HARFORD COUNTY
PUBLIC SCHOOLS

# Retiree Benefits Program Summary

JULY 1, 2024–JUNE 30, 2025

## Contents



| Important Resources | Member Services Telephone Number | Web or Claims Mailing Address | |
|---|---|---|---|
| CareFirst BlueCross BlueShield Medical Claims | 800-628-8549 | **carefirst.com** | Mailroom Administrator<br>PO Box 14115<br>Lexington, KY 40512 |
| Mental and Behavioral Health | 800-245-7013 | **carefirst.com/mentalhealth** | |
| CVS Caremark and Mail Order Pharmacy | 800-241-3371 | **carefirst.com/rxgroup** | |
| CareFirst Dental and Vision | 866-891-2804 | **carefirst.com** | Mailroom Administrator<br>PO Box 14115<br>Lexington, KY 40512 |
| State Retirement Agency | 800-492-5909 | **sra.state.md.us** | |
| Harford County Public Schools Benefits Office | 410-588-5275 | **www.hcps.org/departments/HumanResources** | |

Every effort has been made to ensure that the information in this Guide is accurate; however, the provisions of the actual contracts for each plan will govern in the event of any discrepancy. Copies of the Employee Benefit Guides and plan contracts are available at **hcps.org**.

# What's New for this Plan Year

*Changes for 2024-2025*

## Insurance premiums

2024 insurance premiums are detailed on pages 2–3 of this guide. The dental premiums will increase beginning on July 1, 2024. Rates for medical, vision, and life insurance will not change.

# Medical, Dental and Vision Deductions—Retired Employees

Rates for employees hired before 7/1/06.

| Plan | Total Annual Premium | Retiree Monthly Premium at 100% | BOE % of Annual Cost | Retiree % of Annual Cost | Retiree Monthly Premium |
|---|---|---|---|---|---|
| **Medical Insurance Rates** | | | | | |
| **United Healthcare Medicare Advantage** | | | **90%** | **10%** | |
| Retiree Medicare Eligible Individual | $4,719.96 | $393.33 | $4,247.96 | $472.00 | $39.33 |
| **CareFirst BlueChoice HMO Open Access** | | | **95%** | **5%** | |
| Individual | $12,446.64 | $1,037.22 | $11,824.31 | $622.33 | $51.86 |
| Parent & Child | $24,401.40 | $2,033.45 | $23,181.33 | $1,220.07 | $101.67 |
| Employee & Spouse | $29,139.96 | $2,428.33 | $27,682.96 | $1,457.00 | $121.42 |
| Family | $35,859.60 | $2,988.30 | $34,066.62 | $1,792.98 | $149.42 |
| **CareFirst BluePreferred PPO** | | | **90%** | **10%** | |
| Individual | $13,921.68 | $1,160.14 | $12,529.51 | $1,392.17 | $116.01 |
| Parent & Child | $30,087.96 | $2,507.33 | $27,079.16 | $3,008.80 | $250.73 |
| Employee & Spouse | $35,562.60 | $2,963.55 | $32,006.34 | $3,556.26 | $296.36 |
| Family | $38,548.44 | $3,212.37 | $34,693.60 | $3,854.84 | $321.24 |
| **CareFirst Triple Option Open Access** | | | **85%** | **15%** | |
| Individual | $14,626.08 | $1,218.84 | $12,432.17 | $2,193.91 | $182.83 |
| Parent & Child | $31,609.08 | $2,634.09 | $26,867.72 | $4,741.36 | $395.11 |
| Employee & Spouse | $37,360.56 | $3,113.38 | $31,756.48 | $5,604.08 | $467.01 |
| Family | $40,497.72 | $3,374.81 | $34,423.06 | $6,074.66 | $506.22 |
| **Dental Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **90%** | **10%** | |
| Individual | $265.12 | $22.09 | $238.61 | $26.51 | $2.21 |
| Parent & Child | $435.87 | $36.32 | $392.28 | $43.59 | $3.63 |
| Employee & Spouse | $558.39 | $46.53 | $502.55 | $55.84 | $4.65 |
| Family | $814.33 | $67.86 | $732.89 | $81.43 | $6.79 |
| **CareFirst Comprehensive** | | | **90%** | **10%** | |
| Individual | $361.57 | $30.13 | $325.41 | $36.16 | $3.01 |
| Parent & Child | $593.52 | $49.46 | $534.17 | $59.35 | $4.95 |
| Employee & Spouse | $761.08 | $63.42 | $684.97 | $76.11 | $6.34 |
| Family | $1,109.56 | $92.46 | $998.60 | $110.96 | $9.25 |
| **Vision Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **0%** | **100%** | |
| Individual | $50.76 | $4.23 | $0.00 | $50.76 | $4.23 |
| Parent & Child | $93.96 | $7.83 | $0.00 | $93.96 | $7.83 |
| Employee & Spouse | $116.76 | $9.73 | $0.00 | $116.76 | $9.73 |
| Family | $154.32 | $12.86 | $0.00 | $154.32 | $12.86 |

Premium deductions will begin in July 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024.

# Medical, Dental and Vision Deductions—Retired Employees

Rates for employees hired on or after 7/1/2006 with 10–19 consecutive years of service.

| Plan | Total Annual Premium | Retiree Monthly Premium at 100% | BOE % of Annual Cost | Retiree % of Annual Cost | Retiree Monthly Premium |
|---|---|---|---|---|---|
| **Medical Insurance Rates** | | | | | |
| **United Healthcare Medicare Advantage** | | | **30%** | **70%** | |
| Retiree Medicare Eligible Individual | $4,719.96 | $393.33 | $1,415.99 | $3,303.97 | $275.33 |
| **CareFirst BlueChoice HMO Open Access** | | | **31.67%** | **68.33%** | |
| Individual | $12,446.64 | $1,037.22 | $3,941.44 | $8,505.20 | $708.77 |
| Parent & Child | $24,401.40 | $2,033.45 | $7,727.11 | $16,674.29 | $1,389.52 |
| Employee & Spouse | $29,139.96 | $2,428.33 | $9,227.65 | $19,912.31 | $1,659.36 |
| Family | $35,859.60 | $2,988.30 | $11,355.54 | $24,504.06 | $2,042.01 |
| **CareFirst BluePreferred PPO** | | | **30%** | **70%** | |
| Individual | $13,921.68 | $1,160.14 | $4,176.50 | $9,745.18 | $812.10 |
| Parent & Child | $30,087.96 | $2,507.33 | $9,026.39 | $21,061.57 | $1,755.13 |
| Employee & Spouse | $35,562.60 | $2,963.55 | $10,668.78 | $24,893.82 | $2,074.49 |
| Family | $38,548.44 | $3,212.37 | $11,564.53 | $26,983.91 | $2,248.66 |
| **CareFirst Triple Option Open Access** | | | **28.33%** | **71.67%** | |
| Individual | $14,626.08 | $1,218.84 | $4,144.06 | $10,482.02 | $873.50 |
| Parent & Child | $31,609.08 | $2,634.09 | $8,955.91 | $22,653.17 | $1,887.76 |
| Employee & Spouse | $37,360.56 | $3,113.38 | $10,585.49 | $26,775.07 | $2,231.26 |
| Family | $40,497.72 | $3,374.81 | $11,474.35 | $29,023.37 | $2,418.61 |
| **Dental Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **30%** | **70%** | |
| Individual | $265.12 | $22.09 | $79.54 | $185.58 | $15.47 |
| Parent & Child | $435.87 | $36.32 | $130.76 | $305.11 | $25.43 |
| Employee & Spouse | $558.39 | $46.53 | $167.52 | $390.87 | $32.57 |
| Family | $814.33 | $67.86 | $244.30 | $570.03 | $47.50 |
| **CareFirst Comprehensive** | | | **30%** | **70%** | |
| Individual | $361.57 | $30.13 | $108.47 | $253.10 | $21.09 |
| Parent & Child | $593.52 | $49.46 | $178.06 | $415.46 | $34.62 |
| Employee & Spouse | $761.08 | $63.42 | $228.32 | $532.76 | $44.40 |
| Family | $1,109.56 | $92.46 | $332.87 | $776.69 | $64.72 |
| **Vision Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **0%** | **100%** | |
| Individual | $50.76 | $4.23 | $0.00 | $50.76 | $4.23 |
| Parent & Child | $93.96 | $7.83 | $0.00 | $93.96 | $7.83 |
| Employee & Spouse | $116.76 | $9.73 | $0.00 | $116.76 | $9.73 |
| Family | $154.32 | $12.86 | $0.00 | $154.32 | $12.86 |

Premium deductions will begin in July 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024.

# Medical, Dental and Vision Deductions—Retired Employees

Rates for employees hired on or after 7/1/2006 with 20–29 consecutive years of service.

| Plan | Total Annual Premium | Retiree Monthly Premium at 100% | BOE % of Annual Cost | Retiree % of Annual Cost | Retiree Monthly Premium |
|---|---|---|---|---|---|
| **Medical Insurance Rates** | | | | | |
| **United Healthcare Medicare Advantage** | | | **60%** | **40%** | |
| Retiree Medicare Eligible Individual | $4,719.96 | $393.33 | $2,831.98 | $1,887.98 | $157.33 |
| **CareFirst BlueChoice HMO Open Access** | | | **63.33%** | **36.67%** | |
| Individual | $12,446.64 | $1,037.22 | $7,882.87 | $4,563.77 | $380.31 |
| Parent & Child | $24,401.40 | $2,033.45 | $15,454.22 | $8,947.18 | $745.60 |
| Employee & Spouse | $29,139.96 | $2,428.33 | $18,455.31 | $10,684.65 | $890.39 |
| Family | $35,859.60 | $2,988.30 | $22,711.08 | $13,148.52 | $1,095.71 |
| **CareFirst BluePreferred PPO** | | | **60%** | **40%** | |
| Individual | $13,921.68 | $1,160.14 | $8,353.01 | $5,568.67 | $464.06 |
| Parent & Child | $30,087.96 | $2,507.33 | $18,052.78 | $12,035.18 | $1,002.93 |
| Employee & Spouse | $35,562.60 | $2,963.55 | $21,337.56 | $14,225.04 | $1,185.42 |
| Family | $38,548.44 | $3,212.37 | $23,129.06 | $15,419.38 | $1,284.95 |
| **CareFirst Triple Option Open Access** | | | **56.67%** | **43.33%** | |
| Individual | $14,626.08 | $1,218.84 | $8,288.11 | $6,337.97 | $528.16 |
| Parent & Child | $31,609.08 | $2,634.09 | $17,911.81 | $13,697.27 | $1,141.44 |
| Employee & Spouse | $37,360.56 | $3,113.38 | $21,170.98 | $16,189.58 | $1,349.13 |
| Family | $40,497.72 | $3,374.81 | $22,948.71 | $17,549.01 | $1,462.42 |
| **Dental Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **60%** | **40%** | |
| Individual | $265.12 | $22.09 | $159.07 | $106.05 | $8.84 |
| Parent & Child | $435.87 | $36.32 | $261.52 | $174.35 | $14.53 |
| Employee & Spouse | $558.39 | $46.53 | $335.03 | $223.36 | $18.61 |
| Family | $814.33 | $67.86 | $488.60 | $325.73 | $27.14 |
| **CareFirst Comprehensive** | | | **60%** | **40%** | |
| Individual | $361.57 | $30.13 | $216.94 | $144.63 | $12.05 |
| Parent & Child | $593.52 | $49.46 | $356.11 | $237.41 | $19.78 |
| Employee & Spouse | $761.08 | $63.42 | $456.65 | $304.43 | $25.37 |
| Family | $1,109.56 | $92.46 | $665.73 | $443.82 | $36.99 |
| **Vision Insurance Rates** | | | | | |
| **CareFirst Standard** | | | **0%** | **100%** | |
| Individual | $50.76 | $4.23 | $0.00 | $50.76 | $4.23 |
| Parent & Child | $93.96 | $7.83 | $0.00 | $93.96 | $7.83 |
| Employee & Spouse | $116.76 | $9.73 | $0.00 | $116.76 | $9.73 |
| Family | $154.32 | $12.86 | $0.00 | $154.32 | $12.86 |

Premium deductions will begin in July 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024.

# Be an Informed Health Care Consumer

Most people are not accustomed to questioning their doctors about the insurance plans they accept, or the cost and medical necessity of a treatment. Knowing what questions to ask and when to ask them makes the process much easier and less stressful! Asking questions of your health care providers helps maintain both the cost and quality of your health care. So it's important for everyone, regardless of the health care option elected, to ask about the medical necessity of any treatment and if there are alternatives to consider.

