☐ my dependents only

The other coverage is (select one):

- ☐ Commercial Insurance Policy (employer sponsored only)
- ☐ Spouse's group health benefit plan
- ☐ CHAMPUS
- ☐ Medicare as primary under TEFRA
- ☐ COBRA

Note that coverage through an individual policy is not considered a valid reason for waiver.

Please check which benefits you and/or your dependents have with the other carrier.

- Medical
- Dental
- Vision

I understand that if I decide later to enroll myself and/or dependents, all such late enrollees will be subject to the special enrollment requirements, as detailed on the next page. I declare that the information I have furnished above, to the best of my information and belief, is true, correct and complete.

Date_____

CUT6529-1S (6/04)

You or your dependent(s) are not considered Late Enrollees when you or your dependent(s) are covered under your spouse's or parent's coverage through another group and:

- a) You and/or your dependent(s) are not longer eligible under your spouse's coverage because your spouse's employment or his or her group has been terminated;
- b) You are no longer eligible or included under your spouse's coverage due to legal separation or divorce;
- c) Your dependent is no longer eligible or included under your spouse's coverage due to legal separation or divorce or the dependent's age;
- d) You and/or your dependent(s) are no longer eligible under your spouse's coverage due to the death of your spouse;
- e) You are no longer eligible under your parent's coverage;
- f) You and/or your dependent(s) have coverage through another group but later become ineligible for coverage through that group (including COBRA participants).

In the above situations, you will not be treated as a Late Enrollee, provided you and/or your eligible dependent(s) enroll within 31 days of the termination date of your prior coverage and submit, as necessary, a letter from your spouse's former employer. This letter must indicate when the spouse's employment terminated, whether the spouse's employment terminated, when the spouse's coverage terminated, whether the spouse was enrolled under individual or family coverage, and a statement indicating that the employer contributed toward the cost of coverage. A similar letter is also required for dependents that are no longer eligible under their parent's coverage. Please contact your Group Administrator if you have any questions about these enrollment requirements.

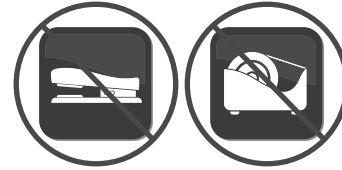
Please return this form to:

CareFirst BlueCross BlueShield / CareFirst BlueChoice, Inc.
Enrollment & Billing
10455 Mill Run Circle
Owings Mills, MD 21117
Mail Stop 02-330

Prescription Reimbursement Claim Form

- * Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.
- * Keep a copy of all documents submitted for your records.
- * **Do not staple or tape receipts or attachments to this form.**
- * Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.

Important!



STEP 1

Card Holder/Patient Information. This section must be fully completed to ensure proper reimbursement of your claim.

CARD HOLDER INFORMATION

Identification Number (refer to your prescription card)

Group Number/Group Name

Last Name

First Name

MI

Address

Address 2

City

State

Zip Code

Country

PATIENT INFORMATION—Use a separate claim form for each patient

Last Name

First Name

MI

Date of Birth

Gender: ☐ M ☐ F

Daytime Phone #

Relationship to Primary Member: ☐ Member ☐ Spouse ☐ Child ☐ Other: _____

OTHER INSURANCE INFORMATION

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury? ☐ Yes ☐ No

Is the medicine covered under any other group insurance? ☐ Yes ☐ No

If yes, is the other coverage: ☐ Primary ☐ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of insurance: _____ ID# _____

IMPORTANT! A SIGNATURE IS REQUIRED

NOTICE: Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such a person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X Signature of Plan Participant _____ Date _____

STEP 2 Submission Requirements.

You MUST include all original “pharmacy” receipts in order for your claim to process. “Cash register” receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC Number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number

If the Prescribing Physician’s NPI (National Provider Identification) number is available, please provide: _____

If this is from a foreign country, please fill in below:

Country _____ Currency _____ Amount _____

STEP 3 Mailing Instructions:

CVS Caremark
RXBIN# 004336
P.O. Box 52136
Phoenix, Arizona 85072-2136

Important Reminder

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

Blue Rewards

Healthy habits can earn you money

Blue Rewards is our exclusive incentive program that rewards you for taking steps to get and stay healthy. When you complete the required steps and achieve certain health goals, you can earn up to **\$600**.

