Have you earned your reward yet?  
Well, what are you waiting for?

carefirst.com/rewardsyou

The Blue Rewards incentive program is available to most members as part of their benefits package. Refer to your enrollment materials to find out more, or log in to My Account at carefirst.com/myaccount.
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Growing up doesn’t have to mean all work and no play. In fact, research suggests that child-like pursuits—from coloring to checkers—protect against serious adult diseases. These include anxiety disorders, obesity, heart disease and dementia. Reap the rewards of recreation, at any age.
Medicare Made Simple

It’s easy to feel overwhelmed when it comes to understanding Medicare. Good news; you don’t have to do it alone.

We understand Medicare and we can help simplify things for you. Our free guide, Medicare Made Simple, is designed to assist you with the transition. To request a free copy of the guide, learn more about the Medicare Supplement (Medigap) options available, or speak with one of our knowledgeable product consultants, call 800-275-3802 or contact your broker.

Let’s Get Social!

Looking for daily encouragement to keep you on track to meet your health and wellness goals? We’ve got just what you need. Like us on Facebook and follow us on Twitter and Instagram to receive motivational messages, workout tips, nutritious recipes, interactive games, exciting contests, giveaways and much more. Check out www.carefirst.com/facebook, www.carefirst.com/twitter and www.carefirst.com/instagram and get social with us!

Receive Vitality and Other Communications Electronically

If you would like to receive Vitality, our member magazine, by email, along with other communications from CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst), you can sign up online. It only takes a few minutes

If you haven’t already, register for My Account at www.carefirst.com/myaccount

■ Once in My Account, click on the settings icon at the top of the page
■ Click on Electronic Consent to update your preferences

You can elect to receive any, or all, of the following items by email

■ Newsletters & announcements—receive Vitality by email
■ Electronic Explanation of Benefits (EOB)—offers you a summary of the services you received along with the cost of those services
■ Plan & product services—receive periodic information about your health plan
■ Drug reminders—provides updates about your medications
■ Wellness communications—offers health education information

Consider cutting down on paper by providing your electronic consent today.
Wellness Discount Program

Living a healthy life is all about making good choices every day, and CareFirst can help you do just that. Blue365 is an exciting program that offers exclusive health and wellness deals that will keep you healthy and happy, every day of the year. Visit www.carefirst.com/wellnessdiscounts for great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.

Health Information at Your Fingertips

We could all use a little help with our health and wellness goals. Take advantage of numerous articles, podcasts, recipes and more to help you maintain a healthy lifestyle. If you are looking for a way to step up your motivation or address health concerns, visit us at www.carefirst.com/livinghealthy. You’ll find interactive tools and quizzes to help you with:

- Healthy weight maintenance
- Exercise tips and tricks
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Dealing with depression
- Smoking/tobacco cessation
- and more

If you don’t have internet access, call Member Services at the telephone number on the back of your member ID card to request a printed copy of any of the health information listed above.
My Account—Your Total Online Resource

Register or log in to My Account, the part of the CareFirst website where you can get secure, personalized information about your health plan and benefits. By setting up an account, you’ll have password-protected access to:

- View your member ID card or order a new one
- View your Explanation of Benefits (EOB)
- Find a doctor, specialist or behavioral health provider
- Select or change your primary care provider
- Track your remaining deductible
- Access drug and pharmacy resources, including drug pricing, the Preferred Drug List and information regarding drug interactions and side effects
- Locate pharmacies and access the mail service pharmacy where you can order a refill
- Identify copays and other charges for which you may be responsible
- Check the status of your claims
- Compare hospitals and determine which hospital to use for care
- Download documents related to your plan, such as drug request forms, authorization forms and more
- Verify if a referral or pre-authorization is required for the treatment or procedure (if applicable)
- Complete a health assessment (if applicable)
- Complete and track your Blue Reward (if applicable)

Determine benefit coverage and calculate your personal cost for treatment and services

Our Treatment Cost Estimator* helps you make smarter care choices with customized estimates for procedures, doctor office visits, lab tests and surgery before you receive care. This way, you can plan ahead to keep health care costs under control and make the best care decisions.

*The estimated cost information provided is intended to be used as a reference tool for your convenience and is not a substitute for medical advice or treatment by a medical professional.

Register or log in to www.carefirst.com/myaccount to take a look.

WHAT ARE THE ADVANTAGES OF A HEALTH SAVINGS ACCOUNT (HSA) OR FLEXIBLE SPENDING ACCOUNT (FSA)?

To help determine the value of your FSA and HSA plans, visit www.carefirst.com and select Already a Member, then under Using Your Plan, choose Plan Calculators.
Get the Preventive Care You Need

When you visit your doctor, be sure to talk about any health concerns or conditions you have and be prepared to discuss your family history. Based on your risk factors, health, age and gender, your doctor will recommend certain preventive care and screenings. Following these screening recommendations, as well as your doctor’s advice, can help keep you healthy in the long run. Some examples of important preventive screenings and services are listed below.

**Blood pressure monitoring**
Blood pressure is an indication of your blood vessel health. High blood pressure makes your heart work harder and raises the risk for heart attack, stroke, and kidney disease, so controlling your blood pressure is important.

A healthy blood pressure is 120/80 (120 over 80) or lower. High blood pressure is 140/90 or higher. Blood pressure between 120/80 and 140/90 is considered early high blood pressure. Get your blood pressure checked at every health care visit.


**Immunizations**
There is a lot in the news about childhood vaccinations, but did you know there are recommended immunizations for teens and adults as well? Vaccines are powerful prevention tools—enabling you to develop immunity without having to actually suffer from the disease.

For recommended immunization schedules for adults and children, visit [www.carefirst.com/prevention](http://www.carefirst.com/prevention).

Disease prevention and early detection are essential to living a healthy life. That’s why making preventive care part of your routine is so important.

**A1C blood testing**
Do you, or a loved one, have diabetes? A1C is a blood test that tells you how well your blood sugar is controlled. While a blood sugar test measures a moment in time, the A1C gives a big-picture view of your blood sugar control during the last two to three months, so you know if your treatment plan is working.

An A1C below seven percent is a common goal. Your doctor may set your goal above or below this. Be sure to get tested at least twice a year.

In addition to keeping your blood sugar in check, you can do a lot to prevent diabetes-related eye problems by getting an annual eye exam with a vision specialist. A referral is not needed for this screening and when problems are detected early, timely treatment can help prevent vision loss.

Wellness and Disease Management Coaching

CareFirst offers one-on-one health and disease management coaching conducted by specially trained professionals and licensed registered nurses. Participation in these programs can play a huge role in helping you through an illness or keeping you healthy. Disease management and health coaching can help you:

- better understand your health risks or condition
- find answers to your health questions
- gain more control over your health
- set goals to reach your healthy best
- recognize early warning signs that may require medical attention
- understand your doctor’s recommendations, medications and treatments

What is health coaching?
Health coaching is a voluntary and confidential phone-based support program that helps identify opportunities to improve your health and well-being in your daily life. Whether you are living with a challenging health situation or looking for help to meet a health goal—such as eating healthier or quitting tobacco—coaching provides you with personal support to help you reach your healthy best.