## Here are some tips to help you become a good health care consumer

- Ask your provider or his/her business office if they accept your HCPS health care plan. If they do, evaluate what plan is best for you.
- Make notes in advance of your office visit about the things you want to ask your doctor. Keep a list of any symptoms you have had or are currently experiencing. Keep a list of the medications you take, whether prescriptions or over the counter. Share the list with all health care providers.
- Bring a spouse or friend along with you… chances are if you don't recall something that was said, he or she will!
- Bring a pad and pencil to the doctor's office; don't rely on your memory for everything!
- If your doctor uses a term that you do not understand, ask what it means and ask that it be spelled. Then, write it down and do some more research once you leave the office.
- Get a copy of any test results.
- If your doctor writes a prescription for you, ask your doctor and pharmacist about interactions with other drugs you may be taking or about side effects that you may experience. Remember, if you are taking any maintenance medications, request one prescription for a 30-day supply from a retail pharmacy and another prescription for mail-order (for up to a 90-day supply, plus up to three refills).
- If you have access to the Internet, use it to learn about your medications or illnesses. The Internet has excellent information on many health-related subjects. One respected resource is **webmd.com**. Ask your physician which websites they believe are valuable. Be sure to let your physician know your findings.
- Check **carefirst.com** for details on providers and other useful information.

## Help control the cost of health care and promote your well-being

On an almost-daily basis, the rising cost of health care is in the news. Advances in medical technology, expensive prescription drugs, consumer demand, and an aging population are just a few factors that impact health care costs. While some factors are beyond the control of the consumer, there are some things you can do to help keep health care costs down—both for you and for HCPS. Below are a few tips to help you become a wiser consumer of health care.

# Be an Informed Health Care Consumer

## Maintain a healthy lifestyle

Maintaining your own health can help to minimize your health care costs. The healthier you are, the less likely you are to need costly health care services—which means you spend less on copays, deductibles, and other medical costs. Eat right and get plenty of exercise.

## Get regular checkups

Get a regular annual checkup and/or physical exam, which can uncover early warning signs of potential health problems, and can also help you build a good relationship with your doctor.

## Save the emergency room for emergencies

Emergency room visits are two to three times more expensive than a visit to the doctor's office or an urgent care center. These ER visits are not only costly, but they can be unnecessarily stressful and time-consuming for you and your family if what you need is routine care. Urgent care facilities are available in the area and may be used for a variety of urgent health problems for a lower copay than the ER.

## Get regular screenings

Get regular screenings (e.g., mammograms) as recommended by your carrier and national organizations, such as the American Cancer Society.

## Visit a primary care provider before going to see a specialist

Primary care providers are usually family practitioners, general practitioners, internists or pediatricians. A primary care provider can treat many illnesses and injuries at a lower fee – in many cases at half the cost of a specialist's fee. For example, you don't necessarily need to see an orthopedic specialist for back pain. Primary care providers consider your overall health. They can advise you about disease prevention and how to stay healthy. They are also familiar with your personal health history and needs and have your medical records on file.

## Ask for Generic

When you need a prescription, ask your doctor to prescribe a generic, if one is available. Generics have the same chemical equivalency as brand-name drugs, and are held to the same standards by the Food and Drug Administration, but they cost less than brand-name drugs.

## Review your bills and Explanation of Benefits (EOB)

Reviewing your health care bills can help you identify and prevent unnecessary health care costs. Here's what to look for to determine if a bill is correct:

- Does the date of service on the bill match the date you went to the doctor or the hospital?
- Did you receive all the services or procedures listed on the bill?
- Are you charged for more X-rays or lab work than you received? Call your provider to report any errors you spot on your bills or Explanation of Benefits forms (EOB's).
- Is your share of the cost correct? If not, call the insurance provider to discuss. If there is a referral involved, was the referral processed prior to the claim?

# Eligibility Guidelines for Medical, Dental & Vision

## Dependent children

Dependents are covered to the end of the month in which he or she reaches age 26.

## Ineligibility

Any ineligible dependents should be removed from your coverage as soon as they become ineligible. As a reminder we have included a few examples of ineligible dependents:

- Anyone who is not your legal spouse (ex-spouse, fiancé, common-law spouse, etc.)
- Dependents no longer covered by a court order
- Children of live-in partners
- Stepchildren following divorce from natural parent

## Dependent eligibility documentation requirements

| Relationship to Employee | Eligibility Definition | Documentation for Verification of Relationship |
|---|---|---|
| **Spouse** | A person to whom you are legally married | Copy of Marriage certificate, copy of Social Security card and most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship (attach 1st page only & black out financial information)<br>*If marriage occurred in current year, tax form is not needed |
| **Dependent Child(ren)** | Dependent children until the end of the month in which they reach age 26 | **Natural Child—Provide a copy of Social Security card and one of the following:**<br>▪ Copy of birth certificate showing employee's name or<br>▪ Hospital verification of birth (must include child's name, date of birth and parents' names) or<br>▪ Certificate of live birth<br>**Step Child—Provide a copy of Social Security card and one of the above** showing employee's spouse name; and a copy of marriage certificate showing the employee and parent's name<br>**Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren)—**Copy of Final Court Ordered Custody with presiding judge's signature and seal, or Adoption Final Decree with presiding judge's signature and seal and a copy of Social Security card<br>**Child for whom the court has issued a QMSCO**—A copy of the Qualified Medical Child Support Order and a copy of Social Security card |
| **Disabled Dependents** | Unmarried dependent children over the age limit if:<br>1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability,<br>2. They are incapable of self-support, and<br>3. The disability existed before reaching age 26 or while covered under the plan. | Copy of Social Security disability award (if a disability ruling by Social Security is pending, include a current copy of the application for disability) **and** Federal Tax Return for year just filed **and** copy of Social Security card **and** Completed Disability Form (Request from Benefits Office) |

# BlueChoice HMO Open Access

*No referrals required*

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care. This plan also allows you to visit specialists directly—no referrals needed. We also offer online tools and resources at **carefirst.com** that give you the freedom and flexibility to manage your health and wellness goals wherever you are.

## Take advantage of your benefits

- A network of almost 47,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care including a free 24-hour nurse advice line, video visits for physical and mental health, convenience care clinics and urgent care centers.
- $0 cost for comprehensive preventive healthcare visits.
- Predictable copays and deductibles (if applicable).
- The Away From Home Care® program allows you to take your plan benefits with you if you're out of the area for at least 90 days.
- Coverage for emergency or urgent care if you are outside CareFirst BlueCross BlueShield's service area (Maryland, Washington, D.C. and Northern Virginia).

## Benefits at a glance

### Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.

### Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your healthcare.

### Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors who are highly trained to treat certain conditions, such as cardiologists or dermatologists.

### Prescription drug coverage

Your plan covers prescription drugs.

### Hospital services

You're covered for overnight hospital stays. You're also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all hospital services.

### Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).

### Well-child visits

All well-child visits and immunizations are covered.

### Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.

### Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

## How your plan works

CareFirst BlueCross BlueShield has the region's largest network for doctors, pharmacies, hospitals and other healthcare providers that accept our health plans. Networks vary among CareFirst health plans. It is important that you familiarize with your specific plan's network.

In-network doctors and healthcare providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket care costs.

Out-of-network providers and doctors 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.

## Your benefits

### Step 1: Select a PCP

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

To ensure that you receive the highest level of benefits and pay the lowest out-of-pocket costs for all services, see your PCP for preventive and routine care.

### Step 2: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:

- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

### Step 3: Your plan will start to pay for services

Your full benefits will become available once your deductible (if applicable) is met as long as you visit participating CareFirst BlueChoice doctors and facilities. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

Deductible requirements vary based on whether your coverage is an individual or family plan. If more than one person is covered under your plan, please refer to your Evidence of Coverage for detailed information on deductibles.

### Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Any amount you pay toward your deductible (if applicable) and most copays and/or coinsurance will count toward your out-of-pocket maximum.

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

Please keep in mind that out-of-pocket requirements also differ if your coverage is an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Evidence of Coverage.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.

## Labs, X-rays or specialty imaging

To get the most economical use out of your laboratory benefits, you must visit a LabCorp facility for any laboratory services. Services performed at a facility that isn't part of the LabCorp network will not be covered under your plan.

Also, any lab work performed in an out-patient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. For locations near you, call 888-LAB-CORP (522-2677) or visit **labcorp.com**.

Diagnostic/imaging centers have equipment to produce various types of radiologic and electromagnetic images (such as X-rays, mammograms, CT and PET scans) and a professional staff to interpret the images. If you need X-rays or other specialty imaging services, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology.

## Out-of-area coverage

Out-of-area coverage is limited to emergency or urgent care only. However, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart.

For more information on Away From Home Care, please call Member Services at the phone number listed on your ID card.

## Global coverage

If you travel outside of the United States for a period of less than six months, you have access to a worldwide network of traditional inpatient, outpatient and professional healthcare providers. With BlueCross BlueShield Global Core*, you receive:

- Access to a worldwide network of traditional inpatient, outpatient, and professional healthcare providers—more than 7,000 physicians and more than 2,000 hospitals.
- 24/7 care support via telephone.
- Seamless claims processing/reimbursement designed for occasional or short-term travel, Global Core connects members with their home plan benefits to provide basic medical coverage outside of the United States.

For more information on Global Core, please call 800-810-BLUE (2583).

### Important terms

ALLOWED BENEFIT: The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the CareFirst BlueChoice network cannot charge our members more than the allowed amount for any covered service.

COINSURANCE: The percentage of the allowed benefit you pay after you meet your deductible.

COPAY: A fixed-dollar amount you pay when you visit a doctor or other provider.

DEDUCTIBLE: The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst BlueChoice network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network. If you receive non-emergency or urgent services from an out-of-network provider or facility, you will be responsible for paying the entire amount billed.

*BlueCross BlueShield Global is a brand owned by Blue Cross Blue Shield Association.

FOL5088-1P (7/21) ■ 51+

# Away From Home Care®

*Your HMO coverage goes with you*

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

## Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

## Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.

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

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Simply call your Host HMO primary care physician for an appointment when you need care.

## No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

BRC6389-1P (8/17)

# Triple Option Open Access

*No referrals required*

Triple Option Open Access offers you the freedom to visit any provider you wish. You have the flexibility to choose from both in- and out-of-network providers with your out-of-pocket costs determined by your choice. There is no need to choose a primary care provider (PCP) or to obtain a referral before visiting a specialist.

## Benefits of the Triple Option Open Access plan

- The ability to visit providers from either our BlueChoice Network, CareFirst PPO Network, National PPO Network or out-of-area providers
- No PCP referral required to see a specialist
- Receive coverage for preventive health care services at no cost
- Take your health care benefits with you—across the country and around the world

## How your plan works

You will be responsible for the entire cost of your medical care up to the amount of your deductible for services where the deductible applies. Once your deductible is satisfied, your Triple Option coverage will become available to you.

With the Triple Option Open Access plan, you can visit any provider of your choosing. Your out-of-pocket costs are determined by who you decide to see.

**In-network benefits** provide a higher level of coverage, meaning you have lower out-of-pocket costs. **Out-of-network benefits** provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose.

Your in- and out-of-network benefits are organized into three levels of coverage.

**Level 1:** For your lowest and most predictable in-network out-of-pocket costs, choose a BlueChoice provider. You can visit any of the 37,000 BlueChoice providers within Maryland, Washington, D.C. and Northern Virginia. Visit our online provider directory at **carefirst.com/doctor** to locate in-network providers.

Remember, you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP.

**Level 2:** To receive level 2 in-network benefits, visit a provider who participates in either:

- The CareFirst PPO Network (MD, DC and Northern Virginia), or
- The national BlueCard® PPO network of over 600,000 doctors and 61,000 hospitals.

To locate a PPO provider, visit **carefirst.com/doctor**.

**Level 3:** This level of coverage is out-of-network and offers you the most flexibility. In exchange for a lower level of coverage, you have the freedom to seek care from any provider you choose.

If you receive services from a provider who does not participate in any of the networks listed above, you may have to:

- Pay the provider's actual charge at the time you receive care
- File a claim for reimbursement
- Satisfy a higher deductible and/or coinsurance amount

In general, out-of-network providers do not have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from a non-participating provider, you may be balance billed based on the provider's actual charge.

Certain services under this level of coverage require you to meet a deductible. Check your benefits enrollment guide for details. When applicable, you are responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your coverage will become available. Depending on the service, you may have to pay a copay or coinsurance when you receive care.

## Laboratory services

To receive the maximum laboratory benefit from your Triple Option plan, you must use a LabCorp® facility for any laboratory services. Lab services at any other independent lab will be processed at Level 2 or Level 3 based on the laboratory's network status. Also, any lab work performed in an outpatient hospital setting will require a prior authorization.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit **labcorp.com**.

