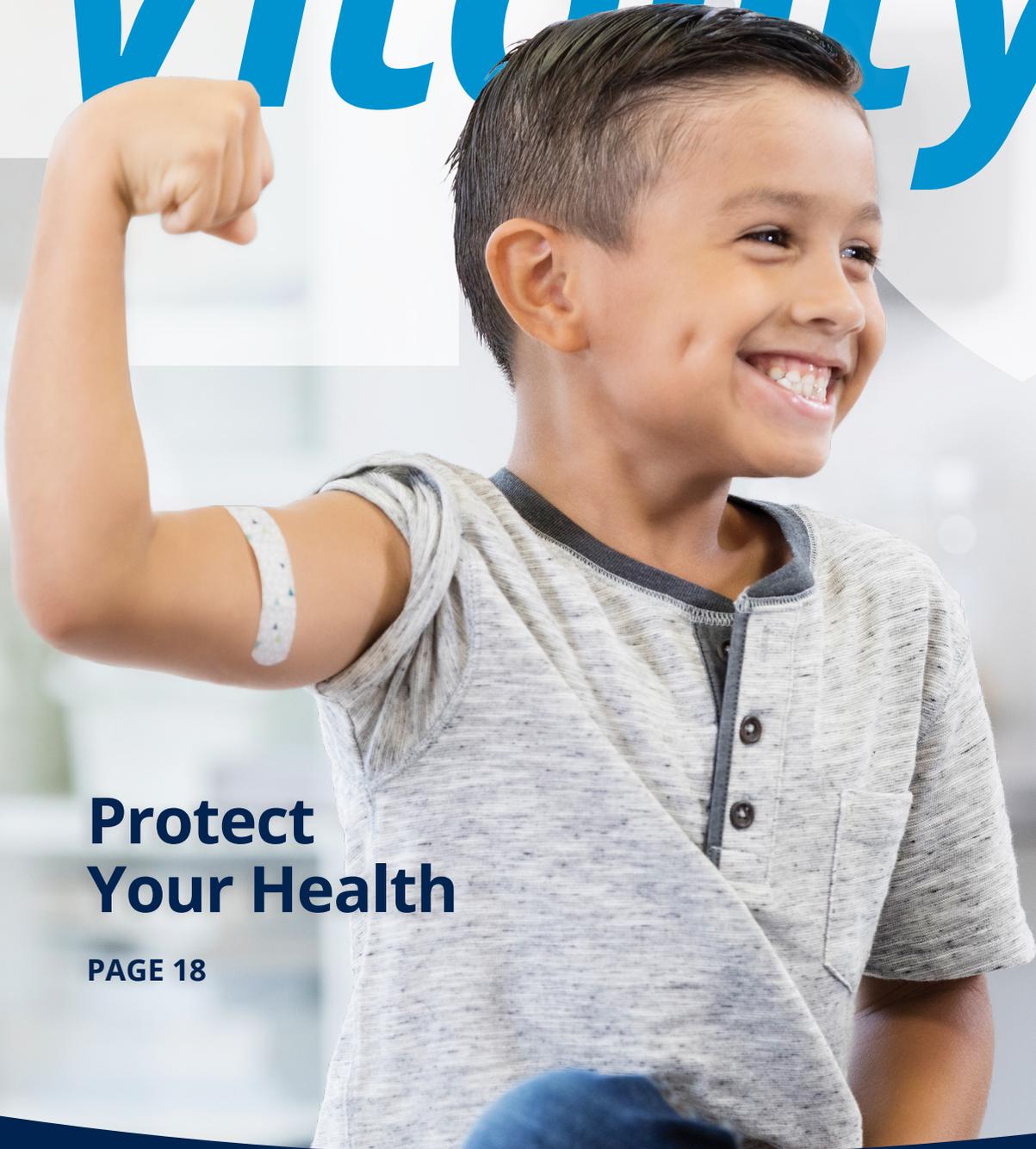


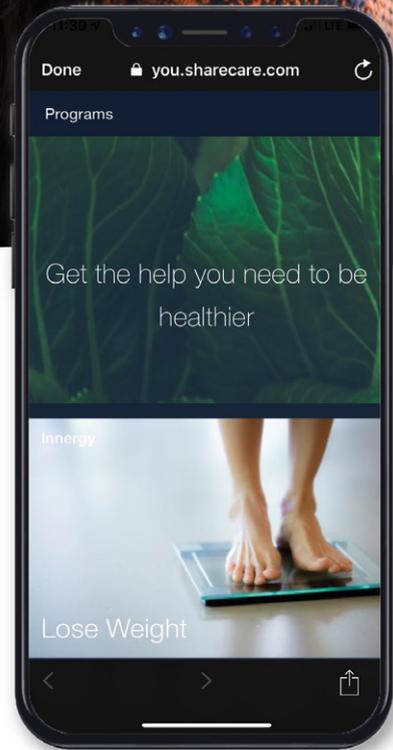
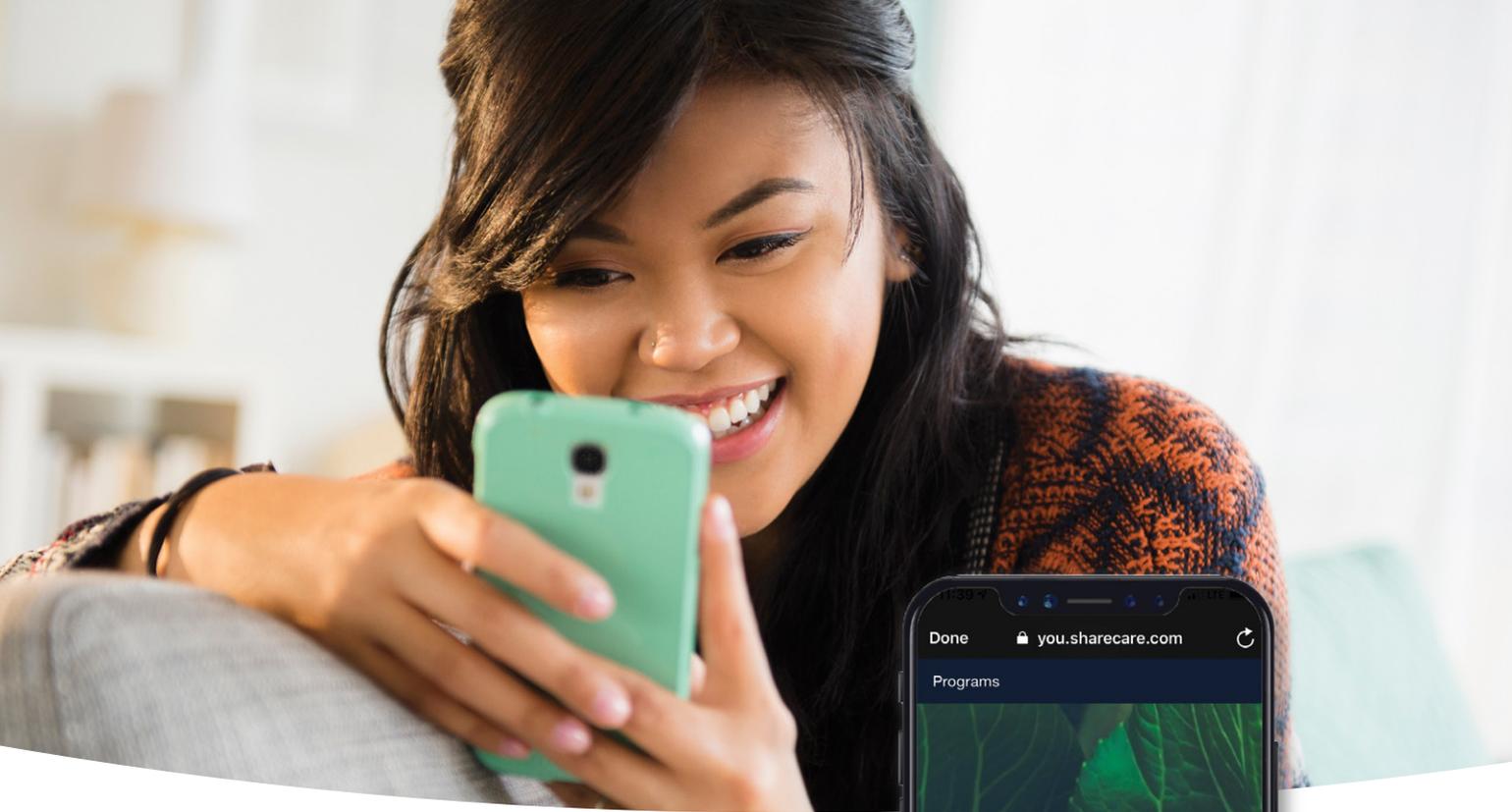
MEMBER RESOURCE
GUIDE 2019

Vitality



**Protect
Your Health**

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Improving your health just got easier!