What is disease management coaching?
Are you living with one or more chronic conditions like diabetes or congestive heart failure? If so, disease management can help you:

- better understand your treatment, medications and symptoms. Based on claims data, members who have a chronic condition or those who are at high risk for developing a chronic condition are referred to the disease management program. They are contacted by a nurse who describes the program and obtains consent to participate in confidential phone-based coaching sessions. The type of support you receive can include:
  - **Personalized counseling.** Your coach will answer your questions, discuss your risks and suggest possible lifestyle changes.
  - **Educational materials.** Based on conversations between you and your coach, you may receive additional information to better understand your current or potential health risks.
  - **Support and encouragement.** Your coach will help you set or adjust your goals, track your progress and encourage you along the way.
  - **Online tools.** You also have access to well-being tools and services including nutrition and fitness tracking tools.

These confidential programs offer help if, and when, you are:

- Faced with an unexpected medical emergency
- Looking for help with a health goal such as losing weight
- Seeking mental or behavioral health support
- Managing a chronic condition, like diabetes
- Taking a number of prescription medications

We encourage you to take the call so you can take advantage of this personal support.

To find out if you are eligible, please call Member Services at the telephone number on the back of your member ID card. Eligible members can self-enroll in the Disease Management program by calling 800-783-4582.

**NOTE:** Members whose primary insurance is Medicare are not eligible for these programs and should contact Medicare at 800-MEDICARE (800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) for a list of resources.
Need to See the Doctor?

The length of time you must wait for an appointment usually depends upon the urgency of your problem. Someone with a high fever and vomiting may need care sooner than someone with a less severe condition. Most offices set aside a few appointments each day for urgent visits. Although, when you have a last-minute appointment, you may wait in the office longer than usual because the doctor is fitting you into an already tight schedule.

Here are guidelines for the approximate amount of time you should have to wait for an appointment after calling your doctor.

An appointment with your primary care provider (PCP) or specialist:
- Preventive care (routine physicals, shots or tests): within 30 days
- Scheduled medical care (treatment for conditions such as high blood pressure or diabetes, follow-up appointments or test results): within 14 days
- Urgent medical care (a condition that is not a threat to life or limb but does require prompt medical attention): within 24 hours

An appointment for behavioral health care:
- Life-threatening emergency (a sudden event that endangers your health or safety or that of others, such as attempted suicide): at once
- Non-life-threatening emergency (a situation that requires rapid intervention to protect your safety): within six hours
- Urgent care (a condition that is not a threat to life or limb but does require prompt attention): within 48 hours
- Scheduled visit (initial visit for routine care): within 10 business days
- Follow-up visit: within one-three months

ACCESSING CARE

To help you make the most of your health care plan, it’s important to understand how to access care when using your particular plan’s coverage. Your Evidence of Coverage contains specific information to help you access the right care, when considering things such as:

- How do I access primary care services?
- How do I obtain specialty and behavioral health care?
- How do I access and obtain hospital services?
- Do I need a referral to see a specialist or to receive treatment?
- Does the service or procedure require preauthorization?
- Is my provider in-network or out-of-network (including hospitals and labs)?

Before obtaining treatment at a hospital, facility or lab, consult with your physician to identify where they have privileges to practice and to determine if those locations participate with your plan. To compare and research hospitals, visit [www.carefirst.com](http://www.carefirst.com) and select "Already a Member, then Find Providers."

If you need assistance with accessing care, contact Member Services at the telephone number on the back of your member ID card.
Establishing a relationship with a primary care provider (PCP) is an important first step. Your PCP may be able to provide advice over the phone or fit you in for a visit right away. You can search for PCPs who participate with your insurance by visiting www.carefirst.com/findadoc. When entering your search criteria, you also have the opportunity to search for PCPs who participate in CareFirst’s Patient-Centered Medical Home (PCMH) program.

PCMH is a program that rewards PCPs for their performance in delivering coordinated care to their patients, such as helping keep them in better health and out of the hospital. In addition, selecting a participating PCMH PCP is one of the required steps in Blue Rewards, our incentive program that encourages you to get healthy and rewards you for doing so. For more information, and specific reward amounts, visit www.carefirst.com/rewardsyou.

*FirstHelp is administered by an independent company that provides 24-hour health care advice services.

Remember, your PCP should be your first contact when you need medical care that is not an emergency, both during or after office hours. Your PCP may be able to see you in the office or may direct you to the nearest urgent care or convenience care center. If you are unable to reach your PCP, or are unsure about your symptoms, you can also call FirstHelp,* our free 24-hour nurse advice line, at 800-535-9700.

Know Before You Go

Knowing where to go when you need medical care is key to getting the best treatment with the lowest out-of-pocket costs. In addition, where you decide to receive care—like an urgent care center or the emergency room—has a direct impact on how much you will pay for those services.
There are times when your PCP might not be available and, ultimately, where you receive care is up to you. Here are some of your other choices for care, including some available anytime day or night!

**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, if necessary, help direct you to the best care.

**CareFirst Video Visit**
See a doctor 24/7 without an appointment! You can consult with a board-certified doctor whenever you want on your phone, tablet or computer. Visit [www.carefirst.com/needcare](http://www.carefirst.com/needcare) to learn more.

**Convenience care centers (retail health clinics)**
These are typically located inside a pharmacy or retail store (like CVS or Walgreens) and offer accessible care with extended evening and weekend hours. Visit a convenience care center for help with minor concerns like cold symptoms and illnesses that can be easily diagnosed.

**Urgent care centers**
Urgent care centers (including Patient First or ExpressCare) are your next option if you cannot see your PCP. Urgent care centers do not take the place of your PCP, but have a doctor on staff and are another option when you need care on weekends or after hours.

**Emergency room**
The ER is also open 24/7 to treat medical emergencies. A medical emergency is a sudden, serious illness or injury that, without immediate medical attention, could result in serious jeopardy to the patient’s health, serious impairment to bodily functions, serious dysfunction of a body part or organ, or serious health risks for a pregnant woman’s fetus. If you can’t call your PCP before heading to the ER, do it afterward. He or she needs to know what happened so you can both take care of your health going forward.

Head to the ER when experiencing any of the following:
- trouble breathing
- sudden blurred or lost vision
- head trauma or sudden confusion
- uncontrollable bleeding, vomiting or diarrhea
- chest pain or pressure
- urges to hurt yourself or someone else
- any sudden, severe problem that may threaten your life or cause you to lose a limb

Authorization is not needed for emergency or urgent care services.

**HOW CAN I FIND A CONVENIENCE CARE OR URGENT CARE CENTER?**
- From the Provider Type menu, select Facilities and choose Urgent Care or Convenience Care Center.
- Select your desired location and choose your health care plan (PPO, HealthyBlue, etc.) to get the results.