## Hospital authorization

In-network providers will obtain any necessary admission authorizations for in-area (Maryland, Washington, D.C. and Northern VA). You will be responsible for obtaining authorization for services provided by out-of-network and out-of-area admissions. Call toll-free 888-PRE-AUTH (773-2884).

## Examples:

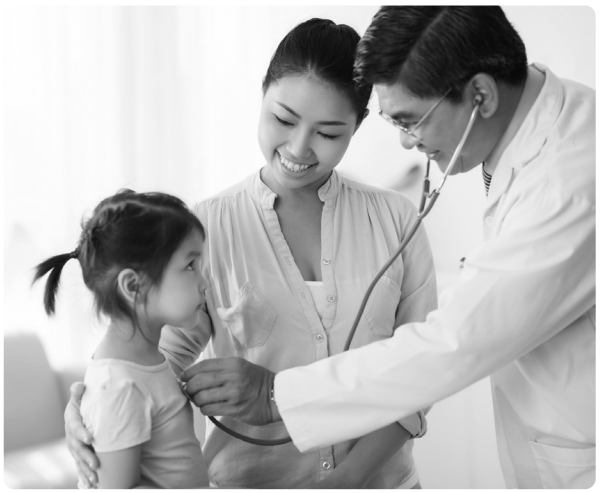
| **Inpatient Hospital Stay Claim** | | | | | |
|---|---|---|---|---|---|
| **Provider Status/ Benefit Level** | **Amount Charged** | **Allowed Benefit** | **CareFirst BlueCross BlueShield Pays** | **Member Pays** | |
| BlueChoice/Level 1 | $14,800 | $8,160 | $8,110 | $50 | $50 deductible |
| PPO/Level 2 | $14,800 | $9,180 | $9,130 | $50 | $50 deductible |
| Participating*/Level 3 | $14,800 | $10,200 | $7,910 | $2,290 | $250 deductible then 20% AB ($2,040) |
| Non-participating*/ Level 3 | $14,800 | $10,200 | $7,910 | $6,890 | $250 deductible then 20% AB ($2,040 + balance to charge $4,600) |
| **Primary Care Provider Office Visit** | | | | | |
| **Provider Status/ Benefit Level** | **Amount Charged** | **Allowed Benefit** | **CareFirst BlueCross BlueShield Pays** | **Member Pays** | |
| BlueChoice/Level 1 | $150 | $64 | $49 | $15 | Office Visit copay |
| PPO/Level 2 | $150 | $72 | $52 | $20 | Office Visit copay |
| Participating*/Level 3 | $150 | $80 | $0 | $80 | Deductible applied |
| Non-participating*/ Level 3 | $150 | $80 | $0 | $150 | $80 deductible plus balance to charge $70 |
| **Maternity Provider Delivery Charge** | | | | | |
| **Provider Status/ Benefit Level** | **Amount Charged** | **Allowed Benefit** | **CareFirst BlueCross BlueShield Pays** | **Member Pays** | |
| BlueChoice/Level 1 | $5,864 | $3,616 | $3,616 (100% AB) | $0 | Deductible was already met |
| PPO/Level 2 | $5,864 | $4,068 | $4,068 (100% AB) | $0 | Deductible was already met |
| Participating*/Level 3 | $5,864 | $4,520 | $3,616 | $904 | Deductible was already met 20% AB |
| Non-participating*/ Level 3 | $5,864 | $4,520 | $3,616 | $2,248 | Deductible was met 20% AB $904 + difference to charge $1,344 |

* Participating Provider—A physician or other provider who has signed an agreement with CareFirst BlueCross BlueShield to accept the Allowed Benefit as payment in full.

# BluePreferred PPO

*See any provider*

With BluePreferred PPO, you have the freedom to visit any provider you choose. We also offer online tools and resources at **carefirst.com** that give you the flexibility to manage your health care and wellness goals wherever you are.



## Take advantage of your benefits

- $0 cost for comprehensive preventive health care visits.
- Choose any provider you want—no referrals required.
- A network of over 43,000 CareFirst Preferred Provider Organization (PPO) providers—primary care providers (PCP), nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers—in Maryland, Washington, D.C. and Northern Virginia.
- If you need care outside CareFirst BlueCross BlueShield's (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to thousands of providers in all 50 states and receive in-network benefits when you see a BlueCard® PPO provider.

## Benefits at a glance

### Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.

### Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.

### Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.

### Prescription drug coverage

Your plan covers prescription drugs.

### Hospital services

You're covered for overnight hospital stays. You are also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.

# BluePreferred PPO

### Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).

### Well-child visits

All well-child visits and immunizations are covered.

### Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.

### Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

## How your plan works

CareFirst BlueCross BlueShield (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.

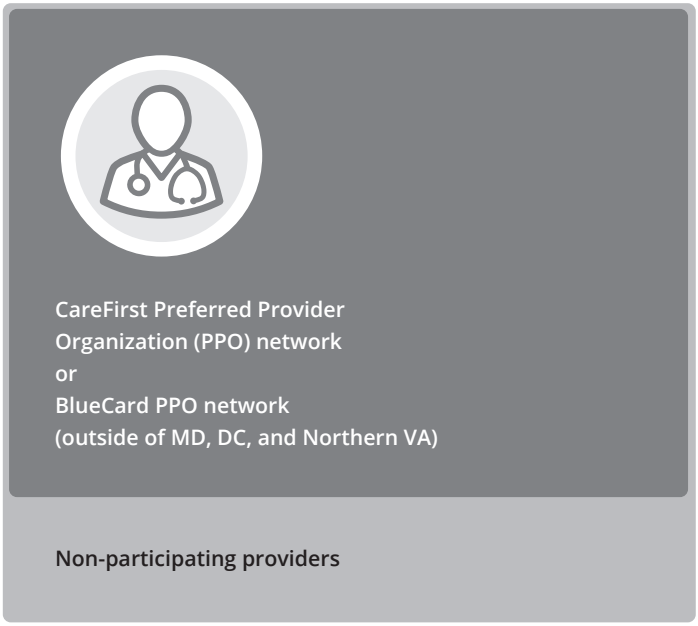
**In-network** doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket costs.

**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.

## 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 or PCP. By visiting your PCP for routine visits as recommended, he/she will get to know you, your medical history and your habits.

**BluePreferred PPO gives you flexibility and choices when you need care.**




**In-network you pay: $**
Visit any CareFirst PPO network provider or when receiving care outside Maryland, Washington, D.C. and Northern Virginia, visit any BlueCard PPO provider. No referrals necessary.

**Out-of-network you pay: $$**
Visit a non-participating provider No referral required. Balance billing may apply.

Having a PCP who is familiar with your health can make it easier and faster to get the care you need. In addition, when you choose a PCP, you are one step closer to earning a financial reward!

With access to nearly 92 percent of all physicians in the United States, your doctor is likely in the network. To find regional and national providers, visit our *Find a Provider* tool (**carefirst.com/doctor**) and search by the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan or by your doctor's name.

## Your benefits

### Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:

- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

### Step 2: Your plan will start to pay for services

Your full benefits will become available once your deductible is met. However, the level of those benefits will depend on whether you see in-network or out-of-network providers. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

You will have a different deductible amount for in-network vs. out-of-network benefits and the in-and out-of-network medical deductibles contribute toward one another. For example, when you see in-network providers, your expenses will count towards both your in-network deductible and out-of-network deductible. Deductible requirements vary based on your coverage level (e.g. individual, family) therefore if more than one person is covered under your plan, please refer to your Evidence of Coverage for detailed deductible information.

In general, nonparticipating providers don't have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. This means the provider could bill you based on the actual charge for the service and you would be responsible for paying the balance between what we allow for the benefit and the actual charge.

Remember, you may be required to pay a nonparticipating provider's total charges at the time of service and submit a claim for reimbursement.

### Step 3: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Any amount you pay toward your deductible (if applicable) and most copays and/or coinsurance will count toward your out-of-pocket maximum.

Just like your deductible, the in- and out-of-network out-of-pocket maximum contributes toward one another. Once your out-of-pocket maximum is satisfied, copays or coinsurance amounts will not be required.

Please keep in mind that out-of-pocket requirements also differ if your coverage is either an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Evidence of Coverage.

## Out-of-area coverage

You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits while traveling outside of the CareFirst service area (Maryland, Washington, D.C. and northern Virginia). The BlueCard program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

## Global coverage

If you travel outside of the U.S., access to quality medical coverage is essential to keeping you healthy and productive. With BlueCross BlueShield Global Core* solutions from CareFirst, you'll receive:

- Access to nearly 170,000 English-speaking providers and more than 11,500 hospitals in nearly 200 countries worldwide
- 24/7 telephone support
- Seamless claims processing/reimbursement designed for occasional or short-term travel, the Core plan connects members with their home plan benefits to provide basic medical coverage outside of the U.S.

For more information on Global Core, please call 800-810-BLUE (2583).

### Important terms

ALLOWED BENEFIT: The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the PPO network cannot charge our members more than the allowed amount for any covered service.

COINSURANCE: The percentage of the allowed benefit you pay after you meet your deductible.

COPAY: A fixed-dollar amount you pay when you visit a doctor or other provider.

DEDUCTIBLE: The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst's regional and national PPO network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in CareFirst's regional and national PPO network.

*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association

BluePreferred PPO is underwritten by Group Hospitalization and Medical Services, Inc. or CareFirst of Maryland, Inc.

# BlueCard & Blue Cross Blue Shield Global® Core

*Wherever you go, your health care coverage goes with you*

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home, from coast to coast. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core) you have access to care outside of the U.S.


As always, go directly to the nearest hospital in an emergency.

Your membership gives you a world of choices. More than 93% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

## Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at **bcbs.com**, or call BlueCard Access at 800-810-BLUE (2583).
3. Call the Customer Service number on the back of your member ID card to verify benefits or find out if pre-certification or prior authorization is required.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

## Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The Blue Cross Blue Shield Global® Core program (BCBS Global® Core) provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At hospitals in the BCBS Global Core Network, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BCBS Global Core Service Center. The claim form is available online at **bcbsglobalcore.com**.
- To find a BlueCard provider outside of the U.S. visit **bcbs.com**, select *Find a Doctor or Hospital.*

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

## Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.

Visit **bcbs.com** to find providers within the U.S. and around the world.

SUM5040-1E (2/20)

# Medical Benefits Comparison Chart

Effective for plan year July 1, 2024– June 30, 2025

| The Benefits | BlueChoice HMO Open Access BlueChoice Providers | BluePreferred PPO | |
|---|---|---|---|
| | | In-network BlueCross BlueShield PPO Providers | Out-of-network Participating and Non-participating Providers |
| DEDUCTIBLE—CONTRACT YEAR JULY 1–JUNE 30 | $150 Individual / $300 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) | $150 Individual / $300 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) | $350 Individual / $700 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) |
| MEDICAL OUT-OF-POCKET MAXIMUM | $6,600 Individual/$13,200 Family (integrated with Rx out-of-pocket maximum) | $2,400 Individual / $4,800 Family (combined in- and out-of-network) | |
| LIFETIME MAXIMUM | Unlimited | Unlimited | |
| HOSPITAL | | | |
| Hospital Room/Semi-Private* | 100% AB | 90% AB | 70% AB |
| Skilled Nursing Facility* | 100% AB (limited to 60 days/ contract year) | 90% AB | 70% AB |
| Inpatient Rehabilitation* | 100% AB (limited to 90 days/ contract year) | 90% AB | 70% AB |
| Outpatient Surgery | 100% AB | 90% AB | 70% AB |
| Emergency Care** | Emergency Room—$75 copay (waived if admitted); Urgent Care Center—$35 copay | Emergency Room—$100 copay (no deductible—waived if admitted); Urgent Care Center—$25 copay (no deductible) | Emergency Room—$100 copay (no deductible—waived if admitted); Urgent Care Center—70% AB |
| PHYSICIAN SERVICES | | | |
| Surgeon | 100% AB | 90% AB | 70% AB |
| Assistant Surgeon | 100% AB | 90% AB | Paid as in-network |
| Anesthesiologist | 100% AB | 90% AB | Paid as in-network |
| In-Hospital Medical | 100% AB | 90% AB | 70% AB |
| MEDICAL SERVICES | | | |
| Office Visits | $15 PCP/$20 Specialist copay | $20 PCP / $25 Specialist copay (no deductible) | 70% AB |
| Outpatient Facility | 100% AB | 100% AB | 70% AB |
| Outpatient Physician | $15 PCP/$20 Specialist copay | $30 copay | 70% AB |
| Diagnostic X-rays | 100% AB | 90% AB | 90% AB inpatient / 70% AB office |
| Radiation Therapy | $20 Specialist copay | 90% AB | 70% AB |
| Chemotherapy | $20 Specialist copay | 90% AB | 70% AB |
| Laboratory Tests | 100% AB (LabCorp only) | 90% AB | 90% AB inpatient / 70% AB office |
| Allergy Testing | $15 PCP/$20 Specialist copay | 90% AB | 70% AB |
| Allergy Treatment/Injections | $15 PCP/$20 Specialist copay | 90% AB | 70% AB |

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

# Medical Benefits Comparison Chart

| | Triple Option Open Access | | |
|---|---|---|---|
| | **Level 1 BlueChoice Providers** | **Level 2 BlueCross BlueShield PPO Providers** | **Level 3 Participating and Non-participating Providers** |
| | $50 Individual / $100 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) | $50 Individual / $100 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) | $250 Individual / $500 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits) |
| | $1,200 Individual /$2,400 Family (combined in- and out-of-network) | $1,200 Individual /$2,400 Family (combined in- and out-of-network) | |
| | Unlimited | | |
| | | | |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | Emergency Room—$75 copay (waived if admitted); Urgent Care Center—$20 copay | Emergency Room—$75 copay (waived if admitted); Urgent Care Center—$25 copay | Emergency Room—$75 copay (waived if admitted); Urgent Care Center—80% AB |
| | | | |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | Paid as Level 2 |
| | 100% AB | 100% AB | Paid as Level 2 |
| | 100% AB | 100% AB | 80% AB |
| | | | |
| | $15 PCP/$20 Specialist copay | $20 PCP/$25 Specialist copay | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | $15 PCP/$20 Specialist copay | $30 copay | 80% AB |
| | 100% AB | 100% AB | Inpatient—Paid as Level 2 Office & Outpatient—80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB (LabCorp only) | 100% AB | Inpatient—Paid as Level 2 Office & Outpatient—80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |

* Precertification required or penalties may apply.
** Overnight stays for observation are not considered an inpatient admission.

