Thank you for choosing MediGap-65. We are committed to providing our members and their families with the highest level of service possible and hope that the information included in this handbook will assist you in understanding your CareFirst BlueCross BlueShield (CareFirst) MediGap-65 benefits and options.

Please take a moment to review this information and then keep it in an easily accessible place for future reference. This booklet gives you tips on how to receive the highest level of health care benefits. This guide is meant to be an overview and describes important features of MediGap-65. However, it is not a contract.

As always, please contact Member Services at the telephone number listed on the front of your member identification card if you have any questions regarding your coverage. We appreciate your business and look forward to serving you in the future.

Keep in a convenient place for future reference.

You may also view this handbook online at [www.carefirst.com](http://www.carefirst.com) in the Members & Visitors section.
Important Information

Member Services

For your convenience, you may call our Member Services representatives Monday through Friday between 7:00 am and 7:00 pm EST at the following telephone numbers:

(410) 581-3411 or (800) 843-4280

*Multi-lingual translators are available for assistance through Member Services.*

Contact Member Services for benefit and contract information.

When writing to CareFirst BlueCross BlueShield always include your member ID number. Please address your correspondence to:

CareFirst BlueCross BlueShield
Member Services, RR-120
10802 Red Run Boulevard
Owings Mills, MD 21117

The list below contains important program information and telephone numbers. These programs may or may not apply to your healthcare coverage.

Discount Drug Program

Argus Health Systems
(888) 850-2405

Discount Program for Alternative Therapies

American WholeHealth Networks, Inc.
(800) 514-6502

Cosmetic Dentistry

TruReflections
(800) 398-5028

Fitness Centers

GlobalFit
(800) 294-1500

National Fitness Network*

(800) 811-5454
*Available in MD, DC, VA, PA, NJ, and FL only.

Hearing Care Services

Beltone
(800) 235-8663

TruHearing
(800) 398-5028

Laser Vision Correction and Mail Order Contacts

TruVision
(800) 398-5028

Optional Programs

Medi-CareFirst
Medicare Prescription Drug Program
(888) 784-0790 or TTY (888) 784-0868

Dental Benefits
The Dental Network
(410) 847-9060 or (888) 833-8464

Vision Benefits
Davis Vision
(800) 783-5602
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Welcome to MediGap-65

By selecting CareFirst BlueCross BlueShield, you are now a part of one of the region’s largest health insurance companies, which serves more than three million members nationwide. We thank you for choosing us for your health care coverage, and we look forward to serving your health care needs.

Your Member ID Card

Your CareFirst member ID card provides you with health care protection nationwide. Be sure to carry it with you at all times.

The diagram to the right explains the information that appears on your card.

Please take a moment to review your card. If you have not yet received your card or if any of the information is incorrect, please contact Member Services immediately.

The back of the member ID card includes instructions and an address for sending correspondence. If your member ID card is lost or stolen, please contact Member Services immediately for a replacement. Remember to destroy any old cards and always present your current member ID card when receiving services.

This is a sample member ID card. Please review your actual member ID card for your member ID number and information specific to your coverage.
Your Guide to Member Services

When you call us with questions about your coverage, you will reach a team of Member Services representatives who are familiar with your benefits. Your representative will be able to answer questions regarding your bill, claims payment, or policy status changes.

For your convenience, you may call our Member Services representatives Monday through Friday between 7:00 am and 7:00 pm and Saturday between 8:00 am and 1:00 pm, EST at the following telephone numbers:

(410) 581-3411 or toll free at (800) 843-4280

If you prefer, you can submit your inquiry to us in writing at the following address:

CareFirst BlueCross BlueShield
Member Services, RR-120
10802 Red Run Boulevard
Owings Mills, MD 21117

Please include your name, address, telephone number and membership number on all correspondence.

Walk-in Customer Service

You may also meet with our Member Services representatives in person at our main office or at one of our regional service centers. Walk-in service is provided on a first-come, first-served basis at the following locations.