CareFirst has partnered with Sharecare, Inc. to bring you a new wellness program that puts the power of health directly in your hands.

Our new program offers exciting digital resources, like personalized tools, health trackers and challenges you can access anytime, anywhere. Refer to your enrollment materials for more information, or visit carefirst.com/sharecare to get started!

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

Vitality

**MEMBER RESOURCE
GUIDE 2019**

Vitality is published annually by the Marketing Communications department of CareFirst BlueCross BlueShield. The articles in *Vitality* are not intended as medical advice. For your individual health care needs, you should consult with your doctor or nurse practitioner. The benefit information presented in *Vitality* is a general description of coverage. It is not a contract and certain exclusions and limitations may apply. Your detailed coverage information is available in your benefit guide or by logging in to *My Account* at carefirst.com/myaccount. If you have questions about your coverage or have a mailing address issue, call Member Services at the telephone number on the back of your member ID card.



CONNECT WITH US:



For more health information, visit carefirst.com/livinghealthy.

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ON THE COVER

Protect Your Health

There's no doubt that eating well, exercising regularly and getting a good night's sleep are key parts of staying healthy—but there's much more to it than that. Preventive care is essential to staying well and protecting your health.

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My Account—Your Complete Online Resource

For members of CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all corporate affiliates (CareFirst), *My Account* makes it easy to understand and manage your health plan and benefits.

By setting up an account, you'll have password-protected access to:

- Find and select in-network doctors, specialists, dentists and behavioral health providers—including hospitals, urgent care centers, labs and imaging facilities
- Choose or change your primary care provider (PCP) as applicable
- View, order or print your member ID card
- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- View copays and identify other expenses for which you may be responsible
- Research drug and pharmacy information, including
 - Drug pricing
 - Drug savings opportunities
 - Important drug interactions and side effects
- Locate nearby pharmacies or access the mail service pharmacy
- Use the Treatment Cost Estimator* to calculate costs for treatment and services from specific providers—based on your plan's benefits
- Compare hospitals to determine which is best for the care you need
- Download forms for claim submissions, drug requests, authorizations and more
- Confirm if a referral or preauthorization is required for a specific service**
- Register for your new wellness program (available upon new, or renewing, medical coverage)
- Send a secure message or question via the Message Center

REGISTER FOR MY ACCOUNT

Signing up is quick and easy. It only takes a few minutes!

Go to carefirst.com/myaccount and select *Register*. Then, follow the steps to complete your registration.

1. Enter your member ID and your date of birth. (You must be at least 12 years old to register.)
2. Create a username and password.
3. Read and accept the *Terms of Use*.
4. Select *Create Account* to confirm your registration.

Get started today! Secure online access to your personalized health plan information, day or night.

**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.*

***If applicable for your plan.*

Register today! Go to carefirst.com/myaccount to create a username and password.

Looking for Care? It's Easy With *Find a Doctor*, CareFirst's Online Provider Directory

Whether you're searching for a new doctor or a nearby lab, Find a Doctor makes it easier than ever to locate providers, pharmacies, hospitals and more. Anytime, anywhere—nationwide.

Searching is easy

Go to carefirst.com/doctor to begin. You can search for a variety of providers including specialists, behavioral health, dental, and vision providers or health care facilities. Then, personalize your search to meet your needs by filtering on any of the following:

- Provider name
- Provider specialty
- Location and distance
- Gender
- Languages spoken
- Group and hospital affiliations
- Accepting new patients

Not sure if a provider participates in your plan's network?

To be sure a provider participates in your plan's network, log in to

My Account to conduct your search. By registering for and logging in to *My Account*, when you use *Find a Doctor* to locate providers, you will automatically receive in-network search results based on your plan type.

If you search for providers without logging in to *My Account*, based on the search criteria you enter, providers will be identified by the following:

- In-network providers—Green alert icons  indicate those providers who are considered in-network for the benefit plan you selected for your search. You will pay the least for care from these providers.
- Out-of-network providers—These providers are designated by orange alert icons  indicating the provider is not considered in-network for the benefit plan you selected. If you receive services from these providers, you may pay more for the service.

Want to know more about a provider or hospital?

To obtain additional information, go to carefirst.com/doctor to select the doctor or hospital. Then, click on the provider/hospital's name to view specific details such as awards and recognition,

specialties, education, training and board certifications. CareFirst also offers online resources that can help you decide which doctor or facility is best for your needs. Visit carefirst.com and choose *Members*, then *Find Providers*, for available resources.

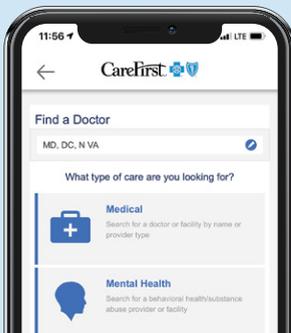
If you do not have internet access and would like a printed copy of the provider directory, or information about providers, call Member Services at the telephone number on the back of your member ID card.



FIND A CONVENIENCE CARE OR URGENT CARE CENTER

Visit carefirst.com/doctor and select *Medical* for the type of care. Then select *Immediate Care* and pick either *Convenience Care Center* or *Urgent Care Center*.

When using the CareFirst mobile app, select *Urgent Care Center* and a list of nearby centers will automatically display.



Take *Find a Doctor* With You Wherever You Go

Download CareFirst's free mobile app to locate providers, urgent care centers, emergency rooms and more, 24/7. With CareFirst on your mobile device, finding care is just a click away!

Away from home? *Find a Doctor's* map feature provides a map to get you there!*

*App must have access to your smartphone's location services. Visit your favorite app store and search for CareFirst to download the app.

Know Before You Go

If you have a life-threatening injury, illness or emergency, call 911 or go directly to the nearest emergency room.

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention during or after office hours. Your PCP may be able to provide advice over the telephone or fit you in for a visit right away. To select or change your PCP, visit carefirst.com/doctor.

Here are other choices for care, including some options that are available anytime—day or night!



FirstHelp*—free 24-hour nurse advice line

Unsure of your symptoms? You have 24/7 access to FirstHelp, our free nurse advice line for help when you can't reach your PCP or are unsure about your symptoms. Call 800-535-9700 to speak with a registered nurse.



CareFirst Video Visit

See a doctor 24/7 without an appointment! Consult with a board-certified doctor whenever you want on your computer or mobile device. Visit carefirst.com/videovisit 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 available when you need care on weekends or after hours.



Emergency room

The ER is 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. Your PCP needs to know what happened, so you can both take care of your health going forward.



NEED TO HAVE LAB WORK DONE?

Did you know where you choose to get lab work done can have a big impact on your wallet? Typically, services performed in a non-hospital facility cost less than those performed in a hospital.

You can lower your costs by receiving lab tests at participating national laboratories rather than hospital-based locations.

- BlueChoice members should use LabCorp to save the most money and avoid extra costs.
- PPO members can use either LabCorp or Quest Diagnostics to save the most.

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.

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



CareFirst Video Visit

See a doctor 24/7.

If your primary care provider (PCP) isn't available for an appointment, don't worry. With a smartphone, tablet or computer, CareFirst Video Visit can securely connect you with a doctor anytime, anywhere. Video Visit doctors are U.S. board-certified, licensed and credentialed to provide consultations, diagnose illnesses and write prescriptions. They're available to help when:

- Your doctor's office is closed
- Your children are home and you can't get to the doctor's office
- Traveling on business or vacation

The cost for an online visit varies based on your benefits and the services you need—like urgent care. You will see the cost before you begin your visit.

Video Visit is also a great option for treatment of uncomplicated, non-emergency health concerns such as:

- Allergies
- Sinus infections
- Common cold
- Flu
- Pink eye and more

When you're sick and need answers, Video Visit makes it easy for you to get remote medical care from the comfort of your home.

Register today so Video Visit is ready when you need it! Setup takes just a few minutes. Visit carefirstvideovisit.com or download the CareFirst Video Visit app from your favorite app store.

*The doctors accessed via this website 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. In the case of a life-threatening emergency, you should always call 911 or your local emergency services. CareFirst Video Visit does not replace these services.

ACCESSING CARE

To help you make the most of your health care plan, it's important to understand how to access care. In your member contract you can find specific information, such as:

- How do I access primary care, specialty care, behavioral health care, or hospital services?
- Is a referral needed to see a specialist or to receive treatment?
- Does the service or procedure require preauthorization?

Before obtaining treatment at a hospital, facility or lab, ask your physician where they have privileges to practice, and determine if those locations participate with your plan.