*If the situation is a medical emergency, call 911 or go directly to the nearest emergency care facility.*
Think you’re too old to color in a coloring book? Too busy to sit down for a game of checkers? Why leave these favorite childhood activities in the past?

Research suggests child-like pursuits can help protect against serious adult diseases—including dementia, obesity, anxiety disorders, and heart disease. Below are ways to get in touch with your inner child and play your way to better health.

**Head to the playground**

A parcour—or fitness trail—is a great option for an outdoor, circuit-training workout. A parcour usually consists of a walking trail with exercise stations along the way, allowing you to work different parts of your body in intervals. No parcours near you? You can create your own using monkey bars and park benches. If you prefer group exercise, try a fitness class that transports you out of the gym and right back to recess. For example, some classes may include games like relay races where the competitive edge helps to distract from discomfort—while you burn calories and get a boost in brain chemicals that can improve cognitive function.

**Get creative with adult coloring books**

Time to pull out your crayons, markers, and colored pencils! Adult coloring books are gaining ground as a great way to relax and exercise your creativity. These books frequently include intricate designs such as mandalas (geometric designs), butterflies, and landscapes. According to a study in *Art Therapy: Journal of the American Art Therapy Association*, coloring mandalas might even ward off anxiety.
**THE HEALTH PERKS OF PET OWNERSHIP**

A combined 79 million U.S. households have either a cat or a dog. Call them pets—or extensions of the family—these furry friends are reliable sidekicks and fun play partners.

**Healthier heart**
Owning a pet—especially a dog—may lower your risk for heart disease.

**Creature comfort**
When loving animals are around, kids with autism aren’t as anxious, and people with Alzheimer’s disease may be less agitated.

**Fitness buddy**
Dog owners are more likely to get the recommended 2½ hours of physical activity each week.

**Less stress**
Pet ownership often comes with lower blood pressure. Studies show the presence of pets may help people recover better from stressful situations.

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**Break out the board games**
Pull out the playing cards and dust off your family board games to help fight off dementia and support cognitive function. A recent study found that older adults who often played cards, chess and other games had 15 percent lower odds of developing dementia over a 20-year period and had lower rates of depression.

**Hang on to your hula hoop**
This popular child’s toy from the 1950s has regained popularity in recent years as a form of exercise, and for good reason. Spinning a hula hoop around your hips for 30 minutes revs up your heart rate and burns about 210 calories, according to the American Council on Exercise. It’s as good a workout as step boot-camp classes, aerobics and kickboxing!
The Upside of Downsizing Your BMI

Defining BMI and obesity

To determine your BMI:
1. Multiply your weight in pounds by 703.
2. Divide that number by your height in inches.
3. Then, divide that number by your height in inches again.

The final number is your BMI.

<table>
<thead>
<tr>
<th>If your BMI is:</th>
<th>You are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>below 18.5</td>
<td>underweight</td>
</tr>
<tr>
<td>between 18.5 and 24.9</td>
<td>at a normal weight</td>
</tr>
<tr>
<td>between 25 and 29.9</td>
<td>overweight</td>
</tr>
<tr>
<td>at 30 and above</td>
<td>obese</td>
</tr>
</tbody>
</table>

Nearly one-third of Americans are obese and BMI tends to increase as we get older—reaching its peak when we are in our 50s.

Obesity raises the risk for heart disease, cancer and other chronic conditions. For example, a high BMI is linked to an increased risk for knee arthritis. In men, obesity can cause sleep problems, specifically sleep apnea.

You can also calculate your BMI using online tools. Visit the Centers for Disease Control and Prevention (CDC) at www.cdc.gov and search for BMI calculator.

Gaining from weight loss

Losing weight can have many benefits—even over the short-term:
- Improved cholesterol and blood pressure
- Reduced risk for diabetes
- Lower risk for breast cancer in post-menopausal women

Consider some of these weight-loss strategies:
- **Enjoy breakfast.** People who eat a healthy breakfast are less likely to overeat later in the day. See the recipes on page 15 for fit and tasty breakfast ideas.
- **Eat healthier.** A healthy diet should emphasize fruits, veggies, whole grains and low- or non-fat dairy products.
- **Exercise.** Aim to get at least 150 minutes of moderate-intensity aerobic activity per week.

Body mass index, or BMI, is one calculation doctors use to determine if you are at a healthy weight. In addition to measuring your weight, BMI takes height into account. This provides a reliable measure of your total body fat—and your possible health risks.
Berries’ Bounty

INGREDIENTS
1 cup low-fat lemon yogurt
3 tbsp. canola oil
2 egg whites
½ cup sugar
1½ cup flour
1 tbsp. grated lemon peel
2 tsp. baking powder
½ tsp. baking soda
¼ tsp. salt
1½ cups fresh blueberries, raspberries or strawberries

DIRECTIONS
Preheat oven to 375 degrees. Spray a 9-inch-square, 2-inch-deep pan with nonfat cooking spray. Beat yogurt, oil, egg whites and sugar in a large bowl. Stir in remaining ingredients, except berries. Then carefully stir in berries. Spread all ingredients in pan. Bake about 45 minutes or until cake springs back when touched lightly in center. Cool 10 minutes and serve.

Makes 8 servings

Each serving contains: 227 calories, 6 g fat, 1 g saturated fat, 2 g fiber, 192 mg sodium

Fiesta Omelet

INGREDIENTS
1 tsp. olive oil
4 egg whites
½ tsp. dried basil
2 tsp. grated Parmesan cheese, divided
1 sweet red pepper, thinly sliced
1 yellow bell pepper, thinly sliced
¼ tsp. black pepper

DIRECTIONS
In a large nonstick pan, heat oil over medium heat; add the peppers; cook, stirring frequently for 4 to 5 minutes. Set aside.

In a small bowl, whisk together the egg whites, basil, and black pepper. Coat a small nonstick frying pan with nonstick spray and warm over medium-high heat. Add half of the egg mixture, swirling the pan to evenly coat the bottom. Cook for 30 seconds or until the eggs are set. Carefully loosen and flip; cook for 1 minute, or until firm.

Sprinkle half of the peppers over the eggs. Fold to enclose the filling. Transfer to a plate. Sprinkle with 1 tsp. of the Parmesan cheese. Repeat with the remaining egg mixture, peppers, Parmesan cheese.

Makes 2 servings

Each serving contains: 90 calories, 3 g fat, 1 g saturated fat, 2 g fiber, 140 mg sodium
What You Should Know About Advance Directives

**Everyone has the right to make personal decisions about health care.**

Examples of the types of treatment you might decide about include:
- life support, such as breathing with a ventilator
- efforts to revive a stopped heart or breathing (CPR)
- feeding through tubes inserted into the body
- medicine for pain relief

Ask your doctor for more information about these treatments. Think about how, if you become badly injured or seriously ill, treatments like these fit in with your goals, beliefs and values.