Owings Mills Customer Service Center
10802 Red Run Boulevard
Owings Mills, MD 21117
(410) 581-3411
Monday – Friday,
8:30 am – 4:30 pm

Regional Service Centers

Annapolis
151 West Street, Suite 101
Annapolis, MD 21401-2405
(410) 268-6488
Monday – Friday,
8:30 am – 4:30 pm

Cumberland
119 Baltimore Street
Cumberland, MD 21502-2370
(301) 724-1313
(Allegheny County residents)
(301) 245-4215
(Garrett County residents)
Monday – Friday,
8:15 am – 4:30 pm

Easton
301 Bay Street, Suite 401
Easton, MD 21601-2746
(410) 822-1850
Monday – Friday,
8:30 am – 4:30 pm

Hagerstown
182-184 Eastern Boulevard North
Hagerstown, MD 21740-5843
(301) 733-5995
Monday – Friday,
8:15 am – 4:30 pm

Frederick
110 Baugham’s Lane
Frederick, MD 21702
(301) 663-3138
Monday – Friday,
8:30 am – 4:30 pm

Salisbury
224 Phillip Morris Drive, Suite 106
Salisbury, MD 21804-1962
(410) 742-3274
Monday – Friday,
8:15 am – 4:30 pm
What is my member ID card for?
Your member ID card contains important membership and coverage information that helps your doctor’s office or hospital correctly route your health claims. Just like your driver’s license, always have your most current member ID card on hand. When you receive a new card, destroy your old card and show your new card to your doctor or health care provider at your next visit.

I lost my member ID card. How can I get another one?
To request a new member ID card, call the Member Services Department at (410) 581-3411 or toll free at (800) 843-4280. You may also order a new member ID card by visiting My Account on www.carefirst.com.

Do I have to file claim forms?
No. The provider sends claims directly to Medicare. Then Medicare sends claims to CareFirst.

What should I do when I have questions about my Medigap coverage?
When you have questions, call the Member Services Department at the telephone number listed on your member ID card.

Be sure to write down:

- The date and time you called;
- The Member Services Representative’s name;
- What course of action the Member Services Representative will take; and
- When you can expect resolution.

How do I find out if I have a particular benefit under my MediGap-65 policy?
Your benefits are detailed in your Medigap Policy. You may also contact Member Services at (410) 581-3411 or toll free at (800) 843-4280 to obtain specific information on your benefits such as medical care.

Is long-term care part of my benefits?
No. Your Medigap plan does not provide coverage for long-term care.

What kind of information can I find on www.carefirst.com?
At www.carefirst.com you can:

- Find out the latest member news and updates.
- Download claim forms and privacy forms.
- Learn how to get discounts on alternative therapies, vision and hearing services, fitness centers and more through the Options discount program.
- Find a doctor who participates in your plan using our searchable provider directory.
- Look up health and wellness information at My Care First.
- Get Member Services phone numbers.
- Read answers to more of your frequently asked questions.
- Find benefit and eligibility information on My Account.
- Order a new member ID card on My Account.
- Pay your bill with your MasterCard or Visa credit card.
Do I have coverage for pre-existing conditions?

Generally, services to treat a pre-existing condition (or complications related to a pre-existing condition) are eligible for coverage once you have been covered for 90 days. Coverage is not provided for pre-existing conditions within the first 90 days of your health benefit plan.

For more information on pre-existing conditions, see page 9 or call Member Services at (410) 581-3411 or toll free at (800) 843-4280.

How can I save money when I buy prescription drugs?

You can use the Discount Prescription Drug Program to save on your prescriptions. Simply show your prescription card at a participating pharmacy and save.

However, if you are enrolled in a Medicare Part D Prescription drug plan, you can still use your Argus Prescription Discount member ID card for prescriptions that are not covered by your Medicare Part D prescription drug plan formulary. The Argus prescription discount member ID card does not replace your Medicare Part D card. Therefore do not destroy your Medicare Part D card.

What kind of information can I find on My Account?

When you visit My Account on www.carefirst.com, you can find information about your MediGap medical plan including what is covered, claims status, and how much has been applied to your deductible if you have one. You can also pay your bill via MasterCard or Visa credit or debit card (see page 17). You can even order a new member ID card. In addition, our secure e-mail feature will enable you to send inquiries to us.

To use My Account:

1. Go to the Members & Visitors section of www.carefirst.com and click on the My Account button on the left.

2. Register using the membership number located on your member ID card.

Why would my rates, deductibles or copays increase?

We all know that the cost of medical care is rising – we read about it in the paper, and most of us have seen our own health insurance premiums, copayments and deductibles go up. National health care expenditures are expected to nearly double over the next ten years. That’s largely due to advances in medical technology and treatments as well as the increased use of those medical treatments.

Every year, Medicare reviews the factors influencing health care costs and the benefits it expects to provide during the upcoming year. Because these health care costs are on the rise, Medicare’s rates, deductibles and copayments also increase to reflect these changes. So as you pay higher Medicare deductibles and copayments, CareFirst also must raise its Medigap rates to keep pace.