Visit carefirst.com to compare and research hospitals. Select *Members*, then *Find Providers*.

If you need assistance with accessing care, call Member Services at the telephone number on the back of your member ID card.



PCPs play a huge role in keeping you healthy for the long run. Visit carefirst.com/doctor to find a provider.

Partnering With Your Doctor

Caring for your health is a team effort. Besides you, your doctor/PCP (primary care provider) is the single person with the most insight into your overall health and wellness. Keeping an open line of communication with your doctor helps you better manage any bumps along the road as a team. Once you've decided on a doctor, here's how you can make the most of your relationship.

Schedule preventive care visits

Annual screenings and exams are important to staying on top of your health and finding potential problems before they start. These visits will help you develop a relationship so you can get to know each other, establish your health history and keep you on the right track.

Share your symptoms

If you're feeling under the weather or have aches and pains, jot down some notes about your symptoms and bring them with you to your doctor. Sharing the specifics with your doctor will help get them up to speed so they can determine what's going on and if additional tests are needed.

Research shows that active, assertive patients are more likely to follow a doctor's advice and have a better recovery when they understand their treatment and participate in planning it.

Ask questions

Your doctor is a valuable resource of medical knowledge and experience. Don't hesitate to call or schedule an appointment if you feel something isn't right or need more information.

Send test results to home base—always

With a little coordination, your PCP can be your health care "home base." The next time you're at an urgent care facility or seeing a specialist, make sure you have your visit record forwarded to your doctor/PCP. This step will help keep them informed when you're receiving care elsewhere and can improve their coordination of additional care if you need it.

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.

Disease Management Coaching

Personalized support to improve your health and well-being.

Are you living with one or more chronic conditions like diabetes or congestive heart failure? If so, disease management coaching can help you better understand your treatment, medications and symptoms. Based on claims data, if you have a chronic condition or are at high risk for developing a chronic condition, you may be invited to participate in disease management coaching. You will be contacted by a nurse who describes the program and obtains your consent to participate in confidential telephone-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.

To find out if you are eligible, call Member Services at the telephone number on the back of your member ID card.

NOTE: Members whose primary insurance is Medicare are not eligible for these programs and should call Medicare at 800-633-4227 or visit www.medicare.gov for a list of resources.



TAKE THE CALL

Did you know CareFirst offers several one-on-one coaching and support programs? You may receive a call from a nurse, health coach or pharmacy technician explaining one of our programs and inviting you to participate. These confidential programs offer help if, and when, you are:

- Faced with an unexpected medical emergency
- Seeking mental or behavioral health support
- Managing a chronic condition, like diabetes
- Taking several prescription medications

Take advantage of this personal support. Take the call! Visit carefirst.com/takethecall to learn more about these programs.



Share Your Story

When you take the time to share your personal experience, it speaks volumes. Members in similar situations can gain a better understanding of the resources available and learn how this support has improved the health and well-being of others.

If you have had a positive experience with our clinicians or care coordination programs—such as complex care management, chronic care support, behavioral health or substance use support, wellness or disease management coaching—we would love to hear from you.

Visit carefirst.com/shareyourstory to read our members' stories and share your experience.

Turning 65 and Thinking About Retirement? We've Got You Covered



As the name you know and trust, CareFirst MedPlus is committed to being there for everything that comes next. Let us help you with health insurance coverage in the exciting years ahead.

CareFirst offers throughout our entire service area eight affordable MedPlus Medicare Supplement (or Medigap) plans—designed to fill in the gaps left by Original Medicare. A MedPlus plan could save you thousands of dollars in medical expenses each year and help you protect your retirement savings.

All of our MedPlus plans offer:

- Affordable rates with multiple discounts available to help reduce your rate even more
 - A 10% discount if you reside with someone who is also enrolled in a MedPlus Medicare Supplement plan
 - An additional \$24 annually or \$2 off monthly if you choose the annual payment or monthly automated payment option
- See any provider who accepts Medicare without needing a referral¹
- A fitness program through SilverSneakers Fitness² at no additional cost
- A local company with six walk-in regional offices for personal assistance and support

To learn more about CareFirst MedPlus visit carefirst.com/medplusvitality or call 800-275-3802.

MEDICARE MADE SIMPLE

Understanding Medicare can feel overwhelming. Good news—you don't have to do it alone. CareFirst MedPlus can help simplify things for you. Our free guide, *Medicare Made Simple*, is designed to assist you with the transition.

Learn more today!
Call 800-275-3802
or contact your broker to:



- Request a copy of the guide
- Speak with a knowledgeable product consultant
- Learn about the Medicare Supplement (Medigap) options available

The more you know, the more you'll get out of your Medicare benefits. Follow us for tips to manage your health benefits in retirement, facebook.com/carefirstmedplus.

¹ Standard with all Medicare Supplement plans.

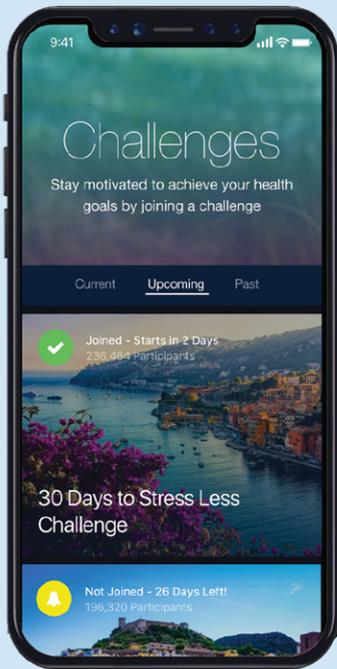
² SilverSneakers is a product owned by Tivity Health, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Tivity Health does not sell BlueCross or BlueShield products. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. SilverSneakers is not a benefit guaranteed through your Medigap insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

In some states, Medigap (Medicare Supplement) plans are available for under age 65 disabled individuals that are eligible for Medicare. Neither CareFirst BlueCross BlueShield nor its Medicare supplement insurance policies are connected or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance. In Northern Virginia, Medicare Supplement policies are only available to persons residing east of State Route 123.

In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc., which is an independent licensee of the Blue Cross and Blue Shield Association. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). ® Registered trademark of the Blue Cross and Blue Shield Association.

Your New Wellness Program

CareFirst has partnered with Sharecare, Inc.* to bring you a wellness experience that puts the power of health in your hands. Your new wellness program provides a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect your individual interests and needs—all tailored to help you live your healthiest life.



You also have access to specialized programs, like weight management, tobacco cessation and financial well-being.

For more information, refer to your enrollment materials, or visit carefirst.com/sharecare.

Note: This wellness program is available upon new, or renewing, medical coverage.

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

Access these exclusive features whenever, wherever you want, online or via the mobile app:

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



GET SOCIAL WITH CAREFIRST!

Looking for ways to more effectively use your health insurance plan? We've got you covered:

- Tips to help you easily access your benefits
- Ways to manage your health care costs
- Convenient access to our customer service team and more

The more you know, the more you'll get out of your plan. Follow us! carefirst.com/facebook, carefirst.com/twitter and carefirst.com/instagram.



Blue365

Because health is a big dealSM

The Blue365 wellness discount program offers exclusive health and wellness deals to CareFirst members.

Visit carefirst.com/wellnessdiscounts and take advantage of discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.



Understanding Your Medical Benefits

CareFirst has the region's largest network of doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

Getting started with your plan

No matter which health plan you have, one of the first things you should do is choose an in-network primary care provider (PCP). By visiting your PCP for routine visits as recommended, they will get to know you, your medical history and your habits. Having a PCP who is familiar with your health can make it easier and faster to get the care you need.

- **In-network** doctors and health care providers participate in your plan's network. When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs.
- **Out-of-network** doctors and health care providers have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed.

To choose an in-network provider, log in to *My Account* at carefirst.com/myaccount. Select *Doctors*, then choose *Find a Doctor*. Your search results will only display doctors who participate in your specific health plan as indicated by this icon .

Understanding your plan's network Health Maintenance Organization (HMO) plans

CareFirst's HMO plans use the BlueChoice network of doctors, providers and hospitals. You'll have access to all the care you need and pay the lowest out-of-pocket costs when you choose providers in this network. If you choose to visit a doctor outside the BlueChoice network, you will be responsible for paying the entire bill. Emergency care received anywhere in the United States is also covered.

Plus/Point of Service (POS) plans

CareFirst's Plus plans (also known as Point of Service or POS plans) offer greater flexibility by providing out-of-network coverage. You'll have access to all the care you need and have the lowest out-of-pocket costs when you visit doctors in the BlueChoice network. In addition, you have the option to pay more and select any provider within CareFirst's PPO network.