**How do you prepare an advance directive?**

Begin by talking things over, if you want, with family members, close friends, your doctor or a religious advisor. Many people go to a lawyer to have an advance directive prepared. You can also get sample forms yourself from many places, including the organizations given as examples at the end of this article. There is not one form that must be used. You can even make up your own advance directive document.

To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign the document. If you name a health care agent, make sure that person is not a witness. Maryland law does not require that the document be notarized. You should give a copy of your advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed. Copies are just as valid as the originals.

**What can you do in an advance directive?**

An advance directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or do not want, especially the treatments often used in a medical emergency or near the end of a person’s life.

1. **Health care agent.** The person you name to make decisions about your health care is called a “health care agent” (sometimes also called a “durable power of attorney for health care,” but, unlike other powers of attorney, this is not about money). You can name a family member or someone else. This person has the authority to see that doctors and other health care providers give you the type of care you want and they do not give you treatment against your wishes. Pick someone you trust to make these kinds of serious decisions, and talk with this person to make sure he or she understands and is willing to accept this responsibility.

2. **Health care instructions.** You can let providers know what treatments you want to have or not have. (Sometimes this is called a “living will,” but it has nothing to do with an ordinary will about property.)

Doctors ask whether you will accept a treatment by discussing the risks and benefits and working with you to decide. But what if you can no longer make your own decisions? Anyone can wind up hurt or sick and unable to make decisions about medical treatments. An advance directive speaks for you if you are unable to, and helps make sure your religious and personal beliefs will be respected. It is a useful legal document for adults of any age to plan for future health care needs.

While no one is required to have an advance directive, it is smart to think ahead and make a plan now. If you don’t have an advance directive and later you can’t speak for yourself, then usually your next of kin will make health care decisions for you. But even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.
When would your advance directive take effect?
Usually, your advance directive would take effect when your doctor certifies in writing that you are not capable of making a decision about your care. If your advance directive contains health care instructions, they will take effect depending on your medical condition at the time. If you name a health care agent, you should make clear in the advance directive when you want the agent to be able to make decisions for you.

Can you change your advance directive?
Yes, you can change or take back your advance directive at any time. The most recent one will count.

Where can you get forms and more information about advance directives?
There are many places to get forms, including medical, religious, aging and legal organizations. Listed below are three examples of where you can get advance directive forms. Any of these forms are valid in Maryland, but not all may be in keeping with your beliefs and values. Your advance directive does not have to be on any particular form.

- Maryland Attorney General’s Office
  410-576-6300 or 888-743-0023
  [www.oag.state.md.us/healthpol/AdvanceDirectives.htm](http://www.oag.state.md.us/healthpol/AdvanceDirectives.htm)

- Caring Connections (NHPCO)
  800-658-8898
  [www.caringinfo.org](http://www.caringinfo.org)

- Aging With Dignity
  888-594-7437
  [www.agingwithdignity.org](http://www.agingwithdignity.org)

15 Minutes Can Help Improve Your Health
Good health is important to making the most of your life. Your path to better well-being begins with the first step: completing your online health assessment. This free and confidential assessment is quick—about 15 minutes—and easy to complete.

The goal of the health assessment is to give you the information and tools you need to start improving your health by answering questions about your eating habits, physical activity and other topics. Completing your health assessment also puts you one step closer to earning a financial reward through Blue Rewards, our member incentive program.

After completing the assessment, you will receive a personalized health report that identifies your health risk factors and your likelihood of developing chronic conditions such as heart disease, high blood pressure or diabetes. If you want to discuss your results and develop an action plan for meeting your health goals, you will have the chance to speak with a health coach over the phone at your convenience.

*Health assessments are available to most members through My Account.*
Rest is Best: The Health Impact of Too Few ZZZs

It’s hard on your heart
Chronic sleep deprivation contributes to inflammation throughout your body, high cholesterol and high blood pressure—all risk factors for heart disease.

According to the journal *Sleep*, people who regularly sleep less than six hours per night have a 23 percent increased risk for heart disease than people who sleep more.

It’s packing on pounds
People who log less than five hours of shut-eye are significantly more likely to be heavy than those who get seven.

Why? Tired brains light up when study participants look at food-related photos, even if they’re not hungry. The sleep-deprived may eat up to 500 extra calories and nine extra grams of saturated fat per day.

It’s impairing your driving
More than one-third of Americans admit to falling asleep while driving, with more than one in 10 doing so once a month. Each year, fatigued drivers contribute to 100,000 crashes. Less than six hours of sleep triples your risk for a crash.

Restful tips
■ Keep bedrooms quiet, cool and dark. No TV, radio or brightly lit screens.
■ Maintain a regular sleep schedule, even on weekends.
■ Exercise improves sleep quality. Wrap up your workout at least three hours before bedtime to give your body time to unwind.

Most adults need between seven and nine hours of rest for good health. However, more Americans than ever snooze less than six hours per night, causing the Centers for Disease Control and Prevention (CDC) to label lack of sleep a public health epidemic.

KIDS WHO DON’T SNOOZE LOSE IN THE CLASSROOM
Lack of sleep may hit kids where it hurts—their report cards. According to a study in the journal *Sleep Medicine*, healthy children who were sleep-deprived did worse on IQ tests and on assessments of academic performance.

To help school-age kids get the recommended 10 hours of sleep a night:
■ Help them prepare for school the night before. Then, allow a little extra sleep in the morning.
■ Turn off phone and computer screens since artificial light keeps the brain alert.
Case Management Helps Members in Need

When facing a serious illness, you and your family may have many questions, choices and difficult decisions to make. CareFirst’s free Case Management services are delivered by registered nurses who can help coordinate your medical care and provide you with a better understanding of your condition. Your case manager can also share resources to assist you in making informed decisions about your health care.

Case Management can help to:
- Improve the quality of life for you and your family
- Contribute to your sense of well-being and dignity
- Have a positive effect on the quality of your health care
- Improve your health, restore function and prevent disability
- Educate you and your family members about your condition

When you enroll in the program, a case manager will:
- Call you for an initial review of your medical history to identify the factors that may affect your health
- Contact you to review your progress and answer any of your questions
- Provide support during your time of need
- Provide you with information and self-care tips related to your condition
- Assist with identifying community resources and support groups available to you
- Work closely with your doctor to coordinate necessary services

To enroll in Case Management or get more information about our program, call 888-264-8648.

How to File a Claim

When you obtain services from a participating provider or pharmacy, the provider’s office or the pharmacy will submit claims for you. However, if you visit a nonparticipating provider or nonparticipating pharmacy for service, you must submit the claim yourself.

For claim forms, visit [www.carefirst.com](http://www.carefirst.com), and select Already a Member, then click on Using Your Plan and choose Forms. You will need to fill out the required information on the appropriate claim form and return it according to the directions indicated on the form. If you do not have internet access, you can call Member Services at the telephone number on the back of your member ID card to request claim forms.