How Blue Rewards works

Blue Rewards gives you the opportunity to be rewarded twice! First, you can earn a participation-based reward for completing four important steps. After completing all the steps, you earn an additional results-based reward when you reach certain health goals.

Get started by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Blue Rewards*. You have 120 days from the date your health coverage begins to complete these steps to earn your reward.

Steps to earn your participation-based reward:



Select
a primary care
provider (PCP)



Consent
to receive
wellness emails



Answer
an online health
assessment



Complete
a health
screening

Did you know?

You can visit your PCP or a CVS MinuteClinic to complete your health screening!

Be sure to choose a PCP who participates in our Patient-Centered Medical Home (PCMH) program to earn your reward. They have access to additional resources like electronic medical records and a large network of nurses to help them better coordinate your overall health.

Tip: Earn a greater reward by selecting a PCMH **Plus** PCP. These PCPs have demonstrated high quality and efficiency and belong to a practice that has participated in our PCMH program for at least three years.



Results-based reward

The results from your health screening will be measured against recommended health goals.

Measure	Goals
Body mass index (BMI)	BMI between 19 and less than 30
Flu vaccine	Received within the last 12 months
Tobacco use	Never smoked/used tobacco or quit for more than 30 days
Blood pressure	Less than 140/90 (ages <60) or Less than 150/90 (ages 60+)
Blood glucose	Fasting blood glucose less than 126 or Non-fasting blood glucose less than 200

If you fall within the ranges, you earn an additional reward.

Don't worry if your health measures fall outside the desired ranges. You can still earn your results-based reward by working with your PCP to establish an action plan to reach your personalized goals. Once you reach those goals, you must submit your updated results in *My Account* at **carefirst.com/myaccount** before the end of your benefit period.

Here's how much you can earn

Participation-based Reward		+	Results-based Reward		=	Total Reward Amount	
PCMH PCP	\$100		PCMH PCP	\$200		PCMH PCP	\$300
PCMH Plus PCP	\$200		PCMH Plus PCP	\$400		PCMH Plus PCP	\$600

Note: If you have a PPO or Advantage plan, and you live outside Maryland, D.C. or Northern Virginia, you can select a provider from the BlueCard® PPO network who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics. When you select a PCP in the BlueCard® network, you and your covered spouse/domestic partner can each earn up to \$300.

CareFirst Blue Rewards Visa® Incentive Card

Incentive cards are issued 10-14 days¹ after you complete the four participation-based steps. Only one card is issued to the policyholder but it can be used by everyone covered under your policy (including dependent children). If a reward was earned last year, that incentive card will be reloaded with your reward earned most recently. Additional amounts earned during your benefit period will be automatically added to your card, so make sure to keep your card as long as you remain a CareFirst member.

You have until the end of your benefit period to use your reward, and an additional 90 days to reimburse yourself for any expense that occurred within the benefit period. Your incentive card can be used toward your annual deductible or other out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan. You should always save your receipts as proof of your expense.

¹ If you have a plan with a health savings account (HSA) option, you will receive your incentive card after meeting the Internal Revenue Service minimum deductible for an HSA plan—\$1,300 for an individual or \$2,600 for a family. In some circumstances, you may be able to receive your card right away. If you have an HSA plan, log in to *My Account* at **carefirst.com/myaccount** to check whether you are eligible to receive your incentive card right away.

Get started now by logging in to *My Account* at **carefirst.com/myaccount**.



CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

* Registered trademark of CareFirst of Maryland, Inc.

CVS MinuteClinic is an independent company that provides medical services to CareFirst members.

The CareFirst Blue Rewards Visa Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC.

Notice of Nondiscrimination

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareFirst:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ☐ Qualified sign language interpreters
 - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ☐ Qualified interpreters
 - ☐ Information written in other languages

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

If you believe that CareFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our CareFirst Civil Rights Coordinator:

Telephone Number	410-528-7820
Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Fax Number	410-505-2011
Email Address	civilrightscoordinator@carefirst.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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.

A large, stylized lowercase letter 'u' in a light blue color, centered within a dark blue rounded rectangle. The rectangle is set against a light blue background with rounded corners. There are three smaller, semi-transparent light blue squares: one in the top right, one in the bottom left, and one in the top right of the dark blue rectangle.

u

are making a great decision.

Please visit us online at

www.carefirst.com/healthyblue

And please remember to keep this book
for your records.



www.carefirst.com

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.