Your Medigap premium rate is also based upon your age. For example, everyone in the “65-69” age group pays the same premium. Your rate may also change depending on whether you have moved to a different age group.

You may expect a premium increase effective the first of the month in which you change from one age group to another. Please refer to the “Premium Changes” section of your MediGap contract for more information.
How do I end my membership or change plans?

If you are interested in moving to another CareFirst Medigap plan, please call (410) 581-3411 or toll free at (800) 843-4280 to discuss your options with a Member Services representative.

You may end your MediGap-65 coverage by giving CareFirst written notice. Your policy will then be cancelled on the first day of the month following the month in which CareFirst received the written notice. Any prepaid premium for the period of time after the termination will be refunded to you. If you have questions about this policy, call (410) 581-3411 or toll free at (800) 843-4280.

How can I change to monthly premium payments?

Our convenient, free EasyPay option allows you to pay your insurance premium monthly instead of quarterly. For more information, see page 17.

Do I have coverage for skilled nursing benefits?

You must meet Medicare’s requirements to receive skilled nursing benefits under your Medigap plan. (These requirements vary by Medigap plan. Please read your policy for detailed information.) These requirements typically include:

■ Being hospitalized for at least 3 days;

■ Entering a Medicare-approved facility within 30 days after leaving the hospital; and

■ Your skilled nursing benefits must be provided for the condition for which you were hospitalized.

Please note: There are no skilled nursing benefits provided under your Medigap plan after 100 days.

What information can I find on Medicare's web site?*

At www.medicare.gov you can:

■ Replace your Medicare card

■ Keep up with what’s new in Medicare plans

■ Get information on Medicare prescription Drug Coverage

■ Compare home health agencies

■ Compare nursing homes

■ Find and print out Medicare publications

■ Learn about your benefits

■ Look for a physician or supplier

■ Find help paying health care costs

■ Search for health information, telephone numbers and more

*The Medicare web site is not sponsored by CareFirst and is not related to CareFirst’s Medigap plans or www.carefirst.com.

What is “assignment” in the Original Medicare Plan and why is it important?

Doctors or providers who agree to (or must by law) accept assignment from Medicare can’t collect more than the Medicare deductible and coinsurance amounts.

You should ask your doctor or provider if they accept Medicare assignment before you get health care services or supplies.

If your doctor or provider does not accept assignment, you can be charged up to 15% over the Medicare-approved amount. Only Medigap Plan F covers this excess charge. Please refer to the “Payment of Benefits” section in your contract for more information. However, Medicare does not limit charges for certain services and supplies.

For more information about assignment, please call (800) MEDICARE (633-4227).
You should take the time to meet with your physician and establish a relationship because you cannot predict when you may become ill or require hospitalization. In an emergency, you may find it more comforting to see a doctor whom you already know.

**Medical records**

Each physician’s office keeps a copy of your medical records. If you are a new member, we encourage you to transfer your previous medical records to your current physician’s office.

Transferring your records to your physician’s office will give your physician easier access to your medical history. Your previous physician may charge you a fee for this transfer of records. Your medical records are kept in confidence and will only be released as authorized by law.

**Scheduling appointments**

Always call for an appointment before visiting your provider and identify yourself as a CareFirst Medigap member. Don’t forget to bring your member ID card to your appointment and present the card to the receptionist. You should always present your CareFirst member ID card whenever you seek care at your physician’s office or the hospital.

**Canceling appointments**

If you are unable to keep a scheduled appointment, call the physician’s office as soon as possible. Most physicians prefer at least 24-hours notice so they can offer your appointment time to another patient. Some physicians may charge you a fee if you miss an appointment and have not called to cancel.

**Medical Emergencies**

When you have a medical emergency, your health care coverage is not the first thought that comes to mind.

If the situation is a medical emergency:

- call 911; or
- go directly to the nearest emergency facility.
You will receive a detailed Explanation of Health Care Benefits Statement (EOHB) whenever we process a claim. The EOHB outlines the services that were paid; the amount that was applied to your deductible; and your share, if any, of the remaining cost.