Preventing Medical Mistakes

Medical mistakes can cause problems such as extended hospital stays, longer recoveries, additional treatments and sometimes permanent disabilities. By asking questions, learning more and understanding your risks, you can improve the safety of your own health care, and that of your family members. Take these simple steps:

1. Ask questions if you have doubts or concerns.
2. Keep and bring a list of all the medications you take.
3. Get the results of any test or procedure.
4. Talk to your doctor about which hospital is best for your health needs.
5. Make sure you understand what will happen if you need surgery.
Rx Plans: Your Total Prescription for Health

As your health plan provider, our goal is to help you understand your health care options.

Our formulary structure

A formulary is a list of covered prescription drugs. CVS/caremark,* our pharmacy benefit manager, reviews all new drugs coming to market to make sure the medications on our drug list are safe and effective. Our drug list is reviewed and approved by an independent, national Pharmacy and Therapeutics Committee which includes physicians, pharmacists and a medical ethicist, who have expertise regarding pharmacy drugs.

The sample chart below describes a four-tier drug plan. Each plan has different tiers so be sure to check your benefit guide to see what tiers your plan includes. You can also use our Drug Pricing Tool at www.carefirst.com/myaccount to find which medications are covered, determine what tier a drug falls under, learn the copays for those drugs and more.

WAYS TO SAVE ON PRESCRIPTION DRUG COSTS

■ Use generic drugs—made with the same active ingredients as brand-name drugs, generic drugs can cost up to 80 percent less than their brand-name counterparts.
■ 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—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—if you pay a coinsurance for maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs with the added convenience of home delivery.

Pharmacy procedures

To ensure you are receiving the most appropriate medication for your condition(s), CareFirst may require additional information from your doctor before filling certain prescriptions. CareFirst will work with you and your doctor to manage the following:

■ Generic and non-preferred brands—there may be cost-sharing consequences for choosing non-preferred brand medications when generics or preferred brands are available. Your cost share depends on which of the three generic substitution coverage levels you have—voluntary, mandatory or restrictive. Refer to your benefit summary or enrollment materials for more information. You should always check with your doctor to make sure a generic or preferred brand alternative is right for you.

<table>
<thead>
<tr>
<th>Drug tier (cost share)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Generic drugs</td>
<td>Generic drugs work the same as brand-name drugs but cost much less; so you’ll pay less to use them. Some plans also divide generics into preferred generics and non-preferred generics based on cost.</td>
</tr>
<tr>
<td>Tier 2 Preferred brand</td>
<td>Preferred brand drugs are brand-name medications that are not yet available in generic form but are chosen for their effectiveness and affordability compared to alternatives. They cost more than generics but less than non-preferred brand drugs.</td>
</tr>
<tr>
<td>Tier 3 Non-preferred brand</td>
<td>Non-preferred brand drugs are often available in less expensive forms, either as generic or preferred brand drugs. You will pay more for this category of drugs.</td>
</tr>
<tr>
<td>Tier 4 Self-administered injectables/ Specialty drugs</td>
<td>These are the highest priced drugs and may require special handling, administration or monitoring. These drugs may be oral or injectable and are used to treat a serious or chronic condition.</td>
</tr>
</tbody>
</table>

*CVS/caremark is an independent company that provides pharmacy benefit management services.
Quantity limits are guidelines that set limits on the amount of drugs your benefit program will cover. These quality and cost-savings guidelines are aimed at safe and appropriate use of drugs and are based on recommendations from the U.S. Food and Drug Administration. The guidelines also ensure your prescription contains an appropriate amount of medication. Remember, the final decision regarding the amount prescribed remains with you and your doctor.

Prior authorization from CareFirst is required before you can fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to verify whether these medications are appropriate. Without prior authorization, your drugs may not be covered.

Step therapy asks that you first try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your provider can speak to your experience with these alternatives prior to dispensing a more expensive drug.

Exception requests
If your doctor wants to prescribe a prescription drug that is not on your formulary, an exception can be requested. Exception requests can be faxed by your provider or submitted electronically. To check whether a drug requires prior authorization, step therapy and/or quantity limits, use the Drug Pricing Tool found in My Account.

If your exception request is approved, you can pick up your prescription at the pharmacy. In the event of a denial, a letter outlining the reason for the denial is sent to your home address. The letter also contains a telephone number to call should you wish to start the appeals process.

In-network and out-of-network pharmacies
CareFirst has a broad pharmacy network including more than 60,000 participating pharmacies across the country. To find a participating pharmacy, log in to My Account. Be sure to take your prescription and member ID card with you when filling prescriptions.

Please note, if you use a non-participating pharmacy, you will need to pay the full cost of the prescription and submit a paper claim to CVS/caremark for reimbursement. To obtain a claim form, log in to My Account and select My Coverage, then choose Drug and Pharmacy Resources.

Manage your medications with the Pharmacy Advisor program
A registered pharmacist will listen to your specific needs and provide one-on-one support to help you get the most out of your medications.

To take advantage of this free program, simply answer the phone call from CVS/caremark. The display telephone number will be 480-391-4620.

If you have any questions about this program, contact the CVS/caremark Pharmacy Advisor team at 866-624-1481.
Information About Your Health Plan

Benefits information and questions about your coverage
When you joined your health plan, you received enrollment materials, including a benefit guide and a primary care provider (PCP) selection form, if applicable. These documents include information about how and where to get primary, specialty and emergency health care, pharmacy and related services. They also include information on premium changes, policy renewability and employers’ responsibilities for dependent coverage.

Sometimes, changes to your health plan may result in new information that may not be reflected in your enrollment materials. For the most current information, you should log in to My Account at www.carefirst.com/myaccount.

When you have questions about your benefits, including what’s covered and what’s not, or benefit restrictions, there are several ways to find the information you need:

- Log in to My Account at www.carefirst.com/myaccount from your computer, tablet or smartphone.
- Refer to your Evidence of Coverage or the benefit guide you received when you enrolled.
- Ask your benefits office, if you have coverage through your employer.
- Call Member Services at the telephone number on the back of your member ID card, if you don’t have internet access. To help you remember the conversation and avoid having to call Member Services again, write down:
  - The date and time you called
  - The name of the Member Services representative
  - What course of action the Member Services representative will take
  - When you can expect resolution, if applicable

Stop by any of the CareFirst offices listed below weekdays between 8:30 a.m. and 4:30 p.m. to get your questions answered by our fully-licensed staff.

Continuation of coverage
As a CareFirst member, you may have options for continuing your health care coverage if your employment status changes. Your options may include the following:

- Consolidated Omnibus Budget Reconciliation Act (COBRA): For information, contact your company’s health benefits administrator.
- State continuation plan: For information, contact your company’s health benefits administrator.
- Individual plan: Call 800-544-8703 for details, including benefits options.