## Medical Benefits Comparison Chart

| The Benefits | BlueChoice HMO Open Access BlueChoice Providers | BluePreferred PPO | |
|---|---|---|---|
| | | In-network BlueCross BlueShield PPO Providers | Out-of-network Participating and Non-participating Providers |
| **MEDICAL SERVICES (CONTINUED)** | | | |
| Physical, Speech and Occupational Therapy (combined visits) | $20 Specialist copay; 60 visit maximum per condition per contract year combined with speech and occupational therapy | $25 Specialist office copay; $30 OP Facility, $30 OP Professional (no deductible); 100 visit maximum per contract year (occupational/speech combined in- and out-of-network) | 70% AB; 100 visit maximum per contract year (occupational/ speech combined in- and out-of-network) |
| Chiropractic Care (Spinal Manipulation) | $20 Specialist copay; 60 visit maximum per condition per contract year | $25 Specialist copay | 70% AB |
| Acupuncture | Not covered | $25 Specialist copay | 70% AB |
| **PREVENTIVE CARE** | | | |
| Well Child Care/Immunization | 100% AB (no deductible) | 100% AB (no deductible) | 70% AB |
| Routine Physical Exam | 100% AB (no deductible) | 100% AB (no deductible) | 70% AB |
| Breast Cancer Screening/ Routine Mammography | 100% AB (no deductible) | 100% AB (no deductible) | 100% AB (no deductible) |
| Prostate Cancer Screening | 100% AB (no deductible) | 100% AB (no deductible) | 100% AB (no deductible) |
| Routine Gynecological Exam (one per contract year) | 100% AB (no deductible) | 100% AB (no deductible) | 70% AB |
| Eye Exams | $10 copay per annual visit no-referral (Davis Vision provider) (no deductible) | No Benefit | No Benefit |
| Eye Glasses/Lenses/Contact Lenses | Discounts available; See page 39 | No Benefit | No Benefit |
| **SPECIAL SERVICES** | | | |
| Durable Medical Equipment | 100% AB | 90% AB | 70% AB |
| Home Health Care Visits* | 100% AB | 90% AB | 70% AB |
| Hospice* | 100% AB | 90% AB | 70% AB |
| Maternity Care (Pre/Post/ Delivery) | 100% AB | 100% AB | 70% AB |
| Nursery Care (Must be enrolled within 30 days) | 100% AB | 90% AB | 70% AB |
| Infertility Services | Pre-approval required Artificial Insemination—50% AB of charges (limited to 6 attempts per live birth); In Vitro Fertilization—50% AB of charges (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) | Artificial Insemination—90% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—90% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) | Artificial Insemination—70% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—70% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) |
| Lapband Benefits | 100% AB | 90% AB | 70% AB |
| Surgical Treatment for Morbid Obesity (Gastric Bypass & Gastric Sleeve) (prior authorization required) | 100% AB at a BlueDistinction center | 90% AB at a BlueDistinction center | 70% AB at a BlueDistinction center |

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

# Medical Benefits Comparison Chart

| | Triple Option Open Access | | |
|---|---|---|---|
| | **Level 1 BlueChoice Providers** | **Level 2 BlueCross BlueShield PPO Providers** | **Level 3 Participating and Non-participating Providers** |
| | | | |
| | $20 Specialist copay; 100 visit maximum per contract year combined with speech and occupational therapy | $25 Specialist office; $30 OP Facility; $30 OP Professional; 100 visit maximum per contract year (occupational/ speech combined in- and out-of-network) | 80% AB; 100 visit maximum per contract year (occupational/speech combined in- and out-of-network) |
| | $20 Specialist copay | $25 Specialist copay | 80% AB |
| | $20 Specialist copay | $25 Specialist copay | 80% AB |
| | | | |
| | 100% AB (no deductible) | 100% AB (no deductible) | 80% AB |
| | 100% AB (no deductible) | 100% AB (no deductible) | 80% AB |
| | 100% AB (no deductible) | 100% AB (no deductible) | 100% AB (no deductible) |
| | 100% AB (no deductible) | 100% AB (no deductible) | 100% AB (no deductible) |
| | 100% AB (no deductible) | 100% AB (no deductible) | 80% AB |
| | $10 copay per annual visit no-referral (Davis Vision provider) (no deductible) | $10 copay per annual visit no-referral (Davis Vision provider) (no deductible) | |
| | Discounts available; See page 39 | Discounts available; See page 39 | |
| | | | |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | Pre-approval required Artificial Insemination—100% AB of charges (limited to 6 attempts per live birth); In Vitro Fertilization—100% AB of charges (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) | Artificial Insemination—100% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—100% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) | Artificial Insemination—80% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—80% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of $100,000) |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB at a BlueDistinction center | 100% AB at a BlueDistinction center | 80% AB at a BlueDistinction center |

* Precertification required or penalties may apply.
** Mandatory generic substitution—see the CareFirst Drug Program section.

## Medical Benefits Comparison Chart

| The Benefits | BlueChoice HMO Open Access BlueChoice Providers | BluePreferred PPO | |
|---|---|---|---|
| | | In-network BlueCross BlueShield PPO Providers | Out-of-network Participating and Non-participating Providers |
| **SPECIAL SERVICES (CONTINUED)** | | | |
| Ambulance When Medically Necessary (surface, air, private, and public) | 100% AB | 90% AB | Paid as in-network |
| Hearing Exam | $20 copay | $25 copay | 70% AB |
| Hearing Aids (one per hearing impaired ear every 36 months) | 100% AB | 90% AB (no deductible) | 70% AB |
| **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES** | | | |
| Inpatient Care* | 100% AB | 90% AB | 70% AB |
| Outpatient Facility | 100% AB | 90% AB | 70% AB |
| Office Visits | $15 copay | $20 copay (no deductible) | 70% AB |
| **PRESCRIPTION DRUGS USING FORMULARY 2** | | | |
| Prescription Drug Out-of-Pocket Max. | $6,600 Individual / $13,200 Family (integrated with medical out-of-pocket maximum) | $4,200 Individual / $8,400 Family | |
| Retail Prescription Drug** | $10 copay—Generic drug (Tier 1); $20 copay—Preferred Brand (Tier 2); $40 copay—Non-preferred Brand (Tier 3); Maintenance drugs: 90 day supply, 2 times retail copay at CVS only: $20 copay—Generic drug (Tier 1); $40 copay—Preferred Brand (Tier 2) $80 copay—Non-preferred Brand (Tier 3) | $15 copay Generic drug (Tier 1)<br>$30 copay Preferred Brand (Tier 2)<br>$45 copay Non-preferred Brand (Tier 3)<br>Maintenance medication up to 90 day supply 1 times retail at CVS only:<br>$15 copay—Generic drug (Tier 1)<br>$30 copay—Preferred Brand (Tier 2)<br>$45 copay—Non-preferred Brand (Tier 3) | |
| Mail Order Drug** | CVS Caremark Mail Order—2 times retail copay—up to 90 day supply<br>$20 copay—Generic drug (Tier 1)<br>$40 copay—Preferred Brand (Tier 2)<br>$80 copay—Non-preferred Brand (Tier 3) | CVS Caremark Mail Order Prescription Program for maintenance medication 1 times copay—Up to 90 day supply<br>$15 copay—Generic drug (Tier 1)<br>$30 copay—Preferred Brand (Tier 2)<br>$45 copay—Non-preferred Brand (Tier 3) | |
| Oral Contraceptives** | 100% AB | 100% AB | |
| Diabetic supplies | 100% AB | | |
| **VISION** | | | |
| Routine Exam( limited to 1 visit/benefit period) | $10 per visit at participating vision provider | | |
| Eyeglasses and Contact Lenses | Discounts from participating vision centers | | |

**Remember: Maintenance medications after your second fill must be purchased at a CVS pharmacy or through CVS Mail Service Pharmacy.**

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

# Medical Benefits Comparison Chart

| | Triple Option Open Access | | |
|---|---|---|---|
| | **Level 1 BlueChoice Providers** | **Level 2 BlueCross BlueShield PPO Providers** | **Level 3 Participating and Non-participating Providers** |
| | | | |
| | 100% AB | 100% AB | Paid as Level 2 |
| | $20 copay | $25 copay | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | | | |
| | 100% AB | 100% AB | 80% AB |
| | 100% AB | 100% AB | 80% AB |
| | $15 copay | $20 copay | 80% AB |
| | | | |
| | $5,400 Individual / $10,800 Family | $5,400 Individual / $10,800 Family | |
| | $15 copay Generic drug (Tier 1) $30 copay Preferred Brand (Tier 2); $45 copay Non-preferred Brand (Tier 3); Maintenance medication up to 90 day supply 1 times retail at CVS only: $15 copay—Generic drug (Tier 1); $30 copay—Preferred Brand (Tier 2); $45 copay—Non-preferred Brand (Tier 3) | $15 copay Generic drug (Tier 1)<br>$30 copay Preferred Brand (Tier 2)<br>$45 copay Non-preferred Brand (Tier 3)<br>Maintenance medication up to 90 day supply 1 times retail at CVS only:<br>$15 copay—Generic drug (Tier 1)<br>$30 copay—Preferred Brand (Tier 2)<br>$45 copay—Non-preferred Brand (Tier 3) | |
| | CVS Caremark Mail Order Prescription Program for maintenance medication 1 times copay—Up to 90 day supply $15 copay—Generic drug (Tier 1); $30 copay—Preferred Brand (Tier 2) $45 copay—Non-preferred Brand (Tier 3) | CVS Caremark Mail Order Prescription Program for maintenance medication 1 times copay—Up to 90 day supply<br>$15 copay—Generic drug (Tier 1)<br>$30 copay—Preferred Brand (Tier 2)<br>$45 copay—Non-preferred Brand (Tier 3) | |
| | 100% AB | 100% AB | |
| | 100% AB | 100% AB | |
| | | | |
| | $10 per visit at participating vision provider | $10 per visit at participating vision provider | |
| | Discounts from participating vision centers | Discounts from participating vision centers | |

* Precertification required or penalties may apply.
** Mandatory generic substitution—see the CareFirst Drug Program section.

# CareFirst Prescription Drug Program

*For BlueChoice HMO, Triple Option and PPO Plans*

Your pharmacy benefit program is administered by CVS Caremark. This program is based on the CareFirst Formulary 2, that encourages the use of Generic drugs and certain Brand drugs. You pay a different copay depending on whether you choose a Generic drug, a Brand drug on the Preferred Drug List, or a Non-preferred Brand drug. Always remember to talk to your doctor about using Preferred drugs that can save you money. You and your doctor should check your Preferred Drug List before you receive a prescription.

## Retail program

The retail program provides a 34-day or less supply of medication when purchased at a participating retail pharmacy. Present your prescription drug identification card at any participating pharmacy and pay the appropriate copayment for your medication. Maintenance medication when purchased at a participating pharmacy is dispensed up to a 90-day supply for one copay for Triple Option and PPO CORE Plan members and two copays for HMO Plan members.