Preferred Provider Organization (PPO) plans

CareFirst's PPO plans offer the greatest choice of providers. You'll have access to all the care you need and pay the lowest out-of-pocket costs when you visit in-network providers. For in-network care, choose a provider from the CareFirst PPO network of providers in Maryland, Washington, D.C. and Northern Virginia, or select one from the national BlueCard® PPO network. You also have the flexibility to pay more and go out of network and visit any provider you choose.

Your member ID card will display this suitcase symbol  if you've chosen a PPO plan.

Comparing Health Spending Accounts

Health spending accounts allow you to set money aside to pay for qualified medical expenses.

Although each allows you to use the funds for expenses like copays and deductibles, there are some important differences among the three types:

- **Health Savings Account (HSA)**
This tax-advantaged savings account is always combined with a high-deductible health plan. Established by you or your employer, funds can earn interest and rollover year to year. If you buy your own insurance, you are only eligible for an HSA.
- **Health Reimbursement Arrangement (HRA)**
Allows your employer to set aside a specific amount of money to reimburse your out-of-pocket medical expenses. This money, contributed by your employer, is tax-free to you.
- **Flexible Spending Account (FSA)**
This account is set up through your employer and allows you to set aside a portion of your income—not subject to payroll taxes—to pay for qualified expenses.

Still not sure how they measure up?

This chart may help.

Health spending account comparison	HSA	HRA	FSA
You own the account	Yes	No	No
Your employer owns the account	No	Yes	Yes
Must be combined with a high-deductible health plan	Yes	No	No
Only your employer can contribute funds	No	Yes	No
Both you and your employer can put money in	Yes	No	Yes
Funds earn interest	Yes	No	No
Must report contributions or withdrawals on your tax return	Yes	No	No

For more information, visit [IRS.gov](https://www.irs.gov) to review Publication 969.



HAVE AN FSA OR HSA?

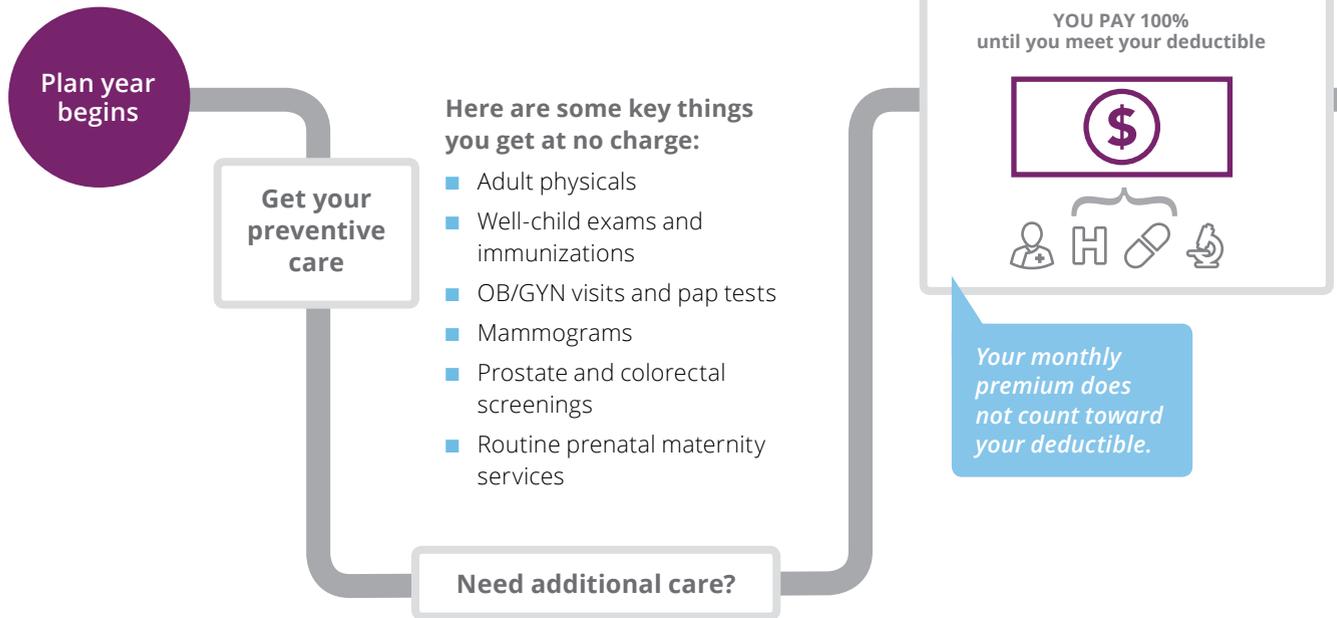
We offer a variety of calculators to help you with your Flexible Spending Account (FSA) and Health Savings Account (HSA) plans. Here are just a couple to get you started:

- **FSA Calculator**—Learn how participating in your employer’s FSA may help you pay less in taxes and increase your net take-home pay.
- **HSA Savings Calculator**—Identify how much your HSA will be worth over time.

Additional calculators are available, go to carefirst.com/plancalculators.

How Health Insurance Works

To help you make the most of your health care plan, it's important to understand how health insurance works, including some key terms.



Important Terms and Definitions

Allowed benefit (allowed charge on your Explanation of Benefits)—is the maximum dollar amount CareFirst determines acceptable to pay for a member's covered services. Your plan's group of approved health care providers (in-network providers) accept this allowed amount as payment in full. If a provider is not part of your plan's network, that provider can charge more than the allowed dollar amount, you may have to pay the difference (balance billing).

Coinsurance—how health care costs are shared between you and your insurance company. Coinsurance is shown as a percentage. If your

plan has a 20% coinsurance and the allowed benefit amount is \$100, CareFirst pays \$80 and you pay \$20. Your coinsurance depends on the health plan you choose.

Convenience care centers/retail health clinics—places where you can receive certain health care services, these are usually located inside a pharmacy or retail store and don't require an appointment. They offer extended weekend hours and can often see you quickly.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a

specialist or \$300 when you visit the emergency room.

Deductible—a set dollar amount that you pay out-of-pocket every plan year before CareFirst begins to pay its portion of your claims. Your deductible depends on the health plan you choose. Premiums do not count toward a deductible. Many CareFirst health plans offer preventive services you can receive before you meet the deductible.

Effective date—the date your coverage begins.

Health Savings Account (HSA)—A tax-free savings account that goes

* Certain charges, such as charges in excess of the allowed benefit, may not be used to satisfy the deductible. Please see your contract for more information.

■ Understanding Your Plan

Many of our plans do not require you to meet a deductible for primary care and specialist office visits, urgent care, labs, X-rays done in a non-hospital setting and generic drugs!

Reach your annual out-of-pocket maximum

If you reach your **OUT-OF-POCKET MAXIMUM**, you will pay nothing for your care for the remainder of the plan year. CareFirst will pay 100% of your covered medical expenses.

CAREFIRST PAYS 100%



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

Pay your share

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

YOU PAY | CAREFIRST PAYS



Calendar year ends
(next benefit year begins)

with a high-deductible health plan (HDHP). An HSA is a cash account which earns interest over time. You own all the funds in your account and the balance rolls over each year. You can contribute to an HSA at any time and can use funds for eligible health care expenses.

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

Out-of-pocket maximum—the most you will have to pay for medical expenses and prescriptions in a calendar year. Once you reach this

amount, CareFirst pays 100% of your covered medical expenses for the remainder of the plan year. Your out-of-pocket maximum will start over at the beginning of each new plan year.

Patient-Centered Medical Home (PCMH) program—provides primary care providers (PCPs) with exclusive access to resources like electronic medical records and a large network of specialized nurses to help them better coordinate a patient's overall health. PCMH PCPs help guide all care including specialists, lab work and prescriptions and focus on preventing problems before they begin. To find a PCMH PCP, go to carefirst.com/doctor and search for

a provider with the PCMH logo, or log in to *My Account*, select *Doctors*, then choose *Select/Change PCP*.

Premium—the amount you pay each month (or per paycheck if your health benefits are through an employer) for your health insurance.

Primary care provider (PCP)—a provider you choose who is part of your plan's network. Your PCP provides routine care like annual checkups and coordinates other specialized care as needed.

Your Member ID Card

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

This graphic shows the most requested information when you receive care. In addition, you will find important telephone numbers on the back.

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



Family of health care plans

1 Member Name JOHN DOE 2 Member ID ABC000000000	OPEN ACCESS BlueChoice HMO HSA Silver 4 PCP Name SMITH, JANE
3 Group 99K1 RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	5 P\$30 S\$40 CC\$30 UC\$60 ER\$300 CD\$1500 RX AV

1 & 2 Member ID & Group #—these are the numbers providers will ask for to verify your coverage

3 Codes pharmacies use to route claims for payment

4 Plan and PCP name—your plan and primary care provider's name

5 Abbreviations—correspond to your plan copays:
 P=primary care provider
 S=specialist
 CC=convenience care
 UC=urgent care
 ER=emergency room
 CD=combined deductible
 RX=drug
 AV=adult vision

Forgot your member ID card?