CareFirst Regional Offices

<table>
<thead>
<tr>
<th>Annapolis</th>
<th>Easton</th>
<th>Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>151 West Street, Suite 101</td>
<td>301 Bay Street, Suite 401</td>
<td>182-184 Eastern Boulevard North</td>
</tr>
<tr>
<td>Annapolis, MD 21401</td>
<td>Easton, MD 21601</td>
<td>Hagerstown, MD 21740</td>
</tr>
<tr>
<td>410-268-6488</td>
<td>410-822-1850</td>
<td>301-733-5995</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Frederick</td>
<td>Salisbury</td>
</tr>
<tr>
<td>10 Commerce Drive</td>
<td>5100 Buckeystown Pike, Suite 215</td>
<td>224 Phillip Morris Drive, Suite 106</td>
</tr>
<tr>
<td>Cumberland, MD 21502</td>
<td>Westview Village</td>
<td>Salisbury, MD 21804</td>
</tr>
<tr>
<td>301-724-1313</td>
<td>Frederick, MD 21704</td>
<td>410-742-3274</td>
</tr>
</tbody>
</table>

301-663-3138
How to Get Communication Assistance

If you have trouble understanding English, please tell the representative when you call Member Services and we will have a translator who speaks your preferred language join the call. We can provide you with information about your benefits, how to access medical services and help answer any other questions you have.

If you have a hearing or speech impairment, please dial 711 to place a call to Member Services.

Online Provider Directory at carefirst.com

Looking for a new doctor? Our online provider directory allows you to search by provider type and location. You’ll find primary care providers, specialists, behavioral health providers and more. You can also search for health care facilities including hospitals, urgent care centers and labs by:

- logging in to My Account at www.carefirst.com/myaccount,

Select the provider type you are looking for and the location that meets your needs. Be sure to include your health plan information. To confirm the specific name of your plan, please check your member ID card.

To obtain specific information about a provider who participates in our networks, select the More Details link. Here you will find the provider’s professional qualifications including specialty, education information, hospital affiliations, languages spoken, residency details, board certification and more.

Tools to help you find the best care

In addition to finding a provider that meets your needs, CareFirst offers online tools to help you find the best care. Visit www.carefirst.com and select Already a Member, then Find Providers. Under the Research a Doctor or Hospital heading, click on Compare and Research Doctors and Hospitals to find links that can help you compare the quality of providers by reviewing:

- national medical societies
- state medical boards
- independent organizations

If you do not have internet access, you can get a printed copy of the provider directory, or information about providers, by calling Member Services at the telephone number on the back of your member ID card.

New Medical Technology and Your Benefits

To ensure our members have access to safe and effective care, CareFirst reviews new developments in medical technology and new applications of existing technology for inclusion as a covered benefit. We evaluate new and existing technologies for medical and behavioral health procedures, medications and devices through a formal review process. We consider input from medical professionals, government agencies and published articles about scientific studies.

How to Get Communication Assistance

If you have trouble understanding English, please tell the representative when you call Member Services and we will have a translator who speaks your preferred language join the call. We can provide you with information about your benefits, how to access medical services and help answer any other questions you have.

If you have a hearing or speech impairment, please dial 711 to place a call to Member Services.
Notice: Member Coverage and Rate Information

Every year, CareFirst is required to publish this notice informing you of your benefits for the following services, along with proposed rate increase information.

Habilitative services
CareFirst provides coverage for habilitative services. This includes habilitative services to treat congenital or genetic birth defects, including defects existing at or from birth, hereditary defects, autism or an autism spectrum disorder, cerebral palsy, intellectual disability, Down syndrome, spina bifida, hydroencephalocele and congenital or genetic developmental disabilities. Before obtaining treatment, check your Evidence of Coverage to determine if you are eligible to receive these benefits as age restrictions may apply.

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

Please note that the benefits provided by this coverage do not include services to a child provided under an individualized education program (IEP) or any obligation imposed on a public school by the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq., as amended periodically. This coverage notice applies only to policies sold to businesses and individuals based in Maryland. Check your Evidence of Coverage to determine whether you are eligible to receive these benefits.

If you have questions regarding any of these services, call Member Services at the telephone number on the back of your member ID card.

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

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

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes a home visit if prescribed by the attending physician. The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

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

Mastectomy
CareFirst provides coverage for a minimum 48-hour inpatient hospital stay following a mastectomy.

If the member remains in the hospital for at least the time provided, coverage includes a home visit if prescribed by the attending physician. The member may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the member has a shorter hospital stay than listed previously, coverage includes one home visit scheduled to occur within 24 hours after discharge plus an additional home visit if prescribed by the attending physician.

This coverage notice applies only to policies sold to businesses and individuals in Maryland. Please check your Evidence of Coverage to determine whether you are eligible for these surgical procedure benefits.
Proposed rate increase notice
Maryland law requires health insurance companies, health maintenance organizations (HMOs) and nonprofit health service plans to file rates and have them approved by the Maryland Insurance Administration (MIA) before the rates go into effect.

The proposed rates are posted on the MIA’s website at www.mdinsurance.state.md.us.

Once the proposed rates are posted, Maryland consumers have a 30-day public review period to submit comments on the MIA’s website. Once the MIA completes its review process and makes a final decision on any rate filings, a summary of the results is posted on its website.

Mastectomy-related services
CareFirst offers benefits for mastectomy-related services under the Women’s Health and Cancer Rights Act of 1998, including:

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

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

Mental health and substance abuse services notice
Maryland law requires health insurance carriers to provide specific information about mental health and substance abuse benefits to their members enrolled in Maryland individual plans or Maryland fully insured groups; however, this information should be helpful to all members.

Members can view their mental health and substance abuse benefits online. To do so, log in to My Account at www.carefirst.com/myaccount. If you have not registered, please follow the steps indicated online. Once you have logged in, visit the My Coverage tab at the top of the page and then select Benefit Details. The benefits shown only reflect current benefits.

Mental health and substance abuse benefits are compliant with Maryland law and/or federal law, and vary whether you purchase your own plan or have a plan through your employer.

If you require additional information about mental health and substance abuse benefits as required by Maryland law, please contact the Maryland Insurance Administration online at www.mdinsurance.state.md.us or call 410-468-2000. If you wish to write the MIA, the address is 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

Home visits
CareFirst provides coverage for home visits to members who undergo the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member’s doctor.

To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage notice applies only to policies sold to businesses and individuals in Maryland. Please check your Evidence of Coverage to determine whether you are eligible for these surgical procedure benefits.
Explore Your Options for Out-of-Area Care

For members with BlueChoice plans and HealthyBlue HMO, 2.0, Plus and Advantage plans
When you are outside the CareFirst service area of Maryland, Washington, D.C. or Northern Virginia, benefits are available for emergency or urgent services. In addition, some plans provide out-of-network coverage for other covered services as well. Refer to your benefit guide for more information. BlueChoice Advantage and HealthyBlue Advantage plans provide in-network coverage for other covered services when a member uses the BlueCard PPO network; out-of-network coverage would apply when those covered services are performed by non-BlueCard providers.