### Summary of Benefits

**Benefits Paid to Health Care Provider:**

- **William Pratt, MD (Medical Care):** $10.31
- **John Jones, MD (Surgery):** $1065.60
- **Sinai Hospital:** $657.00

### Table of Services

<table>
<thead>
<tr>
<th>Claim Provider</th>
<th>Date of Service</th>
<th>Billed Charges</th>
<th>Reduction of Billed Charges</th>
<th>Primary Provider Coverage</th>
<th>Amount Hospital Diff/Disc</th>
<th>Your Share of Cost</th>
<th>Covered Amount</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Pratt, MD (Medical Care)</td>
<td>04/20/06</td>
<td>65.00</td>
<td>13.43</td>
<td>41.26</td>
<td>10.31</td>
<td>100</td>
<td>10.31</td>
<td>0.00</td>
</tr>
<tr>
<td>Sinai Hospital</td>
<td>05/02/06</td>
<td>1923.00</td>
<td>593.00</td>
<td>1330.00</td>
<td>100</td>
<td>1065.60</td>
<td>0.00</td>
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<tr>
<td>Sinai Hospital</td>
<td>05/04/96</td>
<td>3065.00</td>
<td>2408.00</td>
<td>657.00</td>
<td>100</td>
<td>657.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- A – Patients covered under your contract are not responsible for the difference between the charges and the usual and customary allowance for covered services rendered by participating providers of care.

**For Your Information:**

- *This new Explanation of Health Care Benefits (EOHB) has been designed by CareFirst BlueCross Blueshield to better explain how your claims have been processed.
1. The name of the patient is listed on each separate page.

2. Your membership number and the name of your “Medigap Program.”

3. The customer service telephone number listed on your statement is the one you call when you have a question or problem.

4. Each claim number, the name of each provider (doctor, hospital, laboratory, etc.) and each service you had are listed together in this column.

5. The date of service is the date you received service. If multiple dates are shown, they are “from” and “to” dates.

6. The billed charge is the amount billed by the provider.

7. The reduction of billed charges can be one of two things:
   a. The difference between the amount your provider charged and the amount Medicare approved for the service.
   b. The portion of the amount you will have to pay, if you received a non-covered service.

8. The amount paid by Medicare. This amount will be deducted from your billed charge.

9. The amount eligible for benefits is the portion of the billed charge that will be considered for benefits.

10. Your deductible (if applicable) will be subtracted from the eligible amount.

11. The % covered is the percentage at which eligible services have been paid after the deductible was applied.

12. The amount covered is the dollar amount of the billed charge that we will pay.

13. Your share of the cost may include your deductible, copayment and/or amounts over the Medicare allowed benefits. For example, if your provider does not accept Medicare assignment, then you may be responsible for the difference between the amount charged and the amount Medicare approved.

14. The codes listed in the notes column are explained on the bottom half of the form.

15. Your summary of benefits will show the amounts paid to providers and the amounts paid to you.

16. For your information, we may include special remarks that pertain to your contract.
Pre-Existing Conditions

A pre-existing condition is defined as:

- Any condition for which medical advice or treatment was recommended by or received from a physician within 6 months before the effective date of your Medigap coverage.

Services to treat a pre-existing condition (or complications related to a pre-existing condition) are eligible for coverage once you have been covered for 90 days.

Coverage is not provided for pre-existing conditions within the first 90 days of your health benefit plan.

Please note: If, immediately prior to this coverage, you were covered under any other Medicare Supplemental Policy, the period of time you were covered under the prior policy will be credited to this 90-day waiting period.

Exclusions

Benefits will not be provided under this policy for the following:

- Any amount that duplicates benefits actually provided on your behalf by Medicare; or

- Any claim for a benefit that is not specifically described in the Benefits Section of your Policy.
Vitality Newsletter
You will receive Vitality, our quarterly member newsletter. Vitality can give you the tools you need to help you achieve a happier and healthier lifestyle. Each issue is filled with useful and timely information on a variety of health-related topics. You’ll learn about food and nutrition, physical fitness, recreation and preventive health care. You will also get to know about our company and how to get the most from your benefits.

Get Healthy with My Care First
Looking for ways to get healthy and stay healthy? Go surfing – on the web, that is. Visit My Care First, the health and wellness section of www.carefirst.com. Our award-winning site contains a wealth of health information and interactive features that can help you take an active role in managing your health.

If you are looking for information about a specific condition, just select a topic from our health library. You can learn about a variety of health issues from our weekly stories, quizzes and health news. You can even offer your opinion on a health issue by taking the weekly poll.

If you or a loved one has asthma, diabetes or heart disease, visit our asthma center, diabetes center or heart health center for information, quizzes and tools to help manage these conditions.