No problem! Log in to *My Account* and choose *ID Cards*.

HOW TO SUBMIT A CLAIM

When you obtain services from a provider or pharmacy that participates in CareFirst's network, the provider's office or the pharmacy will submit claims for you. However, if you visit a non-participating provider or non-participating pharmacy for service, you must submit the claim yourself. You can submit your claim in two ways, by mail or online.

Mail your claim form

To print and mail your claim form, log in to *My Account*, select the *My Documents* tab, choose *Forms*. Choose the form for your type of claim and fill in the required information. Then, mail the form using the directions included. If you do not have internet access, you can request a paper claim form by calling Member Services at the telephone number on the back of your member ID card.

Submit your claim form online

CareFirst also offers online claims submission for medical, dental and behavioral health claims.* From your computer or mobile device, log in to *My Account* and select *Claims*. Choose *Submit a Claim Online*, then *Start New Claim*. Enter the requested information, upload the required documents and submit.

*Pharmacy and vision out-of-network claims must be submitted using the paper claim form and by mail as described above.

Your Explanation of Benefits

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



CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. * Registered trademark of Blue Cross and Blue Shield Association. † Registered trademark of CareFirst of Maryland, Inc.

Statement Date:
Document Number:

THIS IS NOT A BILL

Subscriber: ID: Group: Group Number:

Patient Name:				Provider:					Claim Number:		
Date Received:				Payee:					Date Paid:		
Claim Detail				What Your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Status	1 Provider Charges	2 Allowed Charges	3 Co-Pay	4 Deductible	5 Co-Insurance	Paid by CareFirst	What You Owe	Remark Code
1	01/01/19-01/01/19	Medical Care	Paid	\$119.00	\$90.22	\$30.00	\$0.00	\$0.00	\$60.22	\$30.00	
Total				\$119.00	\$90.22	\$30.00	\$0.00	\$0.00	\$60.22	\$30.00	

- 1 Provider charges**—the amount billed by your health care providers for your visit(s).
- 2 Allowed benefit (allowed charges on your Explanation of Benefits)**—is the maximum dollar amount CareFirst determines acceptable to pay for a member’s covered services. Your plan’s group of approved health care providers (in-network providers) accept this allowed amount as payment in full. If a provider is not part of your plan’s network, that provider can charge more than the allowed dollar amount, you may have to pay the difference (balance billing).
- 3 Copay**—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a specialist or \$300 when you visit the emergency room.

- 4 Deductible**—a set dollar amount that you pay out-of-pocket every plan year before CareFirst begins to pay its portion of your claims. Your deductible depends on the health plan you choose. Premiums do not count toward a deductible. Many CareFirst health plans offer preventive services you can receive before you meet the deductible.
- 5 Coinsurance**—how health care costs are shared between you and your insurance company. Coinsurance is shown as a percentage. If your plan has a 20% coinsurance and the allowed benefit amount is \$100, CareFirst pays \$80 and you pay \$20. Your coinsurance depends on the health plan you choose.

You may lower your costs when you choose:

- Generic drugs
- In-network providers
- Care in a non-hospital setting
- Retail health clinics for after-hours care
- A primary care provider to manage your care

Protect Your Health

There's no doubt that eating well, exercising regularly and getting a good night's sleep are key parts of staying healthy—but there's much more to it than that. Preventive care is essential to staying healthy. This includes regular checkups, screenings and vaccinations. Many preventive care tests and screenings are even covered by your plan and available at no additional cost to you.

Get started with your primary care provider (PCP)

Establishing a relationship with your PCP is important. Depending on your age, gender, lifestyle and family history, your PCP can:

- Recommend important tests and screenings to measure and monitor your overall health
- Help detect and prevent health issues before they become more serious
- Assist you with setting and reaching personal health and wellness goals
- Reinforce and suggest healthy lifestyle choices to keep you on track

Preventive care saves lives

If you had the opportunity to avoid illness and detect problems before they start, would you take it? Screening results can identify both the areas where you're healthy and the areas you may need to improve. By detecting concerns earlier, you can start treating the issue sooner—and that can mean a longer, healthier life.

Below are four examples where preventive care can play an important role in identifying an issue before it becomes a more serious disease or ongoing medical condition. Prevent disease before it starts. Protect your health!

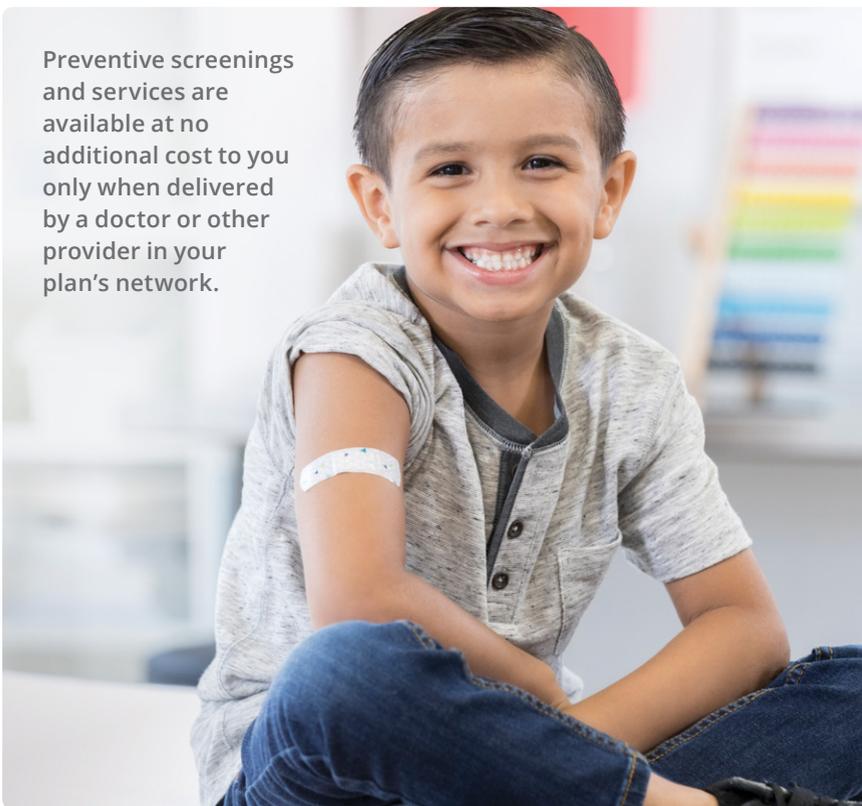
High blood pressure

Nicknamed the “silent killer,” high blood pressure usually shows no symptoms. Because it's easily overlooked, it contributes to many unexpected deaths every day. Anyone can be at risk for high blood pressure (hypertension). Lifestyle factors like eating habits, alcohol use and a lack of exercise can add up over the years. Have your doctor do regular blood pressure checks to minimize your risk of hardening arteries, heart attack, enlarged heart, kidney damage and stroke. If you already have hypertension, get regular checkups to manage your symptoms.

Chronic kidney disease

Chronic kidney disease, like high blood pressure, rarely has symptoms but can have devastating impacts like kidney failure. If you have diabetes, hypertension or a family history of kidney disease, you are at increased risk. However, you can take control of your health by completing two simple screenings: one urine test and one blood test. If detected, your doctor can then work with you on a plan to improve your kidney health.

Preventive screenings and services are available at no additional cost to you only when delivered by a doctor or other provider in your plan's network.



Sources: <https://seer.cancer.gov/statfacts/html/colorect.html> accessed on January 22, 2018.
<https://www.cancer.org/cancer/colon-rectal-cancer/about/what-is-colorectal-cancer.html> accessed on January 22, 2018.

Diabetes

Millions of Americans have diabetes, and even more are at risk of developing diabetes in their lifetime. Your doctor can identify your risk factors and, if you're pre-diabetic, help you stop diabetes in its tracks.

Some keys to prevention include:

- Exercising at least five times a week.
- Reducing or eliminating tobacco use. If you smoke, quit!
- Eating healthfully. Cut down on sugar and refined carbohydrates.

Just 30 minutes of aerobic exercise—five times a week—reduces your risk of diabetes. Start with 5-10 minutes a day and gradually work up to 30 minutes.

Colorectal cancer

The risk for colorectal cancer increases as you age. More than 90% of cases occur in people age 50 and older. However, it's a cancer that is easily diagnosed with preventive screenings. For most adults, screenings typically begin at age 50, but if you are at a higher risk, your doctor may suggest you start earlier. Your doctor will help you determine which test and how often is right for you. Today, as more people are taking advantage of preventive care like colonoscopy and other newer, less invasive tests, colorectal cancer is being discovered and treated earlier. Since 1970, the death rate among adults 50 and older has declined 52% due to screenings and early detection.