## Mail order service prescription program

Your mail order prescription drug program is administered by CVS Caremark. The Mail Order Service Prescription Program is a special added feature to your CareFirst Plan. For those who regularly take one or more types of maintenance medication, this service provides a convenient, inexpensive way for you to order these medications and have them delivered at home.

For Triple Option, you can order up to a 90-day supply of maintenance medication for 1 times the copayment ($15/30/45). For PPO CORE, you can order up to a 90-day supply of maintenance medication for 1 times the required copayment ($15/30/45). For HMO, you can order a 90-day supply of maintenance medication for 2 times the copayment ($20/40/80). The copayment cannot be reimbursed through your Medical Benefits Plan.


Medications are delivered to your home postage paid via UPS or First Class U.S. Mail.

If you have any questions regarding this prescription service, call the CareFirst Pharmacy Services toll-free telephone number Monday through Friday 8 a.m. – 8 p.m. and Saturday 8 a.m. – 12 p.m. at 800-241-3371.

## Refill guidelines

Refills will not be authorized on any prescriptions until 25% or less of the original quantity is remaining in your possession (75% has been used).

## Vacation supply

Since your program has a nationwide network, in most cases there are several area participating pharmacies available when on vacation. You may obtain a written prescription from the physician prior to leaving and obtain a list of pharmacies in the area in which you will be traveling.

- If you are traveling out of the country for less than one month, call CareFirst Pharmacy Services at 800-241-3371 to receive authorization for an additional short-term supply.
- For additional quantities greater than one month, please contact CareFirst Member Services using the number on your ID card.

Please call no less than 10 days in advance of your departure date to request the additional supply.

## Non-participating pharmacy

If a pharmacy is non-participating you will be required to pay the full cost of the prescription at the time of purchase. Claims for these prescriptions should be submitted on the appropriate claim form.

CVS Caremark claim forms are available on the CareFirst website at **carefirst.com** or you can contact CareFirst Pharmacy Services at 800-241-3371.

## Generic drug appeal process when medically necessary

1. When members cannot take the Generic medication due to medical reasons, the member's physician would be required to supply medical justification for prescribing the Brand medication.
2. The member's physician must initiate the request process by completing the CVS Brand Exemption Form available on hcps.org.
3. Requests will be forwarded directly to CVS Caremark. Requests will be reviewed and turned around within 2 business days when submitted during business hours.
4. Once the appeal is received and approval is given by CVS Caremark, the prescribing physician and the pharmacy are provided notification of the appeal, and the pharmacy will be requested to reprocess the claim.
5. The approval of a Brand medication will be valid for 12 months from the original fill date of the medication.

For more information, see page 20.

# Rx Choice Pharmacy Network

With the Rx Choice network, you can purchase your prescription medications from any of 57,000 in-network pharmacies located around the corner and across the country.

*The Rx Choice network contains 57,000 pharmacies nationwide.*

Rx Choice gives you access to both independent and national pharmacies including:

- CVS (including inside Target)
- Kroger
- Rite Aid
- Safeway
- Target
- Walmart

## Finding and using in-network pharmacies

1. If your pharmacy is already in the network, you don't have to do anything.
2. If your current pharmacy is not in the Rx Choice network and you want to transfer an existing prescription to a network pharmacy, simply take your current medication label to the new pharmacy and they will handle the rest.
3. To check if your pharmacy is in the network:
   - When your CareFirst benefits are effective, log in to My Account at **carefirst.com/myaccount**. Go to *Drug and Pharmacy Resources* and select *Find a Pharmacy*.
   - Or, call CareFirst Pharmacy Services at 800-241-3371.

**Please note:** your coverage only provides benefits for pharmacies within the network. If you choose to use an out-of-network pharmacy, your prescriptions will not be covered.

SUM5524-1E (11/22)_C

# Maintenance Choice® Program

## Options and savings when filling your maintenance medications

Maintenance 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 our Maintenance Choice program, you can fill your three-month supply of maintenance medications for only two copays.

There are two ways you can fill your three-month supply of maintenance medications:

### With CVS Caremark Mail Service, you can:

- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone, or email
- Check account balances and make payments through an automated phone system
- Receive email or text notifications of order status
- Access a pharmacist by phone 24 hours a day

### At a retail location, you can:

- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face
- Pick up your medications at a time convenient to you

| If you would like... | Then... |
|---|---|
| To register for CVS Mail Service | Choose the option that works best for you:<br>■ Online: Go to **carefirst.com/myaccount** to login or register for *My Account*. Under the Coverage tab, select *Drug and Pharmacy Resources* and select *Request a New Mail Order Prescription.*<br>■ By phone: Call CareFirst Pharmacy Services at 800-241-3371 and our Customer Care representatives can walk you through the process. |
| To find a CVS Pharmacy retail location | Go to **carefirst.com/myaccount** to login or register for *My Account.* Click *Drug and Pharmacy Resources* and select *Find a Pharmacy* to find a location convenient for you. |

A one-month supply of maintenance medications will only be covered up to two times at any network retail pharmacy. Afterwards, a three-month supply of maintenance medications will only be covered through CVS Caremark Mail Service or at a CVS Pharmacy retail location. For both options you will only pay the equivalent of two copays for a three-month supply of maintenance medications.

For more information, call CareFirst Pharmacy Services at 800-241-3371.

# CareFirst Drug Program Summary of Benefits

*Formulary 2*

| Plan Feature | BlueChoice HMO Open Access | Triple Option | PPO CORE | Description |
|---|---|---|---|---|
| **Deductible** | None | None | None | Your benefit does not have a deductible. |
| **Prescription Drug Out-of-Pocket Maximum** | $6,600 Individual/ $13,200 Family | $5,400 Individual/ $10,800 Family | $4,200 Individual/ $8,400 Family | Your benefit does not have a family deductible maximum. |
| **Preventive Drugs** (up to a 34-day supply) | $0 (not subject to deductible) | $0 (not subject to deductible) | $0 (not subject to deductible) | A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.* |
| **Oral Chemotherapy & Diabetic Supplies** (up to a 34-day supply) | $0 | $0 | $0 | Diabetic supplies include needles, lancets, test strips and alcohol swabs. |
| **Generic Drugs (Tier 1)** (up to a 34-day supply) | $10 | $15 | $15 | Generic drugs are covered at this copay level. |
| **Preferred Brand Drugs (Tier 2)** (up to a 34-day supply) | $20 | $30 | $30 | All preferred brand drugs are covered at this copay level. |
| **Non-Preferred Brand Drugs (Tier 3)** (up to a 34-day supply) | $40 | $45 | $45 | All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist. |
| **Maintenance Copays** (up to a 90-day supply) | | | | Maintenance medication must be purchased at a CVS pharmacy or through Mail Service for a 90-day supply. |
| Retail (CVS only): | | | | |
| Generic | $20 | $15 | $15 | |
| Preferred | $40 | $30 | $30 | |
| Non-preferred | $80 | $45 | $45 | |
| Mail Order: | | | | |
| Generic | $20 | $15 | $15 | |
| Preferred | $40 | $30 | $30 | |
| Non-preferred | $80 | $45 | $45 | |
| **Prior Authorization** | Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug website at **carefirst.com/rxgroup**. | | | |
| **Mandatory Generic Substitution** | If you choose a Non-preferred Brand drug (Tier 3) instead of its Generic equivalent, you will pay the highest copay plus, the difference in cost between the Non-preferred Brand drug and the Generic. If a Generic version is not available, you will only pay the copay. | | | |

# Prescription Drug Program

*A total prescription for health*

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

## Your prescription benefits

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

- A nationwide network of 66,000 participating pharmacies[1]
- Access to thousands of covered prescription drugs
- Mail Service Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs

## Keeping you informed

Together with our prescription drug benefit program, we keep you informed about your prescription drug coverage and provide you with periodic updates about your plan through targeted mailings and phone calls. Take the call and/or review your mailed notices to learn about lower-cost drug alternatives, possible safety concerns, drug tier changes and more.

## Online tools and resources

To get the most from your prescription drug plan, you need to stay informed. Our easy-to-use, interactive tools and resources are available 24/7. Visit **carefirst.com/rxgroup** to see if a drug is covered, find a pharmacy, learn how drugs interact with each other and get more information about medications. You can access even more tools and resources once you're a member through *My Account* **(carefirst.com/myaccount)** by selecting *Drug and Pharmacy Resources* under *Coverage.*

[1] If your employer has selected the RxChoice network, you will have access to 57,000 retail pharmacies.

## Understanding your formulary

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective. The prescription drugs found on the CareFirst Formulary (drug list) are divided into tiers. These tiers include zero-dollar cost share, generics, preferred brand and non-preferred brand drugs. Your cost share is determined by the tier the drug falls into.

| Drug tier | Description |
|---|---|
| **Tier 0: $0 Drugs** | ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.<br>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero dollar cost share. |
| **Tier 1: Generic Drugs $** | ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.<br>■ Generic drugs generally cost less than brand-name drugs. |
| **Tier 2: Preferred Brand Drugs $$** | ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category. |
| **Tier 3: Non-Preferred Brand Drugs $$$** | ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost share will be lower. |

Note: If the cost of your drug is less than your copay or coinsurance, you only pay the cost of the drug. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance for drugs depending on the drug tier. Some drugs may not be covered based on your plan. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Check your benefit summary or enrollment materials for specific plan information. Once you are a member, you can view specific cost-share information in *My Account.*

### Preferred Drug List

CareFirst's Preferred Drug List includes generic and preferred brand drugs selected for their quality, effectiveness and safety by the CVS Caremark[2] national Pharmacy and Therapeutics (P&T) committee. By using the Preferred Drug List, you can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your health care and out-of-pocket costs.

Non-preferred drugs aren't included on the Preferred Drug List; they are still covered but at the highest cost share. Also, some drugs on the Preferred Drug List may not be covered based on your plan. To see your formulary and Preferred Drug List, go to **carefirst.com/rxgroup**.

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

### Prescription guidelines

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

- **Quantity limits** are placed on selected drugs for safety, quality or utilization reasons. 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.
- **Prior authorization** is required before you fill prescriptions for certain drugs. Your doctor must obtain prior authorization before they can be filled. Without prior authorization approval, your drugs may not be covered.
- **Step therapy** ensures you receive a lower-cost drug option as the first step in treating certain health conditions. When similar drugs are available, step therapy guides your doctor to prescribe the lower-cost option first. You may then move up the cost levels until you find the drug that works best for you. Higher step drugs may require prior authorization by your doctor before they can be covered.

## Two ways to fill

### Retail pharmacies

With access to 66,000 pharmacies[1] across the country, you can visit **carefirst.com/rxgroup** and use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card with you when filling prescriptions.

### Mail Service Pharmacy

Mail order is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently. You can register three ways—online through *My Account*, by phone or by mail. Once you register, you'll be able to:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Schedule automatic refills
- Receive email notification of order status
- Choose from multiple payment options

## Ways to save

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

- **Use generic drugs**—generic drugs can cost up to 80% less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use the Drug Pricing Tool**—this tool allows you to compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order, as well as view generic drugs available at a lower cost.
- **Use mail order**—by using our Mail Service Pharmacy you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.

[1] If your employer has selected the RxChoice network, you will have access to 57,000 retail pharmacies.

## Care management programs

We offer care management programs and tools designed to improve your health while lowering your overall health care costs.

### Specialty Pharmacy Coordination Program

This program addresses the unique clinical needs of members taking high-cost specialty drugs for certain complex health conditions like multiple sclerosis, rheumatoid arthritis and hemophilia. Members receive enhanced one-on-one support with a registered nurse and dedicated clinical team who will coordinate care with your doctor.

The program provides:

- 24-hour pharmacist assistance
- Injection training coordination
- Educational materials for your specific condition
- Drug interaction monitoring and review
- A one-month supply of your specialty drugs mailed to your home or office, or available for pick up at any CVS retail pharmacy

### Comprehensive Medication Review

When you are taking multiple drugs to treat a medical condition, it can be overwhelming. The Comprehensive Medication Review program can connect you with a CVS Caremark pharmacist who will review your drugs and talk to your doctor about dosages, duration and any other pertinent issues. The pharmacist will work with your doctor to evaluate opportunities to:

- Identify possible drug interactions
- Improve drug adherence
- Reduce gaps in care
- Eliminate duplications in drug therapy

The program works with your doctor to ensure that you are not only taking the best drugs to manage your conditions, but you are also able to take your drugs as prescribed.

### Medication Therapy Management Program

Taking medications as prescribed not only helps improve your health but can also reduce your health care costs. CareFirst's Medication Therapy Management program is designed to help you get the best results from your drug therapy.