You can also obtain personalized health information, such as your body mass index, your target heart rate and your ideal weight by using the health calculators. For even more detail about your health, you can register with the site.

Registering will enable you to take a personalized health assessment, set health goals, track your progress and have reminders sent via e-mail. You can even get help to manage weight, stress or blood pressure and to quit smoking.

To visit My Care First, go to www.carefirst.com and click on “Health and Wellness – My Care First” in the Solution Center.
Options Discount Program

Options is a discount program provided to members of CareFirst BlueCross BlueShield (CareFirst). Because this is a discount program and not a covered benefit, there are no claim forms, referrals or paperwork. To receive these discounts, simply show your CareFirst ID card or visit the special website for CareFirst members if it’s an online program. In order to be responsive to your needs, Options continually adds new services. Visit www.carefirst.com/options for the latest Options programs.

Discounts Include:

Weight Loss Assistance Programs

Weight Watchers, one of the nation’s most recognized weight loss programs is online, and CareFirst members can save $10 on a 3-month subscription to Weight Watchers Online®. Weight Watchers Online® provides a set of personalized weight loss tools, such as Online Journal, Meal Planner, Weight Tracker, and Progress Charts. Search a database of more than 800 Weight Watchers recipes and calculate POINTS® for your own foods and meals.

Join Jenny Craig and receive a FREE 30-day program*. Jenny Craig will design a personalized comprehensive program with one-on-one support, that fits your lifestyle. You can also enjoy up to 50% off the 6-month program* or 20% off the 1-year Premium Success Program*.

* Plus the cost of food and shipping when applicable. Discounts apply to membership fee only. Offer good at participating Centres and Jenny Direct® in the United States, Canada and Puerto Rico.

Fitness Club Memberships

Through 3 different networks, Options offers flexibility in choosing a gym that is right for you. With GlobalFit’s lowest price guarantee, you’ll receive the best available rates at more than 10,000 fitness clubs nationwide, including Bally Total Fitness clubs and Curves, all with month-to-month memberships and no long-term contracts.

NOTE: Discounts in GlobalFit clubs are for new members only. If you are already a club member (or were a member in the last 90 days**) you are not eligible for the discounted rate. The only exception is Bally Total Fitness. After you have completed your current Bally contract, you are eligible for the discounted rate.

** There are a limited number of clubs that require a longer “run-out” period than 90 days. Please contact GlobalFit for more information.

Healthways WholeHealth Networks offers a nationwide network of approximately 2,900 fitness centers and spas. With your CareFirst plan, you can receive discounts on the following:

- 10-50% off fitness center initiation fees and/or membership dues
- Spa memberships or services ranging from 10-30%

NOTE: Membership obligations for fitness centers and discounted spa services are based on individual location policies.

National Fitness Network consists of approximately 100 independent regional health clubs*** and is the only health club network that offers the convenience of unlimited access to its entire network of clubs with a single membership. There is no need to select a primary club or transfer your membership. National Fitness Network offers the following discounts:

- Up to 40% off membership fees
- One-time registration fee of $49 for the member and $29 for each additional family member.

NOTE: To receive a discount, you must enroll directly through the National Fitness Network. If you are already a member of a National Fitness Network club, you must complete your current contract before you can get the discounted rate.

***Available in MD, DC, VA, NJ, and FL only.
Hearing Care Services

Better hearing enriches your quality of life. Take advantage of the many discounted services offered by both Beltone Hearing Care Centers and TruHearing. With Beltone, parents, children, spouses and grandparents receive free hearing screenings and a 25% discount off the cost of Beltone hearing aids. All Beltone hearing aids include free batteries for one year, a two-year warranty, free cleaning and minor repairs and adjustments for the life of the hearing aid. TruHearing offers free hearing screenings and discounts of up to 60% off quality digital instruments for CareFirst members, their children, parents, and grandparents. TruHearing also offers an extended two-year warranty and a 45-day money back guarantee. All hearing tests are performed using the latest diagnostic equipment.

Laser Vision Correction & Contact Lenses

Through TruVision, CareFirst members can receive 10% off of LASIK or PRK procedures. All pricing includes a pre-operative exam, the Laser Vision Correction procedure, post-operative care and a one-year enhancement warranty. Discounts are also available on Custom LASIK, IntraLase Bladeless procedures, and some centers offer lifetime re-treatment plans. Members can also receive discounts of up to 50% off most brands of contact lenses ordered through the Mail and receive free shipping and handling.