When you see an out-of-area participating BlueCross BlueShield doctor or hospital for emergency or urgent care, you only pay out-of-pocket expenses, like a copayment. Your provider files the claim, which is paid at the in-network level. If your plan provides out-of-network benefits, those covered services are paid at the out-of-network benefit level.

Members who will be out of town for 90 days or more are eligible for the Away From Home Care program. This program is ideal for travelers, students who live at school or families who live apart. Program members enjoy a full range of benefits, including routine and preventive care. Your copayment and benefits will be the same as those of the affiliated HMO in the area where you are visiting. You will be treated as though you are actually a member of the affiliated plan.

For more information, or to enroll in the Away From Home Care program, call Member Services at the telephone number on the back of your member ID card and ask for the Away From Home Care coordinator.

For members with PPO, PPN and MPOS plans
When you are outside the CareFirst service area of Maryland, Washington, D.C. or Northern Virginia, benefits are still available for health care services. If you have a Preferred Provider Organization (PPO) or Preferred Provider Network (PPN) plan, in-network benefits are available for covered services rendered by providers who participate in the PPN plan of another BlueCross and BlueShield (BCBS) plan. Non-emergency and urgent treatment care by providers who are not in a BCBS PPN plan are eligible for out-of-network benefits.

When you arrive at the doctor’s office or hospital, present your current CareFirst member ID card with the suitcase logo. After you receive medical attention, your provider will file the claim.

CareFirst pays all participating and preferred doctors and hospitals directly. You are responsible only for any out-of-pocket expenses (noncovered services, deductibles, copayments or coinsurance).

If the provider does not participate with a BCBS plan, and you must pay at the time of service, contact Member Services or visit the Using Your Plan section of www.carefirst.com to get a claim form for reimbursement of the charges.

NOTE: You are responsible for obtaining all necessary prior authorization for out-of-area services. Check your Evidence of Coverage for requirements specific to your health plan.
Just a Click Away

Visit our website to find more information on the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>On the web</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareFirst’s Quality Improvement Program—including processes, goals and outcomes</td>
<td><a href="http://www.carefirst.com/qualityimprovement">www.carefirst.com/qualityimprovement</a></td>
</tr>
<tr>
<td>Case Management Program—includes instructions for making member or caregiver referrals; or call 888-264-8648</td>
<td><a href="http://www.carefirst.com/casemanagement">www.carefirst.com/casemanagement</a></td>
</tr>
<tr>
<td>Find a Provider—our online directory includes primary care providers, specialists, behavioral health providers, hospitals, urgent care centers and more</td>
<td><a href="http://www.carefirst.com/findadoc">www.carefirst.com/findadoc</a></td>
</tr>
<tr>
<td>How to File an Appeal—request an appeal of an adverse decision</td>
<td><a href="http://www.carefirst.com/appeals">www.carefirst.com/appeals</a></td>
</tr>
<tr>
<td>Members’ Rights and Responsibilities—outlines both CareFirst’s and the member’s responsibilities</td>
<td><a href="http://www.carefirst.com/myrights">www.carefirst.com/myrights</a></td>
</tr>
<tr>
<td>Privacy Notice—description of our privacy practices and how we protect your health information</td>
<td><a href="http://www.carefirst.com/privacy">www.carefirst.com/privacy</a></td>
</tr>
<tr>
<td>Quality of Care Complaints—for complaints involving medical issues or service given by a provider in our network</td>
<td><a href="http://www.carefirst.com/qoc">www.carefirst.com/qoc</a></td>
</tr>
</tbody>
</table>

To request a paper copy of the above information, please call Member Services at the telephone number on the back of your member ID card.

Do I Need a Referral?

Do you wonder whether you need a referral, or approval for service, before seeing a specialist or receiving services? Generally, if your health plan is a health maintenance organization (HMO), you do not need a referral.

However, the Maryland Point of Service (MPOS) plan is one exception. All MPOS members must choose a primary care provider (PCP), and they need a referral from the PCP to receive in-network benefits. MPOS members may see a specialist without a referral but will pay more out of pocket.

BlueChoice has several plans that do not require a referral to see a specialist. Most BlueChoice HMO members must choose a PCP; however, plans with the Open Access feature allow members to see a specialist who participates in the BlueChoice network without a PCP referral. To find out if your plan has the Open Access feature, check your BlueChoice member ID card. If “Open Access” is printed on the front, you do not need a referral to see a specialist. If your plan is not Open Access, and requires a referral to see a specialist, you must get the referral from your PCP before the visit.

For members in all plans, your doctor must request authorization for services such as nonemergency hospitalizations, outpatient hospital services and home health care.

⚠️ If you have questions about how your benefit plan works, including the referral and preauthorization process (if applicable to your coverage), please log in to My Account, refer to the benefit guide you received when you enrolled, or call Member Services at the telephone number on the back of your member ID card.
Notice of Privacy Practices

CareFirst is committed to keeping the financial and protected health information of members private. Under the Gramm Leach Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to have policies and procedures in place to protect your financial and protected health information, whether oral, written or electronic. Additionally, 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 your financial and protected health information, the individual’s rights and our responsibility for ensuring the privacy of your information.

To obtain a copy of our Notice of Privacy Practices, please visit our website at www.carefirst.com/privacy or call the Member Services telephone number on the back of your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of the company’s Notice of Privacy Practices. If you don’t know whether your employer is self-insured, contact your Human Resources department. CareFirst sends the Notice of Privacy Practices to all policyholders upon enrollment. Below is a brief summary of our Notice of Privacy Practices.

Our responsibilities

We are required by law to maintain the privacy of your financial and protected health information and to have appropriate procedures in place to do so. We are also required to notify you following a breach of your unsecured protected health information. In accordance with the federal and state privacy laws, we have the right to collect, use and disclose your financial and protected health information for payment activities and health care operations as explained in the Notice of Privacy Practices. Where permitted by law, we may disclose your financial and protected health information to the plan sponsor/employer to perform plan administration functions. We also may disclose protected health information for national security purposes.

For most purposes other than those described in this summary, a valid authorization from you is required before we may use or disclose your financial and protected health information.

Your rights regarding protected health information

You may request, in writing, the following rights:

- a copy of your protected health information that is contained in a designated record set pertaining to your medical record
- that we restrict the protected health information we use or disclose about you for payment or health care operations
- 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 protected health information may endanger you
- that we amend your information if you believe that your protected health information is incorrect or incomplete
- an accounting of disclosures of your protected health information for reasons other than payment or health care operations

Inquiries and complaints

A member may complain to CareFirst if the member believes CareFirst has violated his/her privacy rights. A member also may file a complaint with the Secretary of Health and Human Services.

If you have a privacy-related question, please contact the CareFirst Privacy Office toll-free at 800-853-9236.

DECISIONS ABOUT MEDICAL, PHARMACY AND MENTAL HEALTH CARE

CareFirst wants to ensure its members receive appropriate medical, pharmacy and mental health care and services. Our professional staff, including doctors and nurses, makes coverage decisions based on medical information.