We review pharmacy claims for opportunities to:

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

When opportunities are identified, "Drug Advisories" will be communicated to either you and/or your doctor regarding your drug therapy. Through our Pharmacy Advisor program, you may also have the opportunity to speak one-to-one with a pharmacist, who can answer questions and help you manage your prescription drugs.

Should you have any questions about your prescription benefits, please contact CareFirst Pharmacy Services at 800-241-3371.

SUM5041-1P (7/23)

# BlueDental Plus–PPO Comprehensive Summary of Benefits

Includes access to a national provider network

| | In-Network You Pay | Out-of-Network You Pay |
|---|---|---|
| **DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*** | $25 Individual/ $50 Family | $50 Individual/ $150 Family |
| **ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*** | Plan pays $1,500 maximum | |
| **PREVENTIVE & DIAGNOSTIC SERVICES** | | |
| ▪ Oral Exams<br>▪ Prophylaxis<br>▪ X-rays<br>▪ Sealants | No charge[1] | 35% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **BASIC SERVICES** | | |
| ▪ Fillings—includes posterior composite restorations<br>▪ Periodontics (gum treatment)<br>▪ Endodontics (root canals)<br>▪ Denture repair/relining<br>▪ Stainless steel crowns<br>▪ Bridges, bridge recementation/repair<br>▪ Implants—covered only as an alternative to a fixed bridge<br>▪ Oral surgery | 20% of Allowed Benefit after deductible[1] | 50% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges[1] |
| ▪ Surgical removal of impacted teeth | No charge after deductible[1] | 35% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **MAJOR SERVICES** | | |
| ▪ Dentures<br>▪ Crowns, inlays, onlays and cast restorations | 50% of Allowed Benefit after deductible[1] | 70% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **ORTHODONTIC SERVICES** | | |
| ▪ Benefits for orthodontic services are available for dependent children up to age 19 | 50% of Allowed Benefit[1] | 50% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **ORTHODONTIC LIFETIME MAXIMUM** | Plan pays $800 combined maximum | |

[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

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

**CareFirst of Maryland, Inc.:** CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (R.7/21); CFMI/BLUEDENTAL SOB (R.7/21); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments.

## Our plusses

- Most plans cover 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 123,000 participating dentists and specialists across the United States.

## Our plans

With BlueDental Plus, you'll save the most money by seeing a participating provider.

**What's a participating provider?**
It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you'll pay slightly higher out-of-pocket costs. Similar to Option 1, there is no balance to pay. You're still responsible for deductibles and coinsurance, and have the convenience of your provider being reimbursed directly.

**Can I see a non-participating provider?**
Of course. But your out-of- pocket expenses will be highest with providers outside our network. You may have to pay the difference between the dentist's fee and what your plan allows for those services.

**Where can I find a dentist?**
Visit **carefirst.com/doctor** and select *BlueDental* to view in-network providers.

**When do I get my ID card?**
Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

**Who can I call with questions about my dental plan?**
Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

### Common dental insurance terms

**Deductible:** The amount you are responsible for before CareFirst pays for dental services.

**Family deductible:** A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a $25 deductible may be limited to a maximum of three deductibles ($75 per family) regardless of the number of family members.

**Coinsurance:** Your share of the dentist's fee after CareFirst has paid its share.

**Annual maximum:** The yearly reimbursement level for an individual/family set by your CareFirst dental plan.

# BlueDental Plus–PPO Standard Summary of Benefits

Includes access to a national provider network

| | In-Network You Pay | Out-of-Network You Pay |
|---|---|---|
| **DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*** | $25 Individual/ $50 Family | $25 Individual/ $50 Family |
| **ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*** | Plan pays $1,500 maximum | |
| **PREVENTIVE & DIAGNOSTIC SERVICES (Deductible and Annual Maximum do not apply)** | | |
| ▪ Oral Exams<br>▪ Cleanings<br>▪ X-rays<br>▪ Sealants | No charge[1] | Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **BASIC SERVICES** | | |
| ▪ Fillings (includes posterior composite restorations)<br>▪ Endodontics (root canals)<br>▪ Oral surgery<br>▪ Stainless steel crowns | No charge after deductible[1] | Deductible applies; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges.[1] |
| **MAJOR SERVICES (NOT COVERED UNDER PLAN)** | | |
| ▪ Periodontics<br>▪ Crowns<br>▪ Inlays<br>▪ Onlays<br>▪ Cast restorations<br>▪ Bridges<br>▪ Dentures | Not covered | Not covered |

[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

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

**CareFirst of Maryland, Inc.:** CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (R.7/21); CFMI/BLUEDENTAL SOB (R.7/21); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments.

# BlueDental Plus–PPO Standard Summary of Benefits

## Our plusses

- Most plans cover 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 123,000 participating dentists and specialists across the United States.

## Our plans

With BlueDental Plus, you'll save the most money by seeing a participating provider.

**What's a participating provider?**
It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you'll pay slightly higher out-of-pocket costs. Similar to Option 1, there is no balance to pay. You're still responsible for deductibles and coinsurance, and have the convenience of your provider being reimbursed directly.

**Can I see a non-participating provider?**
Of course. But your out-of- pocket expenses will be highest with providers outside our network. You may have to pay the difference between the dentist's fee and what your plan allows for those services.

**Where can I find a dentist?**
Visit **carefirst.com/doctor** and select *BlueDental* to view in-network providers.

**When do I get my ID card?**
Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

**Who can I call with questions about my dental plan?**
Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

### Common dental insurance terms

**Deductible:** The amount you are responsible for before CareFirst pays for dental services.

**Family deductible:** A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a $25 deductible may be limited to a maximum of three deductibles ($75 per family) regardless of the number of family members.

**Coinsurance:** Your share of the dentist's fee after CareFirst has paid its share.

**Annual maximum:** The yearly reimbursement level for an individual/family set by your CareFirst dental plan.

# Core BlueVision Summary of Benefits

*(Included with BlueChoice and Triple Option only)*

12-month benefit period

| In-Network | You Pay |
|---|---|
| **EYE EXAMINATIONS[1]** | |
| Routine Eye Examination with dilation (per benefit period) | $10 |
| **FRAMES[1,2]** | |
| Priced up to $70 retail | $40 |
| Priced above $70 retail | $40, plus 90% of the amount over $70 |
| **SPECTACLE LENSES[2]** | |
| Single Vision | $35 |
| Bifocal | $55 |
| Trifocal | $65 |
| Lenticular | $110 |
| **LENS OPTIONS[2,3] (add to spectacle lens prices above)** | |
| Standard Progressive Lenses | $75 |
| Premium Progressive Lenses (Varilux®, etc.) | $125 |
| Polarized Lenses | $75 |
| High Index Lenses | $55 |
| Glass Lenses | $18 |
| Polycarbonate Lenses | $30 |

| In-Network | You Pay |
|---|---|
| **LENS OPTIONS[1,2] (add to spectacle lens prices above)** | |
| Blended Invisible Bifocals | $20 |
| Intermediate Vision Lenses | $30 |
| Photochromic Lenses | $35 |
| Scratch-Resistant Coating | $20 |
| Standard Anti-Reflective (AR) Coating | $45 |
| Ultraviolet (UV) Coating | $15 |
| Solid Tint | $10 |
| Gradient Tint | $12 |
| Plastic Photosensitive Lenses | $65 |
| **CONTACT LENSES[1]** | |
| Contact Lens Evaluation and Fitting | 85% of retail price |
| Conventional | 80% of retail price |
| Disposable/Planned Replacement | 90% of retail price |
| DavisVisionContacts.com Mail Order Contact Lens Replacement Online | Discounted prices |
| **LASER VISION CORRECTION[1]** | |
| Up to 25% off allowed amount or 5% off any advertised special[3] | |

[1] At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

[2] CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

[3] Special lens designs, materials, powers and frames may require additional cost.

[4] Some providers have flat fees that are equivalent to these discounts.

**Exclusions**

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the mem
4. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
5. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
6. Orthoptics, vision training and low vision aids.
7. Glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.
9. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

Benefits issued under policy form numbers: MD/BC-OOP/VISION (R. 6/04) • DC/BC-OOP/VISION (R. 6/04) • VA/BC-OOP/VISION (R. 6/04)

## How the plan works

### How do I find a provider?

To find a provider, go to **carefirst.com** and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

### How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

### Can I get contacts and eyeglasses in the same benefit period?

With BlueVision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price[1].

### Mail order replacement contact lenses

**DavisVisionContacts.com** offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.

Need more information? Visit **carefirst.com** or call 800-783-5602.

# BlueVision Plus Summary of Benefits

12-month benefit period

| Benefit | In-Network You Pay | Out-of-Network You Pay |
|---|---|---|
| **EYE EXAMINATIONS (once per 12-month benefit period)** | | |
| Routine Eye Examination with dilation | No copay | Plan pays $40, you pay balance |
| **FRAMES (once per 12-month benefit period)** | | |
| Davis Vision Frame Collection[1] | No copay for over 200 frames | Not applicable |
| Non-Collection Frame | Plan pays up to $200, you pay balance minus 20% discount[3,4] | Plan pays $70, you pay balance |
| **SPECTACLE LENSES (once per 12-month benefit period)** | | |
| Basic Single Vision | $10 copay | Plan pays $40, you pay balance |
| Basic Bifocal | $10 copay | Plan pays $60, you pay balance |
| Basic Trifocal | $10 copay | Plan pays $80, you pay balance |
| Progressive Lenses (stand/prem/ultra/ultimate) | $0/$0/$140/$175 | Up to $60 (in lieu of bifocal reimbursement) |
| **CONTACT LENSES (initial supply; once per 12-month benefit period, in lieu of eyeglasses)** | | |
| Medically Necessary Contacts | No copay with prior approval | Plan pays $250, you pay balance |
| Davis Vision Contact Lens Collection[1] | No copay | Not applicable |
| Other (Non-Collection) Contact Lenses | Plan pays up to $200, you pay balance minus 15% discount[3,4] | Plan pays $100, you pay balance |
| **CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE (once per 12-month benefit period)** | | |
| Davis Vision Collection[1], Standard Contact Lenses & Medically Necessary Contact Lenses | Covered | Not applicable |
| Specialty Contact Lenses that are non-collection, including, but not limited to, toric, multi- focal and gas permeable lenses | $40 Copay[3,4,] | Not applicable |

| **Value Add and Discounts[3,4] (fixed fee)** | | | |
|---|---|---|---|
| **LENS OPTIONS[3,4] (add to spectacle prices above)** | | | |
| Tinting of Plastic Lenses (Solid/Gradient) | $0 | Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ultimate) | $35/$48/$60/$85 |
| Scratch-Resistant Coating | $0 | High-Index Lenses (1.67/1.74) | $55/$120 |
| Polycarbonate Lenses (Children/Adults)[2] | $0 | Polarized Lenses | $75 |
| Ultraviolet Coating | $12 | Plastic Photochromic Lenses | $65 |
| Blue Light Coating | $15 | Scratch Protection Plan: Single Vision/ Multifocal Lenses | $20/$40 |
| **ADDITIONAL DISCOUNTED SERVICES[3,4]** | | | |
| Retinal Imaging—Member Charge | $39 | | |
| Laser Vision Correction[3] | Up to 25% off allowed amount or 5% off any advertised special[3] | | |

[1] Collection is available at most participating independent provider offices. Collection is subject to change.

[2] Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

[3] These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Additional plan discounts may not be available at all provider locations in all states. Please confirm that discounts are accepted when making your appointment. Discounts are not insurance and subject to change without notice.

[4] Available additional discounts not applicable at Glasses.com, 1-800 Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.

[5] Reena Mukamal, "20 Surprising Health Problems an Eye Exam Can Catch," American Academy of Ophthalmology, aao.org.

# BlueVision Plus Summary of Benefits

Did you know that eye exams allow eye care professionals to take a non-invasive look inside the body? An eye care professional can detect up to 20 chronic medical conditions during an eye exam, from diabetes and heart disease to hypertension and cognitive dysfunction, even before symptoms occur[5].

## How the plan works

### Our Plusses

Davis Vision® administers BlueVision Plus. Our vision plans provide an affordable way for members to receive their annual eye exams. And if you need corrective lenses, we have you covered there too.

### National Network

More than 121,000 access points across the U.S. accept BlueVision Plus. This includes private practices, retailers, and online retailers such as Visionworks, Walmart, Costco and Glasses.com.

### How do I find a provider?

To find a provider, go to **carefirst.com** and use the Find a Provider feature or call Davis Vision for a list of network providers closest to you at 800-783-5602, available seven days a week. Service is available 8 a.m.–11 p.m., Monday through Friday; 9 a.m.–4 p.m., Saturday; and noon–4 p.m. on Sunday.

Be sure to ask your provider if they participate with the Davis Vision network before receiving care.