QualSight provides affordable access to quality laser vision correction services at 600 locations nationwide. QualSight partners with leading ophthalmologists and credentials each doctor in order to verify their experience and work history. Included in the $895 price per eye are the pre-operative exam, LASIK or PRK procedure, post-operative exams, and a retreatment warranty. Discounts are also available on Custom LASIK, Conductive Keratoplasty, and IntraLase.

Medical IDs

American Medical ID offers a 22% discount on customized medical identification bracelets and necklaces. Medical IDs allow medics or other medical professionals to give prompt, precise treatment in a medical emergency. They help ensure a patient will receive proper care, eliminate unnecessary testing and reduce the chance of costly medical errors. Those who have chronic medical conditions, drug or food allergies, or are taking multiple medicines, are advised to wear a medical ID.

ElderCare Information & Referral Program

ElderCarelink is a free, internet-based service that specializes in providing referrals for services for elders and their families. Services include home health care, home support, assisted living, adult day care, long-term care, nursing home options and more. Members fill out a needs assessment online survey and then ElderCarelink will e-mail a list of participating network providers that match your needs. Members are also eligible to receive a free 90-day subscription to The Caregiver’s Home Companion newsletter.

Alternative Health & Wellness Services

The following services are offered through Healthways WholeHealth Networks, Inc. Through the Options program, members can receive up to a 30% discount on these alternative health and wellness services.

- Acupuncture
- Chiropractic Care
- Guided Imagery
- Magazine Discount Program
- Massage Therapy
- Meditation Instruction
- Mind-Body Instruction
- Nutrition Counseling
- Personal Training/Pilates
- Qi Gong/Tai Chi
- Yoga

In addition to the Options program, the Blue Cross and Blue Shield Association gives you access to even more discounts through Blue365. Blue365 provides tools and guides to help you learn more about wellness services that go beyond your covered services. There are four key areas of Blue365:

- Health and Wellness
- Family Care
- Health-Focused Financial Services
- Travel Information

Want to know more about what Blue365 has to offer? Look for the list of Blue365 vendors and resources on a special Web site designed just for CareFirst members. It’s all available at www.carefirst.com/options. You can also call Member Services for more information on Blue365.
Visit [www.carefirst.com/options](http://www.carefirst.com/options) for more information on these services or see the following contact information below.

### Options Program Directory

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Alternative Health & Wellness Services** | Healthways WholeHealth Networks, Inc. (800) 514-6502  
http://options.wholehealthmd.com |
| **Eldercare Information & Referrals** | ElderCarelink (866) 451-5577  
www.eldercarelink.com/carefirst |
| **Fitness Centers**              | GlobalFit (800) 294-1500  
www.globalfit.com  
Healthways WholeHealth Netowrk (800) 514-6502  
http://options.wholehealthmd.com  
National Fitness Network (800) 811-5454  
www.nationalfitnessnetwork.com |
| **Hearing Care**                 | Beltone (800) 235-8663  
www.beltone.com  
TruHearing (877) 587-3937  
www.truhearing.com |
| **Laser Vision Correction & Contact Lenses** | QualSight LASIK (877) 285-2010  
wwwqualsight.com/-carefirst  
TruVision LASIK* (800) 398-7075  
www.truvision.com/carefirst/LASIK.htm |
| **Medical IDs**                  | American Medical ID (800) 363-5985  
www.americanmedical-id.com/extras/carefirst.php |
| **Weight Loss & Management**     | Weight Watchers Online®  
www.weightwatchers.com/cs/cfbcbs  
Jenny Craig® (800) 96-JENNY  
www.jennycraig.com/corporatechannel/carefirst.aspx |
Save Money with the Discount Drug Program

Receive valuable discounts on prescription drugs at over 50,000 pharmacies nationwide – for free! These discounts are offered through Argus Health Systems, a pharmacy claims processor that provides pharmacy management services to CareFirst. There is no cost to you to take advantage of this program. You will be mailed a prescription Discount member ID card and other valuable information about the program within a few weeks of enrolling in your Medigap plan. Simply show your prescription card at a participating pharmacy and save.

You will receive the lowest price available in that pharmacy, at the time you purchase your prescription. Discounts are not available for most over-the-counter medications. (Diabetic supplies are the only exception.)

This program provides you a discount at the time of purchase. No claim form is required.