Preventive Care for All Ages

Adults

Preventive care ranges from general vaccinations to specialized screenings, like prostate exams. Your personal schedule for screenings depends on your gender, age and risk factors for certain illnesses. Some recommendations for adults include:

- Regular physicals
- Annual flu shot
- Blood pressure, glucose and cholesterol checks
- Cancer screenings like colorectal, cervical and breast cancer screenings

Children

From the time they're born, children need regular preventive care including vaccinations and checkups to make sure they're hitting their milestones and to protect their health as they develop. Their doctor may recommend certain tests, screenings and types of counseling based on their age and personal

health needs. Some things your doctor may recommend include:

- Regular well-child visits and dental checkups
- Appropriate vaccinations, including flu and HPV
- Screenings for childhood diseases, high-risk conditions or depression

Partnering with your child's doctor early on helps keep their health care needs on track.

Pregnant women

Routine care during pregnancy supports both a healthy mother and baby. As soon as you suspect a pregnancy, connect with your doctor to make sure everyone is healthy and to coordinate a prenatal and postpartum care plan that's right for you.

While you're pregnant, it's also a good idea to choose a doctor (pediatrician) for your baby. It's never too early to begin practicing healthy habits. Log in to *My Account* at [carefirst.com/myaccount](https://www.carefirst.com/myaccount) to find an in-network pediatrician.

Test Your Knowledge

1 TRUE OR FALSE: I feel fine, so I don't need to worry about preventive care.

False. Scheduling a preventive care visit with your doctor each year can help you stay healthy and identify issues before they become a more serious concern. These visits are a good time to talk to your doctor about your current health, family health history and any potential risk factors you may have for specific conditions. Your doctor may recommend additional preventive vaccines, screenings or tests based on your needs.

2 TRUE OR FALSE: Preventive care only includes vaccines and some blood tests.

False. Preventive care can include a variety of services, including cancer screenings. The type and frequency of services depends on your age, gender, health (including family health history) and your benefit coverage. To confirm what services are covered by your plan, call Member Services at the telephone number on the back of your member ID card.

3 Which of the following conditions can be improved or avoided with preventive care?

- A. Diabetes
- B. High blood pressure
- C. Chronic kidney disease
- D. Colorectal cancer
- E. All of the above

Answer: E. All of the above

4 TRUE OR FALSE: If I'm only using preventive care services, having a primary care provider (PCP) does not benefit me.

False. When you work with your PCP over time, they'll develop an understanding of your family's health history and your personal health history. They can create a preventive care timeline specific to your needs.



For a complete list of preventive care options available to you, visit carefirst.com/prevention. Be sure to verify your preventive care benefits by logging in to *My Account* at carefirst.com/myaccount.



CREATE YOUR PREVENTIVE CARE CHECKLIST

Get started today! Create your own preventive care checklist at carefirst.com/prevention. Just select *Create Preventive Checklist* from the *Staying Healthy* menu. Then, answer a few short questions and you'll get a printable checklist to share and discuss with your doctor.



Getting Support for Mental Health or Substance Use Disorders

Many people face mental health challenges during their lifetime, whether caused by family history, trauma, abuse, genetics, physical illness or a combination of these factors. If you are living with depression, anxiety, substance use disorder or another condition, CareFirst offers access to providers and resources that can help. Participation is voluntary and confidential.

Our team of service representatives, registered nurses and licensed behavioral health clinicians can help find the best provider for you and quickly schedule an appointment. For additional assistance, you may be referred to one of our licensed behavioral health care coordinators, who can:

- Schedule weekly check-in calls
- Provide support and guidance
- Coordinate care with your doctors
- Connect you with support groups
- Provide resources to help you understand and manage your prescription medications

To find help or to make an appointment, call 800-245-7013 or visit [carefirst.com/mentalhealth](https://www.carefirst.com/mentalhealth). If you are in crisis, help is available 24/7.

Substance Use Recovery Program

If you're struggling with drug or alcohol addiction, treatment is available. Our team can connect you with providers and recovery centers who can:

- Provide personalized treatment to fit your schedule
- Connect you with counselors who can help you overcome daily temptations and triggers
- Educate you and your doctors on addiction causes, symptoms and treatment options

Costs for eligible services may be waived depending on your benefits. For more information, visit [carefirst.com/addiction](https://www.carefirst.com/addiction).

Understanding Your Prescription Drug Benefits

Our formulary structure

The prescription drugs covered on the CareFirst formulary (drug list) are reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee, an independent national committee comprised of physicians, pharmacists and other health care professionals. This committee reviews the drugs on the formulary to ensure they are safe and clinically effective. Drugs may be added to the formulary on a monthly basis and drug exclusions and tier changes may occur on a quarterly basis. If there is a change to the formulary, impacted members are notified via letter. The drugs are categorized into tiers (see chart to right) and your cost-share is determined by that tier. Each plan has different tiers so check your benefit guide to see what tiers your plan includes.

Drug Tier (cost-share)	Definition
Tier 1 Generic \$	Generic drugs are equally safe and effective as brand-name drugs, but typically cost significantly less.
Tier 2 Preferred Brand \$\$	Preferred brand drugs are drugs that are not yet available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand tier.
Tier 3 Non-Preferred Brand \$\$\$	Non-preferred brand drugs often have a generic or preferred brand drug option available with a lower cost-share.
Tier 4 Preferred Specialty \$\$\$\$	Preferred specialty drugs are used to treat chronic, complex and/or rare health conditions. Preferred specialty drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5 Non-Preferred Specialty \$\$\$\$	Non-preferred specialty drugs often have a preferred specialty drug option that has a lower cost-share.

Prescription guidelines

To ensure you are receiving the most appropriate medication for your condition(s), certain medications have prescription guidelines. These may include:

- **Prior authorization** is required before you fill prescriptions for certain drugs. Your doctor may need to provide your medical history or laboratory tests before they can be filled. Without prior authorization approval, your drugs may not be covered.
- **Quantity limits** are placed on selected drugs due to safety or quality concerns, or to discourage unnecessary overutilization. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. If your doctor decides that a different quantity of medication is right for you, your doctor can request prior authorization for coverage.

- **Step therapy** ensures you receive a cost-effective drug option as the first step in treating certain health conditions. When similar drugs are available, step therapy guides your doctor to prescribe the most cost-effective option first. Higher step drugs may require prior authorization by your doctor before they can be covered.

Exception requests

Some drugs may not be covered on your formulary. An excluded drug always has an alternative drug option in the same drug class on the formulary. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Your doctor may submit an exception request by fax or electronically.

If an exception request is approved, your drug will be covered, and a notice is sent to you and your doctor.

If an exception request is denied, a notice is sent to you and your doctor explaining the reason why the request was denied and information on how to submit an appeal.

Generic dispensing

Generic drugs meet the same U.S. Food and Drug Administration standards as brand-name drugs; both are safe and effective, but generics typically cost significantly less. Brand-name drugs may be substituted with a generic drug equivalent, when available. The brand-name drug can be requested; however, your cost share may increase depending on the generic dispensing option (voluntary, restrictive, or mandatory) that is part of your prescription benefit plan. Refer to your benefit summary or enrollment materials for more information.



Resources

To view your prescription drug benefit information and resources, log in to *My Account* at carefirst.com/myaccount, then select *Drug and Pharmacy Resources*.

- **Find a Pharmacy**—use this tool to search our network of 69,000 pharmacies across the country. If you use an out-of-network pharmacy, you will need to pay the full cost of the prescription and submit a paper claim to CVS Caremark* for reimbursement.
- **Drug Pricing Tool**—find cost-share information for covered drugs, lower cost alternatives and whether a prescription requires prior authorization, quantity limits or step therapy
- **Mail Order**—a convenient option to request or refill your prescriptions through home delivery
- **Drug Claims**—view and print your prescription history
- **Plan Summary**—view your plan and benefits, including savings opportunities
- **Drug Forms**—find forms for prescription claims, exception requests, and mail order

Ways to save

Generic drugs—made with the same active ingredients as their brand-name counterparts, generic drugs can cost up to 85% less than their brand-name counterparts. Talk to your doctor or pharmacist about switching to a generic drug.

Maintenance medications—these medications are used to treat chronic, long-term conditions such as high blood pressure or diabetes, and are taken on a regular, recurring basis. With most plans, you can get up to a three-month supply of your maintenance medications for the cost of two copays at any pharmacy in the network, including through mail order.

Mail order—get 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. Sign up by calling CareFirst Pharmacy Services at 800-241-3371 or through *My Account*.