### How do I receive care from a network provider?

Call your provider and schedule an appointment. Identify yourself as a CareFirst BlueVision Plus member and provide the doctor with your identification number, as well as your date of birth. Then go to your appointment and receive care. There are no claim forms to file.

### What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer some out-of-network coverage. However, you will be responsible for all payments upfront and need to file a claim with Davis Vision for reimbursement. You must also pay any balances over the allowed benefit to the non-participating provider. Find the claim form at **carefirst.com:** locate *For Members*, then click on *Forms, Vision, Davis Vision.*

### Can I get contacts and eyeglasses in the same benefit period?

No. BlueVision Plus covers one pair of eyeglasses OR a supply of contact lenses per benefit period.

### When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your member ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

### BlueVision Core vs BlueVision Plus

Some CareFirst members have an embedded vision product called BlueVision Core (exam only with discounts) plan AND a BlueVision Plus plan. To ensure you are receiving your BlueVision Plus benefits look for the **VU indicator on your member ID card**.

## Other benefits

- **Access to in-network online retail partners:** Glasses.com, Warby Parker and Befitting
- **Hearing aid discounts** through YourHearing Network
- **Free LASIK consultation**
  - **Under $1,000/eye for conventional LASIK** (usually $1,677/eye)
  - **40-50% off** the national average price
  - **1,000 locations nationwide**

# Manage Your Healthcare with My Account

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID card and more. Plus, you'll also be able to quickly locate in-network providers and facilities nationwide.

Visit **carefirst.com/myaccount** to register.

## My Account at a glance:

### 1 Home

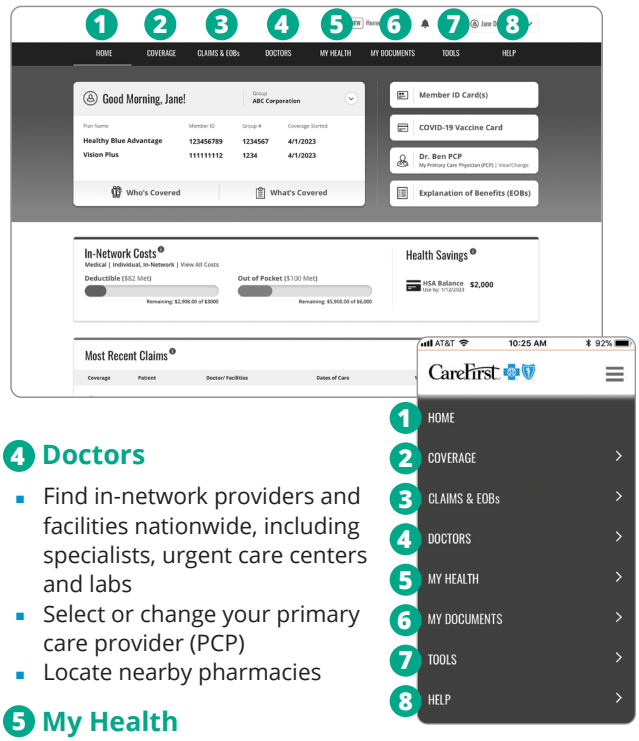
- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center*
- Check *Alerts* for important notifications

### 2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)[1]
- Order and refill prescriptions
- View prescription drug claims

### 3 Claims & EOBs

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary




### 4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

### 5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options[1]
- Track your Blue Rewards progress[1]

### 6 My Documents

- Look up plan forms and documents[2]
- Download *Vitality*, your annual member resource guide

### 7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures[3]
- Use the drug pricing tool to determine prescription costs

### 8 Help

- Find answers to many frequently asked questions
- Send a secure message
- Locate important phone numbers

[1] Only if offered by your plan.

[2] Only available when using a computer.

[3] 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.

SUM4146-1E (9/23)

# Take the Call

If you're dealing with something health-related—a medical emergency, chronic condition like diabetes, or personal goal such as losing weight—you don't have to go it alone. CareFirst BlueCross BlueShield (CareFirst) is here for you.

As part of your medical benefits, you may receive a call from us (or a letter or postcard in the mail) telling you more about our personal, one-on-one health support programs that can help with whatever you're facing. These programs are confidential, and there's no obligation to participate. But if you decide to take part, you can choose how involved you want to be.

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


You don't need to wait for us to contact you. If you would like to learn more about our one-on-one coaching and support programs, visit **carefirst.com/takethecall**.

## Confidential, one-on-one support

Below are a few examples of when we might contact you about our personal health programs.

| | Program name | Overview | Why it's important | Communication |
|---|---|---|---|---|
|  | **Health & Wellness** | Personal coaching support to help you achieve your health goals | Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more. | Letter or phone call from a ***coach*** |
|  | **Care Management** | Support for a variety of acute and chronic medical conditions and health care concerns and/or supporting transition from hospital to home | Connecting you with a nurse who works closely with your primary care provider (PCP) or specialist to help you understand your doctor's recommendations, medications and treatment plans. The nurse may provide interventions and resources to help you independently manage your health care or transition safely from the hospital to home. | Introduction by PCP or a phone call from a ***Registered Nurse Care Manager*** |
|  | **Pharmacy Advisor** | Managing medications for specific conditions | Understanding your condition and staying on track with appropriate medications is crucial to successfully managing your health. | Letter or a phone call from a ***CVS Caremark pharmacy specialist*** |
| | **Comprehensive Medication Review** | Managing multiple medications | Talking to a pharmacist who understands your medication history can help identify any possible side effects or harmful interactions. | Phone call from a ***CVS Caremark pharmacist*** |
| | **Specialty Pharmacy Coordination** | Managing specialty medications for chronic conditions | Connecting with a nurse who specializes in your condition provides additional support so you can adhere to your treatment plan for better health. | Letter or phone call from a ***CVS Caremark specialty nurse*** |
|  | **Behavioral Health and Substance Use Disorder** | Support for mental health and/or addiction issues | Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources. | Phone call from a ***CareFirst behavioral health care coordinator*** |

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members. CVS Caremark does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the pharmacy benefit management services it provides.

SUM3785-1S (5/23)

# Know Before You Go

*Your money, your health, your decision*

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

## Primary care provider (PCP)

The best place to get consistent, quality health care is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

## CloseKnit Virtual Care

Our virtual-first practice, CloseKnit, offers 24/7/365 virtual primary care, behavioral health, and urgent care services.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

## 24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

## Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

## Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) provide treatment for injuries and illnesses that require prompt medical attention but are not life-threatening (sprains, minor cuts, flu, rashes, minor burns). These centers have doctors on staff and offer weekend/after-hours care.

## Emergency room (ER)

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing or head trauma. Prior authorization is not needed for emergency room services.

Did you know that **where** you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

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

## When you need care

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

| | Sample Cost | Needs or Symptoms | 24/7 | Rx |
|---|---|---|---|---|
| **24-Hour Nurse Advice Line** | $0 | If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse. | | |
| **CloseKnit Virtual Care** *(24/7/365 virtual care for members)* | $10 | ■ Cough, cold and flu<br>■ Urgent care needs<br>■ Illness while traveling<br>■ Therapy | ✔ | ✔ |
| **Convenience Care** *(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)* | $20 | ■ Cough, cold and flu<br>■ Pink eye<br>■ Ear pain | ✘ | ✔ |
| **Urgent Care** *(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)* | $60 | ■ Sprains<br>■ Cut requiring stitches<br>■ Minor burns | ✘ | ✔ |
| **Emergency Room** *(Life-threatening illness or injury)* | $200 | ■ Chest pain<br>■ Difficulty breathing<br>■ Abdominal pain | ✔ | ✔ |

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

### To determine your specific benefits and associated costs:

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

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

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

SUM3424-1P (8/23)

# Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Want to view personalized information about doctors in your plan's network? Be sure to log in to *My Account* from your computer, tablet or smartphone.

## Find providers

*carefirst.com/doctor*

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

## Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

## Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will help:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit **carefirst.com/doctor** and log in today!

CUT5766-2P (8/19)

# CareFirst WellBeing

*Putting the power of health in your hands*

Welcome to CareFirst WellBeing℠—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

## Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body compared to your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

## Exclusive features

Our well-being program is full of resources and tools that reflect your own preferences and interests. You get:

- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content and programs tailored to you.
- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

*Download the mobile app to access well-being tools and resources whenever and wherever you want.*

## Specialized programs

The following programs can help you focus on specific wellness goals.

### Health coaching

Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

### Weight management program

We offer two weight management programs in our WellBeing collection. If eligible, you can choose either psychology-based program to help you achieve and sustain a healthier weight, as well as reduce your risk for type 2 diabetes.

### Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and online tools make quitting easier than you might think.

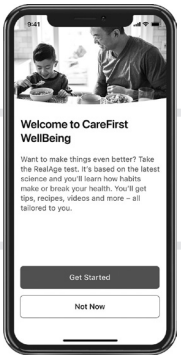
### Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

### Additional offerings

- **Wellness discount program**—Sign up for Blue365 at **carefirst.com/wellnessdiscounts** to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- ***Vitality* magazine**—Read our member magazine which includes important plan information at **carefirst.com/vitality**.
- **Health education**—View our health library for more health and well-being information at **carefirst.com/livinghealthy**.

To explore or register for the program, visit **carefirst.com/wellbeing** or download the CareFirst WellBeing app.




This well-being 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.

SUM6174-1P (9/23)

# Mental and Behavioral Health Support

*Well-being for mind and body*

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

It's common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

Our Behavioral Health Digital Resource is an online platform that gives members access to trained volunteer listeners, self-guided growth paths and treatment plans, community support and referrals to credentialed physicians in the CareFirst provider network. Support is available 24/7 in more than 140 languages.

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

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.

*If you or someone you know is in crisis, dial 988.*

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit **carefirst.com/mentalhealth.**

SUM3223-1P (9/22)

# Need Someone to Talk To?

*Resources to help you live your best life*

It's perfectly normal to face difficult times or some form of mental health challenge during your life. We all do. When it happens, it's important to remember you're not alone. And it's never too late to seek help.

## Get confidential mental health support at no cost to you

CareFirst BlueCross BlueShield (CareFirst)—**together with 7 Cups of Tea[1] (7 Cups), the world's largest behavioral health support system**—is pleased to offer a digital resource to help you live your best life.

With the CareFirst Behavioral Health Digital Resource, you can get the emotional care you need, when you need it, 24/7. You can also connect to a caring, accepting community and learn new skills to help you grow stronger.

## Be heard, meet great people and feel like you again

If you're a CareFirst member with medical benefits, you can participate and get the mental health support you need in a way that best suits you.

- **Talk with someone who understands**—Access over 430,000 trained, volunteer listeners who, unlike family or friends, don't try to solve problems—they just listen. Through chat-based messaging, you can talk one-on-one about any issues, big or small, whatever's in your heart. *Support is available in more than 140 languages.*
- **Connect with a licensed therapist**[2]—A CareFirst behavioral health care manager can help you make an appointment.
- **Join a support forum**—Be part of a large, accepting community working together to provide a supportive and understanding forum through online discussion boards, specific group chats and moderated chat rooms.
- **Learn new coping skills**—Take small, simple steps to transform your life. Over 35 growth paths teach valuable skills on various topics, including overcoming depression, financial freedom, getting through breakups, grieving, work stress and more.

**The help you need is waiting.**

To set up your free account, visit carefirst.com/myaccount and enter your CareFirst *My Account* username and password. Once logged in to *My Account*, scroll down to the *Featured Resources* and select the *Behavioral Health Digital Resource* tile. Or, download the 7 Cups app from the Apple and Android stores. After you've registered, simply log in and start your journey to better mental health.

[1] 7 Cups is an independent company that does not provide Blue Cross Blue Shield products or services.

[2] Standard medical benefits apply.

SUM5819-1P (11/21)

# Life Insurance

For those retirees participating, this policy is written through the MetLife Insurance Company. The policy provides an initial death benefit of $20,000. The death benefit will be reduced annually by $2,000 on July 1 until the amount of $10,000 has been reached. Thereafter, the coverage will remain at $10,000 for as long as the policy is in force.

Currently, the Board of Education pays 90% and the retiree will pay 10% of the premium for this coverage. This premium will be deducted from your monthly State Retirement System check.

| Coverage amount | Monthly premium |
|---|---|
| $ 20,000 | $ 0.46 |
| $ 18,000 | $ 0.41 |
| $ 16,000 | $ 0.36 |
| $ 14,000 | $ 0.32 |
| $ 12,000 | $ 0.27 |
| $ 10,000 | $ 0.23 |

### Retirees hired after 7/1/06

| Coverage amount | Monthly premium |
|---|---|
| $ 20,000 | $ 3.16 |
| $ 18,000 | $ 2.85 |
| $ 16,000 | $ 2.53 |
| $ 14,000 | $ 2.22 |
| $ 12,000 | $ 1.90 |
| $ 10,000 | $ 1.58 |

# Frequently Asked Questions

### When should I apply for Medicare?

You're eligible the first of the month when you turn 65. Contact Social Security 3 months prior to your 65th birthday.