How to use your Discount Drug Card if you ARE enrolled in a Medicare Prescription Drug Plan

1. Use your Medicare Prescription Drug card to fill your prescriptions that ARE covered by Medicare.

2. If your drug is NOT covered by your Medicare Prescription Drug Plan, find a pharmacy that accepts your discount drug card. To find out if a pharmacy accepts your Prescription Discount Drug card, ask the pharmacist at your next visit or call Argus Health Systems at (888) 850-2405. Discounts are available only at participating retail pharmacies.

3. Your Argus Prescription Discount member ID card can be used to cover prescriptions that are not covered by your Medicare Prescription Drug Plan Formulary. The Argus Prescription Discount member ID card does not replace your Medicare Part D card. Therefore, do NOT destroy your Medicare Prescription Drug card.

The discount drug card should only be used to cover drugs that are not covered by Medicare. For all drugs covered by Medicare, you should use your Medicare Prescription Drug card.

How to use your Discount Drug Card if you are NOT enrolled in a Medicare Prescription Drug Plan

1. Find a pharmacy that accepts your discount drug card. To find out if a pharmacy accepts your Prescription Discount Drug card, ask the pharmacist at your next visit or call Argus Health Systems at (888) 850-2405. Discounts are available only at participating retail pharmacies.

2. Present your Argus Prescription Discount member ID card to the pharmacist. Take both your discount card and prescription to the pharmacist to receive discounts. (Important: You must present your Argus Prescription Discount ID card to the pharmacy to receive your prescription discount.)

3. Pay for your medication. Your pharmacist will tell you the cost of your medication.

If you have any questions regarding this program, lose your ID card or need to order extra cards, call Argus Health Systems at (888) 850-2405.
Medicare Prescription Drug Coverage

Prescription coverage is available through Medi-CareFirst. Neither Medicare nor MediGap-65 cover prescription drugs. Yet most of us need prescription drugs at one time or another; many of us rely on them everyday for our health and well-being. Now you can get help paying for the high cost of prescription drugs.

Medi-CareFirst is a CareFirst BlueCross BlueShield (CareFirst) affiliate* and contracts with the Federal government to provide Medicare Prescription Drug Coverage (sometimes called Part D). You’ll find that the Medi-CareFirst Rx plans work with your Medicare and Supplement-65 to give you well-rounded coverage. Call our Product Specialists at (888) 784-0790 or TTY (888) 784-0868 for more details.

*Medi-CareFirst is the business name of First Care, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.

Dental and Vision Benefits

Dental and vision benefits are optional. You may have purchased these benefits in addition to your health insurance policy. These benefits are not administered by CareFirst. If you have questions about these benefits, call The Dental Network, Inc. (TDN)* at (888) 833-8464 or Davis Vision directly at (800) 783-5602.

Dental Benefits

The Dental HMO plan offers you dental care with predictable costs. All dental services are provided for the cost of a copay and orthodontia is covered. There are no deductibles to meet and no claim forms to file.

Dental HMO benefits are administered by The Dental Network, Inc. (TDN), an experienced dental HMO plan administrator. If you added dental benefits to your Medigap plan, you must select a primary dental site for your care. Each family member can select a different dentist.

Dental benefits are only provided through a TDN network dentist.

To select a dentist, call TDN Customer Service Line at (410) 847-9060 or toll-free (888) 833-8464 8:30 am – 5:00 pm, Monday through Friday.

If you do not select a dental site, TDN will select one on your behalf and send you information about the site. Of course, you can always change your site by calling TDN at the above number.

* The Dental Network is an independent licensee of the Blue Cross and Blue Shield Association.
Vision Benefits

BlueVision

CareFirst is pleased to offer our BlueVision plan to meet your vision needs. This vision plan is administered by Davis Vision, Inc., a national provider of vision care services.

BlueVision provides a routine vision examination (including dilation) once per benefit period for a $10 copay when you visit a participating Davis Vision provider. Through Davis Vision, you also can receive discounts on eyeglass lenses and frames or contact lenses, as well as laser vision correction surgery. Refer to your policy to find out what benefits you have under your plan.

How to Access Out-of-Network Care:

As part of your BlueVision benefit, you are entitled to a $33 allowance if visiting an optometrist or ophthalmologist for an out-of-network exam. Discounts for lenses and frames are not available out-of-network.

If you choose an out-of-network provider, you will be required to pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, visit the Members & Visitors section of www.carefirst.com and click on “Forms” or call (800) 783-5602.