Drug Pricing Tool—compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order and view generic drugs available at a lower cost.

PRESCRIPTION QUESTIONS?

Log in to *My Account* and view the *Drug and Pharmacy Resources* section, check your enrollment materials or call the Pharmacy telephone number on the back of your member ID card.

For a printed copy of your drug list or to find out more about prescription guidelines, call the pharmacy department at 877-800-3086.

If you need language assistance or have questions or complaints about your pharmacy benefits, call the Member Services telephone number on the back of your member ID card.

*CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

Do I Need a Referral or Prior Authorization?

Wonder if you need a referral, or approval, before seeing a specialist or receiving services? While many plans offered by CareFirst do not require referrals, some plans do.

The Maryland Point of Service (MPOS) plan and some HMO and BlueChoice plans require referrals.

- **MPOS**—All MPOS members must first choose a primary care provider (PCP). Then you must obtain a referral from your PCP prior to your specialist visit to receive in-network benefits. MPOS members can see a specialist without a referral but may pay more out of pocket.
- **HMO and BlueChoice**—Most BlueChoice plans do not require a referral to see a specialist. However, if your plan does require a referral, your PCP must provide you with the referral prior to your visit with a specialist.

Referrals may be for a single visit or multiple visits, also referred to as a standing referral. Standing referrals may be issued if the patient has a specific condition such as:

- A cancer diagnosis, in order to see a board-certified pain management physician
- A pregnancy, for maternal care and delivery

Or, for a condition that

- Is life threatening, degenerative, chronic, or a disability
- Requires specialized medical care

For members in all plans, your doctor must request authorization prior to services such as non-emergency hospitalizations, outpatient hospital services and home health care.

To determine if your plan requires referrals or authorizations, or for questions about how your benefit plan works, you can:

- Log in to *My Account* and check your benefit details,
- 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

Referrals for Members in HMO Plans

Access to Non-network Providers

Many of CareFirst's plans offer out-of-network coverage, typically costing the member more. However, there are some situations where a member may not have access to a network provider and may be able to access a non-network provider at a network cost-share for deductible, copayment and coinsurance.

Under HMO and non-HMO plans, a member may request authorization to be treated by a non-network specialist if CareFirst does not have in its network a specialist or non-physician specialist with the professional training and expertise to treat or provide health care services for the condition or disease; or if CareFirst cannot provide reasonable access to a network specialist or non-physician specialist with the professional training and expertise to treat or provide health care services for the condition or disease without unreasonable delay or travel.

When access to non-network providers is authorized for the situations described herein, the service is treated as if it was provided by a network provider for purposes of calculating the member's deductible, copayment and coinsurance.

If you are unable to find a network provider with the expertise or without unreasonable delay or travel, contact Member Services at the telephone number on the back of your member ID card to initiate your request.

Initial determinations for non-emergency authorizations are made within two working days of receipt of the information necessary to make a decision. Urgent authorization decisions are made within 24 hours of receipt of request.

Grievance and Appeal Process

If you have a concern regarding the denial of an authorization, you may call the Member Services telephone number on the back of your member ID card. A representative can help you initiate the appeal process. If you would like to review the procedure for filing an appeal, visit [carefirst.com/appeals](https://www.carefirst.com/appeals). For a printed copy, call Member Services at the telephone number on the back of your card.



Complex Care 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 complex care management services can enhance your overall care by providing an organized, comprehensive and holistic approach to your health care needs. This will reduce the frustration of fragmented care that those with complex care requirements often face. Your care manager can coordinate your medical care services and help you better understand your condition. Your care manager can also share resources to assist you in making informed decisions about your health care.

Complex care management services can help:

- Enhance the quality of life for you and your family
- Contribute to your sense of well-being and dignity
- Positively influence the quality of your health care
- Empower you and your family members through education

When you enroll in the program, a care manager will:

- Call you for an initial review of your medical history to identify the factors that may affect your health
- 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 complex care management, talk with your primary care provider (PCP) today. You may also call CareFirst's team at 800-245-7013 and select the appropriate option.



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. and 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 you are visiting. You will be treated as though you are 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. and 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 only responsible for any out-of-pocket expenses (non-covered 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 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.

Benefit Information About Your Health Plan 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 **carefirst.com/myaccount**.

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

- Log in to *My Account* at **carefirst.com/myaccount** from your computer or mobile device.
- Refer to your Evidence of Coverage or the benefit guide you received when you enrolled.
- If you have coverage through your employer, ask your benefits office.
- If you do not have internet access, call Member Services at the telephone number on the back of your member ID card. 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, and
 - When you can expect resolution, if applicable
- Stop by any of the CareFirst offices (listed on the back cover) 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.

Developments in 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.



Notice of Privacy Practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are 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 **carefirst.com** 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 the company's Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department. CareFirst sends the Notice of Privacy 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. In addition, we may use or disclose your information for health benefits administration purposes (such as claims and enrollment processing, care management and wellness offerings, claims payment, and fraud detection and prevention efforts), and our business operations (including for quality measurement and enhancement and benefit improvement and development) as explained in the Notice of Privacy Practices.

Personal contact information and telephone number including mobile number, may be used and shared with other businesses that work with CareFirst to administer and/or provide benefits under this plan and to notify members about treatment options, health related services and/or coverage options.

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 priority 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:

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

Inquiries and complaints

A member may complain to CareFirst if the member believes that CareFirst has violated their 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 call the CareFirst Privacy Office at 800-853-9236.

MEMBERS' RIGHTS AND RESPONSIBILITIES

CareFirst is committed to maintaining a mutually respectful relationship with you. Our Rights and Responsibilities policy acknowledges our responsibilities to you and outlines your obligations as a member. Understanding your rights and responsibilities will help you make the most of your membership and relationship with CareFirst.

To find the full list of your rights and responsibilities, visit **carefirst.com/myrights**. For a printed copy, call Member Services at the telephone number on the back of your member ID card.

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., CareFirst BlueChoice, Inc., and all of their corporate affiliates (collectively, "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.

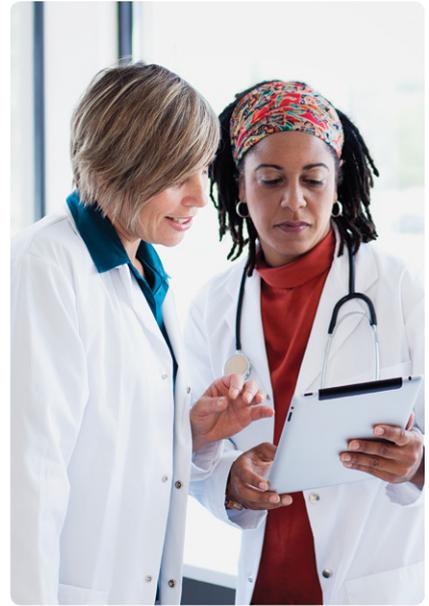
How we use medical information to enhance or coordinate your care

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.

- This information may include health care claims information or medical data resulting from medical encounters, treatments, diagnostic tests, screenings, prescriptions or Patient-Centered Medical Home and other complex care management programs and activities. It may also include the results of your Health Risk Assessment and/or Wellness Screening provided through a contracted CareFirst health care partner.
- 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 Information Sharing* form. You can find the form at 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 30 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
800-853-9236

What You Should Know About Advance Directives

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

Provided by Maryland Department of Health and Mental Hygiene (DHMH). CareFirst is required to publish this information for members in Maryland, but it may be helpful to all members.

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 it 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 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.

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



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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 they understand and are 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.)

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 listed at right. 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.

You can also make a valid advance directive by talking with your doctor in front of a witness.

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.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx

Caring Connections (NHPCO)
800-658-8898
www.caringinfo.org

Aging with Dignity
888-594-7437
www.agingwithdignity.org

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.

In Maryland, habilitative services consist of services and devices, including occupational therapy, physical therapy and speech therapy, which help a child keep, learn or improve skills and functioning for daily living.

In Washington, D.C., habilitative services apply to occupational therapy, physical therapy and speech therapy for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function.

Please note that the benefits provided by habilitative coverage in both jurisdictions 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.

Before obtaining treatment, check your Evidence of Coverage to determine if you or your dependents are eligible to receive these benefits since age restrictions may apply.

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.

If you have questions regarding any of these services, call Member Services at the telephone number listed 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



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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.

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

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 rate increases 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.

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 carefirst.com/myaccount. If you have not registered, please follow the steps indicated online. Once you have logged in, visit the *Coverage* tab at the top of the page and then select *Benefits 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.