### How can I sign up for Part A & B of Medicare?

- Apply online at **socialsecurity.gov**.
- Visit your local Social Security office.
- Call Social Security at 1-800-772-1213

### What happens once a covered member becomes eligible for Medicare?

Once you or your dependent becomes eligible for Medicare, enrollment in Medicare Part A & B is required to maintain coverage with HCPS. All retirees are required to provide the HCPS Benefits office with a copy of their Medicare card.

The Medicare eligible member will have the supplemental plan and the remaining member(s) will stay in the PPO Plan with Individual, Parent/Child, Husband/Wife or Family coverage.

### Will my pharmacy benefit change once I go on Medicare?

Yes. Please contact the Benefits Office at 410-588-5275 for a copy of the plan guide for the Medicare supplemental plan offered by the Board.

### What about Medicare Part D?

Currently, all retirees of HCPS should waive Medicare Part D. Any retiree who chooses to enroll in a Medicare D plan will lose prescription benefits with their HCPS plan. Harford County receives a Medicare subsidy for retirees who are not enrolled in Part D.

# Frequently Asked Questions

## Who is an eligible dependent?

- Your legal spouse
- Your dependent children up to age 26.
- Your unmarried children of any age who are physically/mentally incapable of self-support and cannot earn their own living (onset of disability must be prior to age 26 or while covered under the plan).

## When can I add a spouse, child or newborn to my insurance coverage?

Contact the Benefits Office to obtain an Enrollment/Change Application to add your new child or spouse. You have 30 days from date of birth/adoption or marriage to add him/her to your health/dental plans. Coverage will take effect retroactively to the date of birth/date of adoption or marriage. Failure to add within the 30 days will result in your dependent losing the opportunity to enroll in our benefits. You will need to provide proper documentation (birth certificate, marriage certificate, adoption paperwork).

## When does coverage end for my dependents should I die?

End of the month in which the death occurred. Your surviving spouse/dependent will have the option of continuing coverage on Harford County Public Schools plan throughout their lifetime but is responsible for paying 100% of the premium.

## What should I do when my dependent loses eligibility for coverage?

You are responsible for notifying the Benefits Office as soon as you know that your dependent will no longer meet the eligibility requirements for coverage. You should notify the Benefits Office in advance so the dependent can be removed from coverage at the appropriate time. There are no refunds of premiums paid during any period of ineligibility.

When coverage ends for a dependent, he or she may choose to continue coverage under COBRA for a maximum of 36 months, providing the Benefits Office is notified within 60 days of the loss of eligibility.

Should any of your dependents become ineligible for coverage due to any of the following reasons: over the age limit, divorce, military or death, their coverage ceases the end of the month in which the event occurred. It is your responsibility to notify the Benefits Office.

NOTE: Coverage continues for a child until the end of the month in which the child turns 26. For example, a child whose 26th birthday is May 12 can be covered through May 31st.

## What if I move?

Should your address change, you will need to notify the State Retirement Agency in writing at 120 E. Baltimore Street, Baltimore MD 21202 and the HCPS Benefits Office of your new address and telephone number.

## Moving out-of-state?

Members enrolled in the HMO should contact the Benefits Office for guidance.

# Health Insurance Portability Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) places limitations on a group health plan's ability to impose pre-existing condition exclusions, provides special enrollment rights for certain individuals, and prohibits discrimination in group health plans based on health status.

We are electronically transmitting data to the vendors for eligibility purposes. The vendors and HCPS are in compliance with the HIPAA requirements. No personally identifiable information may be released to a third party.

## Special enrollment rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

* If you, your spouse or eligible dependent child loses coverage under Medicaid or a State Children's Health Insurance Program (S-CHIP) or becomes eligible for state-provided premium assistance, the affected individual(s) has 60 days from the date of the event to elect coverage in the HCPS Healthcare plans. Contact HR/Benefits Office for more information.

For more information about your rights, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at **dol.gov/ebsa**.

# Privacy Notice

Your privacy is a high priority for Harford County Public Schools and it will be treated with the highest degree of confidentiality.

Harford County Public Schools (the Board) is required under the Medical Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA) to provide all of its employees and retirees participating in its self-funded health care plans with this PRIVACY NOTICE, which concerns personal, protected health information you have provided to the Board as a condition of your employment.

In providing health insurance benefits to you, the Board collects the following types of personal information: (1) information you provide to us on an application or enrollment form in order to obtain insurance including your name, address, telephone number, date of birth, and Social Security number; (2) premium payments the Board pays on your behalf; (3) the fact that you are currently or have been one of our employees; (4) information you have given to us from any of your physicians or other health care providers; (5) information related to your health care status including diagnosis and claims payment information and (6) other information about you that is necessary for us to have in order to provide you with health insurance.

We may disclose this information to our third party vendors (the Vendors) without prior authorization, as permitted by law. We do not disclose any personal information about either our current employees or former employees to anyone, except as permitted by law. We may, from time to time, disclose personal information about you without prior authorization, as permitted by law, to the Vendors to perform services or functions on our behalf. If we make such a disclosure, we will do so only if we have a contract in place that prohibits the Vendors from disclosing or using the information for any purpose other than the purpose of the disclosure, except as permitted by law. We restrict access to your personal information to those employees of the Board who need to know that information in order to provide services to you.

We maintain physical, electronic and procedural safeguards that comply with HIPAA regulations to guard your personal information. Employees, who have access to your personal information, are required to abide by the following standards: (1) to safeguard and secure confidential personal information as required by law; (2) to limit the collection and use of any participants information to the minimum necessary and (3) to permit only trained, authorized employees to have access to your personal information. Employees who violate the policy will be subject to our established disciplinary policy. In addition, the Board will: (1) provide all of our participants, at least annually, with any updates to this policy; (2) provide information about you to the Vendors only in accordance with the law; (3) require the Vendors to enter into a contract that prohibits disclosure or the use of your personal information other than to carry out the purpose of the disclosure, except as permitted by law; (4) not share your personal information for purposes other than allowed by law; (5) allow participants the opportunity to correct personal information that they believe is not accurate.

# Definitions

These definitions have been developed to help you become familiar with some of the terms in this manual.

### Allowed Benefit

The criteria CareFirst BlueCross BlueShield uses to determine payments to your physician. It is based upon the Resource Based Relative Value Unit System. This system takes 3 factors into consideration; work value (amount of skill/time/effort required for service), practice expense (cost of overhead expenses), and the liability/malpractice expense for covered services.

### Card (Identification/Membership)

Identification or membership card for medical/pharmacy coverage. The card identifies the employee, types of elected coverage, type of membership and the effective date of coverage.

### Coinsurance

A cost-sharing requirement under your CareFirst BlueCross BlueShield policy which requires you to assume a percentage of the costs of covered services.

### Copay

Cost sharing in which you pay a flat amount per service. Unlike coinsurance the amount does not vary as a percentage of the cost of the service.

### Deductible

Amount of expense you must incur before CareFirst BlueCross BlueShield will assume any liability for all or part of the remaining cost of covered services.

### Eligibility

State of fulfilling requirements for coverage.

### In-network Provider

A preferred provider within a Preferred Provider Organization.

### Medical Emergency

The sudden and unexpected onset of a serious illness or condition which requires necessary, immediate medical care.

### Non-Participating Provider

A physician or other provider who has not signed an agreement with the CareFirst BlueCross BlueShield plan to accept the Allowed Benefit as payment in full.

### Out-of-network Provider

A provider that is not part of the PPO network

### Out-of-pocket

The deductible copayment plus any coinsurance amount that the subscriber pays; once this has been met the policy will normally pay at 100% of the Allowed Benefit for most covered services.

### Participating Provider

Individual physicians, hospitals and professional health care providers who have a contract with CareFirst BlueCross BlueShield and/or CareFirst BlueChoice, Inc. to provide services to its members at a discounted rate and to be paid directly for covered services.

### Medical and Dental Plan Year

The Plan Year is twelve months July 1–June 30.

### FSA Plan Year

FSA Plan Year is twelve months July 1–June 30.

### Professional Component

That portion of a charge for x-ray or laboratory services performed in a hospital which is allocated to a physician as his professional fee.

### Provider

An individual or institution that provides medical care.

# Fully-Insured vs. Self-Insured

*What is the difference?*

Employers that offer health insurance benefits finance those benefits in one of two ways: They purchase health insurance from an insurance company (fully-insured plans), or they provide health benefits directly to employees (self-insured plans). Typically, these plans differ by who assumes the insurance risk, plan characteristics, and employer size.

**If an employer-sponsored plan is fully-insured:** The insurance company is ultimately responsible for the health care costs and the employer pays premiums. In a fully-insured plan, the employer pays a per-employee premium to someone else (an insurance company) to take on the risk that they will pay out more in benefits than they collect from you in premiums. The insurer collects the premiums and pays the health care claims based on your policy benefits. The covered persons are responsible to pay any deductible amounts or copayments required for covered services under the policy.

**If an employer-sponsored plan is self-insured:** The employer assume the financial risk and acts as its own insurer and is ultimately responsible for the health care costs, and pays for all of those costs plus administration fees. Self-insured plans often contract with an insurance company or other third party to administer the plan, but the employer bears the risk associated with offering health benefits.

**Harford County Public Schools (HCPS) self-insures all medical and dental plans offered** This means we assume the risk for every dollar of health care expense our employees and their families incur. We use the dollars collected through your payroll contributions and HCPS's contributions to pay employees' claims and the administration costs of the plans. In addition we also share in costs with employees at the point of care, through the plan's benefit features (e.g., coinsurance and copayments). Our third party administrator is CareFirst.

Self-insuring our medical and dental plans benefits HCPS and our employees in many ways:

- **Our benefit dollars go toward benefits.** Built into the cost of any insurance policy is the insurer's profit. When we self-insure, we eliminate the middleman—the insurer—and its built-in profit. Though third-party insurers administer our plans, they do so on a fee-for-service basis; they take no financial risk for paying our claims. And since HCPS is not making a profit by providing health insurance coverage to you, every dollar of your and HCPS's contributions are used to pay claims and the administrative expenses for our plans.
- **We have more flexibility.** When we self-insure our plans, HCPS, and not an insurance company, decides how our plans work. This provides us with more flexibility in designing our plans (e.g., deciding on copayment and coinsurance levels) to fit the needs of our employees. The insurance carrier is responsible for negotiating rates with in-network providers and the processing of claims.
- **We have more control.** Self-insured plans are subject to federal regulations, while fully-insured plans are regulated by the state in which the plan operates. This exempts HCPS from providing for state-mandated benefits in our plans (which can be costly) and from paying state-mandated taxes on health care premiums (an additional expense for the plans).

Even though HCPS plans are self-funded, HCPS does not assume 100% of the risk for catastrophic claims. Rather, we purchase what is known as Stop-Loss insurance to protect against large individual claims as well as total claims which exceed the expected level for our group of covered persons.

The total cost of a self-funded plan is the fixed costs plus the claims expense less any stop-loss reimbursements.

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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<br>Baltimore, Maryland 21224 |
| Email Address | **civilrightscoordinator@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**.

## Notice of Nondiscrimination and Availability of Language Assistance Services

### 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 ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ 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)* Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa ìṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ 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.

## Notice of Nondiscrimination and Availability of Language Assistance Services

*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।

*Bàsɔ́ɔ̀-wùdù (Bassa)* Tò Đùǔ Cáo! Bɔ̃ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fûà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̃ nìà kɛ ɓéɖé wé jéɛ́ ɓě ɓɛ́ m̀ ké ɖɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̃ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé ɖé nì ɓíɖí-wùdù mú ɓɛ́ m̀ ké se wídí ɖò péɛ̀. Kpooɔ̀ nyɔ ɓě mɛ ɖá fǔùn-nɔ̀ɓà nìà ɖé waà I.D. káàɔ̀ ɖeín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ ɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔ̀à 0 kɛɛ dyi pàɖàìn hwè. Ɔ jǔ ké nyɔ ɖò dyi m̀ gɔ̃ jǔǐn, po wuɖu m̀ mɔ́ poɛ dyiɛ, ké nyɔ ɖò mu ɓó nììn ɓé ɔ ké nì wuɖuɔ̀ 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 855-258-6518پر 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين 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。

## Notice of Nondiscrimination and Availability of Language Assistance Services

*Igbo (Igbo)* Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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 아니신 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 ił hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'įįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.

*Health benefits administered by:*

CareFirst

CONNECT WITH US:



BOK5283-1N (2/24)