How to Access In-Network Care:

■ Call 800-783-5602 for a list of providers nearest you, or access the network through www.carefirst.com. Just click on “Find a Doctor” in the Solution Center.

■ Call the Davis Vision provider of your choice and schedule an appointment.

■ Identify yourself as a CareFirst member and a BlueVision plan participant.

■ Provide the office with your identification number and your year of birth.

■ The provider’s office will verify your eligibility for services. No claim forms are required.
Personal and Enrollment Changes

If you change your name, address or phone number, please contact Member Services and we will update our records or advise you of any forms you need to submit. Remember, we need your correct address to keep you informed about critical program information including policies, procedures and benefit changes.

If you are interested in changing your Medigap Policy to a different plan, please call (410) 581-3411 or toll free at (800) 843-4280 to discuss your options with a Product Specialist.

Paying for Your Health Care Coverage

We offer the following ways for you to pay your premium.

1. Personal check:
When billed, you can pay your premium by check or money order. It is important to pay the full amount due by the date shown on the Billing Statement. We are unable to accept partial payments. Please do not include any correspondence with your payments as this may delay payment processing.

2. Credit card:
You can charge your quarterly premium to a major credit card when due. Just complete the top portion of the Billing Statement with your Visa or MasterCard credit card number and sign your name.

3. EasyPay:
EasyPay is available at no additional cost to you. You no longer have to write checks or pay for postage when using EasyPay. And, there is no need to worry about forgetting to mail your payment or missing a bill if you go out of town. Our convenient EasyPay service allows you to pay your insurance premium automatically monthly instead of quarterly. You simply authorize us to withdraw the amount due from your checking account or to charge the amount due to your Visa or MasterCard credit card each month. To choose this option, just complete the EasyPay authorization form, which you can obtain by calling a Member Services Representative at (410) 581-3411 or toll free at (800) 843-4280.

4. My Account:
You can also pay your bill with your MasterCard or Visa credit card on My Account. To use My Account, go to the Members & Visitors section of www.carefirst.com and click on the My Account button. Register using the membership number located on your member ID card.

Ending Your Coverage

You may cancel your Medigap policy by giving CareFirst written notice. Your policy will then be cancelled on the first day of the month following the month in which CareFirst received the written notice. Any prepaid premium for the period of time after the termination will be refunded to you.
All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your Health Plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI) and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose your information. Sometimes we are required by law to disclose your information in certain situations. You also have certain rights to your own protected health information, and there are some requirements you will follow to allow other people to obtain your information on your behalf.

**Our Responsibilities**

We are required by law to maintain the privacy of your Protected Health Information (PHI), and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for payment activities and health care operations as explained in the Notice of Privacy Practices. This Notice is sent to all policyholders upon enrollment.

**Inquiries and Complaints**

If you have a privacy-related inquiry, please contact Member Services at the phone number on your member ID card.

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**Your Rights**

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations;
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you;
- Inspect and copy your PHI that is contained in a “designated record set,” including your medical record;
- Request that we amend your information if you believe that your PHI is incorrect or incomplete; and
- Request and receive an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment, or health care operations.
Rights of Members

The Plan promotes members’ rights by providing mechanisms to ensure:

- Protection of confidential information.
- Accurate and understandable information about benefit plans, customer service and accessing health care services.
- Professional and responsive customer service.
- Timely and complete resolution of customer complaints and appeals.

Members have a right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the Health Plan.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the Health Plan or the care provided.

Responsibilities of Members

Members have a responsibility to:

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

Compensation and Premium Disclosure Statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department or write to:

CareFirst BlueCross BlueShield
10802 Red Run Boulevard
Owings Mills, MD  21117-5559
Attention: Member Services, RR-120
**Definition of Terms**

**Coinsurance**: A percentage of the plan allowance that the member pays for a covered service (e.g., 20 percent for lab services or X-rays).

**Copayment**: A specified amount that the member pays for a covered benefit (e.g., $10 per office visit to a physician).

**Deductible**: The dollar amount of incurred covered expenses that the member must pay before the Plan makes payment.

**Exclusions**: Specific conditions, treatments, services, supplies or circumstances listed in the policy for which CareFirst will not provide benefits.

**Health Care Practitioner**: An individual, institution or organization that provides medical services. Examples of providers include physicians, therapists, hospitals and home health agencies.

**Member**: An individual who is enrolled for coverage, and for whom we receive the premiums and other required payments.
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A private not for profit health service plan
incorporated under the laws of the State of Maryland.