You should know:

- The utilization management staff makes decisions based on the existence of coverage and the appropriateness of the care and service
- Neither CareFirst, nor our partners, reward doctors, nurses or other individuals for issuing denials of coverage or service
- Neither CareFirst, nor our partners’ financial incentives encourage decisions that result in an under use of services
- Neither CareFirst, nor our partners, monitor for possible under use of services throughout the year
Notice of Information Sharing to Enhance or Coordinate Your Care

This notice describes how medical information and data about you may be shared between CareFirst and your treating providers to enhance or coordinate your care. Please read it carefully.

NOTE: References to CareFirst include CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc., collectively doing business as CareFirst.

Why we may share information
The more complete information your health care providers have, the better they can meet your health care needs. Sharing information and data with your treating providers can lead to better coordinated care, help you get timely care, limit duplicative services and help them better identify patients who would benefit most from care management and other care coordination programs.

How we use medical information to enhance or coordinate your care
In order to administer your health benefits, CareFirst receives claims data and other information from your various providers of care regarding diagnoses, treatments, programs and services provided under your health plan. Individual treating providers, however, may not have access to information from your other providers. When CareFirst has such information, it may share it with your treating providers through secure, electronic means solely for purposes of enhancing or coordinating your care and to assist in clinical decision making.

Information received by CareFirst from your providers for the sole purpose of enhancing or coordinating your care cannot be used for purposes of underwriting, utilization review or setting rates on your health insurance. You cannot be denied insurance or lose your coverage based on the information shared by your treating providers with CareFirst for care coordination purposes.

The sharing of this information is also subject to the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state privacy laws. You have separately been provided notice of your privacy rights under HIPAA as part of CareFirst’s Notice of Privacy Practices. The restrictions on sharing of medical information that are discussed in your HIPAA notice and your rights under HIPAA continue to apply.

You may opt out of information sharing by CareFirst for these care coordination purposes
You have the right to opt out of the sharing of this information by CareFirst with your treating provider for care coordination purposes at any time. To opt out, complete, sign and return the Opt Out of Medical Information Sharing form. You can find the form at www.carefirst.com/informationsharing.

When you submit this form, you also end participation in any of the programs listed in this notice that require the sharing of information to enhance or coordinate care. If you opt out, your treating providers will not have access to the data or information CareFirst has available to help enhance or coordinate your care.

This Notice of Information Sharing is in accordance with the CareFirst’s Privacy Practices. For a copy of CareFirst’s Notice of Privacy Practices, see page 28 of this magazine. For questions, or for a copy of this notice, the Opt Out form or CareFirst’s Notice of Privacy Practices in writing, contact:

CareFirst BlueCross BlueShield
Attention: Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Phone Number: 800-853-9236
How to Submit an Appeal, Grievance or Complaint

Appeals or Grievances
If you have concerns regarding a decision that adversely affects coverage, such as a denial, a reduction of benefits, or a denial of authorization for services, you may call the Member Services telephone number on the back of your member ID card. A representative can assist you with resolving the issue or initiating the appeal process. If needed, language interpretation is available.

If you would like to review the procedure for filing an appeal, visit www.carefirst.com/appeals. For a printed copy, call Member Services at the telephone number on the back of your member ID card. In addition, many members have a right to an independent external review of any final appeal or grievance decision. Refer to your Evidence of Coverage for more specific information regarding initiating an external review, a final appeal determination or a complaint.

Quality of Care Complaints
We care about the quality of care and services you receive from your doctor or health care provider and want to hear your concerns and complaints so that we can resolve them. We investigate each complaint and take action, when appropriate, to correct the problem. We track information from complaints to identify and address opportunities for improvement within your health plan and our provider networks. Members cannot be disenrolled or otherwise penalized for filing a complaint or an appeal of a complaint decision.

Please contact us if you have a quality of care or service complaint involving medical issues or services received from a doctor or provider in our network—this includes, the Physician Quality Measurement rating, the nurse advice line, disease management or wellness staff, mental health specialists and vision or pharmacy providers.

You may submit a complaint using any of these methods:

- Call Member Services at the telephone number on the back of your member ID card. If you have trouble understanding English, please tell the representative and we will have an interpreter who speaks your preferred language join the call.
- Send an email to quality.care.complaints@carefirst.com.
- Fax a written complaint to 301-470-5866.
- Mail a written complaint to:
  CareFirst BlueCross BlueShield
  Quality of Care Department
  Clinical Appeals Unit
  P.O. Box 17636
  Baltimore, MD 21298-9375

Please include your name, address, member ID number, phone number and as much detail as possible about the event or incident, including date(s) of service. We respond to all complaints or letters of concern within 60 days (or sooner), depending on the urgency of the situation.
Do you know your Ashtanga from your Hatha? Test if your yoga knowledge is guru-level with this quick quiz.

1. Yoga, an ancient Eastern mind and body practice, combines specific movements and postures, controlled breathing, and a quick burst of cardio.
   - True  - False

2. Yoga’s mental benefits include calming your mind, helping you relax, and reducing stress.
   - True  - False

3. Yoga can ease the symptoms of a variety of medical conditions, such as asthma, high blood pressure, carpal tunnel syndrome, back pain and arthritis.
   - True  - False

4. There are as many as 2,000 yoga poses, or asanas, with a variety of vertical and horizontal postures.
   - True  - False

5. To reap the benefits of yoga, you must practice for at least 30 minutes daily.
   - True  - False

(See next page for answers)
Health Quiz Answers
GET YOUR OM ON
(See quiz on page 31)

1. False—Instead of cardio, it includes quiet meditation.

2. True—Physical benefits include improving balance, muscle strength and flexibility.

3. True—People with cardiovascular disease benefit too!

4. True—Each pose has a goal. Some exercises strengthen abdominal muscles; others focus on the back, shoulders, arms or legs.

5. False—Practice for just 10 minutes a day to reap the benefits.
Notice of Nondiscrimination and Availability of Language Assistance Services

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

CareFirst:
- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language 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 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.

Civil Rights Coordinator, Corporate Office of Civil Rights
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)

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

Español (Spanish): Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Tagalog (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makakuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng kalagayan na pindutin ang 0. Kapag sumagot ang ahente, sabinan ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Русский (Russian): Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас сядут к переводчику.
Family of health care plans

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Igbo (Igbo) Nwụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike ịnwe ụbọchị ndị mkpa, ị nwere ike ịmhe ihe tupu ufọду ụbọchị njedebe. I nwere iikike ịnweta ozi na enyemaka a n’asụṣụ gi na akwụghị ụgwọ ọ bula. Ndị ọzọ niile nwere ike ikpọ 855-258-6518 wee chere ụbọchị ahu ruo mgbe amanyere ipị 0. Mgbe onye nnọchite anya zara, kwuo asụṣụ i choọ, a ga-ejiọ ọ gi na onye ọkọwa okwu.


Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원인 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 가다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.