NOTE: You may authorize CareFirst in writing to share your mental health information with a third party,

such as a family member, employer, lawyer, broker or unrelated party by completing and submitting an authorization form. Call Member Services at the telephone number on the back of your member ID card to request the Authorization Form for Information Release. You will receive the form by standard mail within 10 business days after CareFirst receives the request.

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.

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 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 nurse

DECISIONS ABOUT MEDICAL, PHARMACY AND MENTAL HEALTH CARE

CareFirst wants to ensure that its members receive appropriate medical, mental health care, and pharmacy services. Our professional staff including doctors and nurses, makes coverage decisions based on medical information. It is important for you to know that:

- The utilization management staff makes decisions based only on the existence of coverage and the appropriateness of the care and service you or your family members receive.
- Neither CareFirst nor our partners reward doctors, nurses, or other individuals for issuing denials of coverage or service.
- Neither CareFirst nor our partners receive financial incentives that encourage decisions leading to under use of services.
- CareFirst and our partners monitor service patterns for possible under use of services throughout the year.

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, telephone 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.



HOW TO GET LANGUAGE AND 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.

Get *Vitality* and Other CareFirst Communications Online

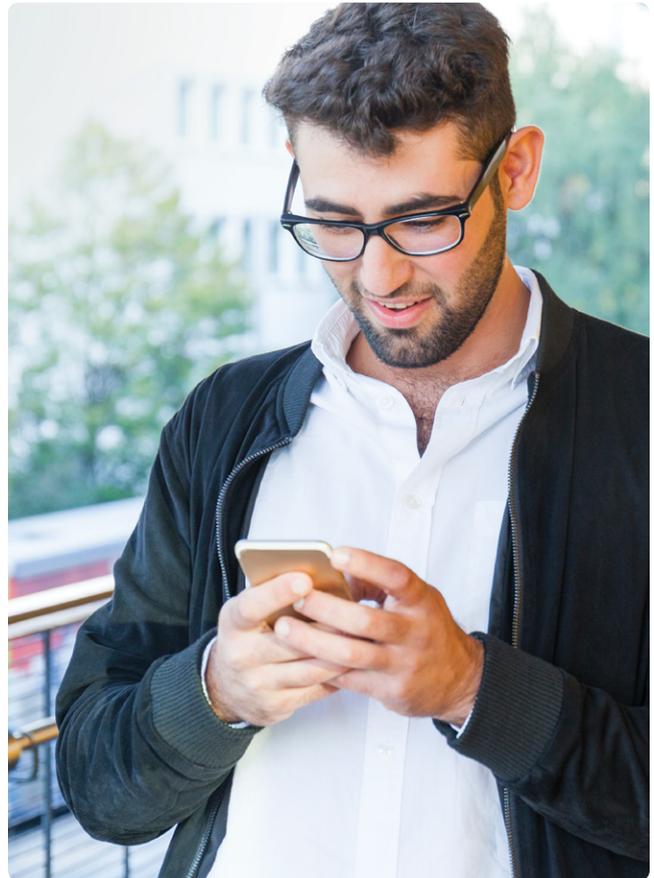
Did you know you can access *Vitality* and other CareFirst communications online? When your Explanation of Benefits (EOBs), drug reminders, *Vitality* and more are available, you can be notified by email, text or push notification.*

Signing up is easy:

1. Log in to *My Account* at **carefirst.com/myaccount**.
2. Open your profile information by clicking the drop-down menu next to your name.
3. Click *Communication Preferences* to access the settings for each type of communications, such as:
 - Electronic EOBs
 - Newsletters and announcements
 - Wellness communications
 - Plan and product services
 - Drug reminders
4. For each communication, click your preference—email, text or push notification.

Save time and paper by making the switch to electronic communications today. View, print or download important documents anytime, anywhere.

**To receive push notifications from CareFirst, the app is required. Visit your favorite app store and search for CareFirst to download the app. Push notifications are only available for EOBs at this time.*



Just a Click Away

Visit our website to find more information on the following topics. To request a paper copy of this information, please call Member Services at the telephone number on the back of your member ID card.

CareFirst's Quality Improvement Program—including program goals and objectives, processes and outcomes
carefirst.com/qualityimprovement

Find a Doctor—our online directory includes doctors, specialists, behavioral health providers, hospitals, urgent care centers and more
carefirst.com/doctor

How to File an Appeal—request an appeal of an adverse decision
carefirst.com/appeals

Members' Rights and Responsibilities—outlines both CareFirst's and the member's responsibilities
carefirst.com/myrights

Privacy Notice—description of our privacy practices and how we protect your health information
carefirst.com/privacy

Quality of Care Complaints—for complaints involving medical issues or service given by a provider in our network
carefirst.com/qoc

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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 by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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 of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus and CareFirst Diversified Benefits are the business names of First Care, Inc. In Virginia, CareFirst MedPlus and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). ® Registered trademark of the Blue Cross and Blue Shield Association. * Registered trademark of CareFirst of Maryland, Inc.

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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ́ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: 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 makuha 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 diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: 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.

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 свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

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. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.

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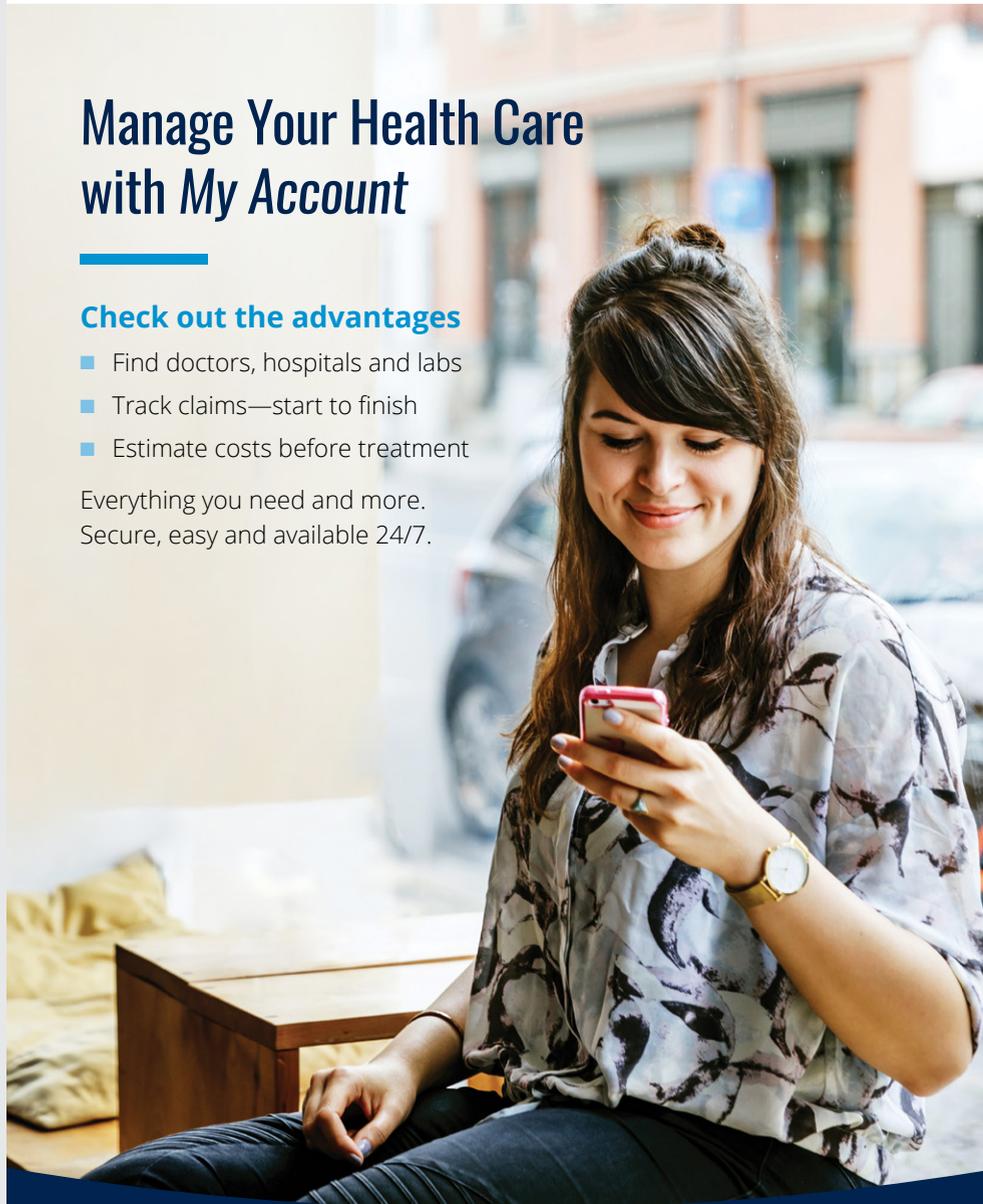
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