

# 51+ Product Portfolio

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D.C./VIRGINIA

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# Table of Contents

Overview.....	3	BlueChoice HMO HSA/HRA Plans.....	23
Value-Added Services.....	4	BlueChoice HMO HRA and HSA/HRA Minimum Value Plans.....	24
Glossary.....	5	BlueChoice HMO Open Access Plans.....	26
51+ Product Overview.....	6	BlueChoice HMO Open Access Smart Selections Plans.....	27
BlueChoice Advantage Plans.....	7	BlueChoice HMO Open Access HRA and HSA/HRA Plans.....	28
BlueChoice Advantage Smart Selections Plans.....	9	BlueChoice HMO Open Access HRA and HSA/HRA Coinsurance Plans.....	29
BlueChoice Advantage Coinsurance Plans.....	10	BlueChoice Open Access HRA and HSA/HRA Minimum Value Plans.....	30
BlueChoice Advantage HSA/HRA Plans.....	11	D.C./VA Standard Non-Integrated Deductible Formulary 3 Rx Options.....	32
BlueChoice Advantage HSA/HRA Coinsurance Plans.....	12	D.C./VA Standard Integrated Deductible Formulary 3 Rx Options.....	32
BlueChoice Advantage HRA Minimum Value Plans.....	13	D.C./VA Standard Minimum Value Formulary 3 Rx Options.....	33
BlueChoice Advantage HSA/HRA Minimum Value Plans.....	14	General Pharmacy Notes.....	34
BlueHPN HRA and HSA/HRA Plans.....	16	WellBeing and Blue Rewards Notes.....	35
BluePreferred PPO Plans.....	17	Dental Plans and Benefit Information.....	38
BluePreferred PPO HRA and HSA Plans.....	18	Dental Notes.....	40
BlueChoice HMO Plans.....	20	Dental Products.....	41
BlueChoice HMO Smart Selections Plans.....	21	BlueVision Plans.....	50
BlueChoice HMO Coinsurance Plans.....	22		

# Overview

CareFirst BlueCross BlueShield (CareFirst) offers an array of plans designed to meet various financial, benefit and group needs.

## National Plans

Our vast network expands beyond Washington, D.C., Maryland and Northern Virginia. CareFirst's national plans have access to more than 96% of hospitals and 95% of doctors nationwide.

National plans include:

- BlueChoice Advantage
- Blue High Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>)
- BluePreferred PPO
- BlueChoice Advantage Minimum Value Plans

### Ask your CareFirst representative about:

- Retiree coverage, including Group Medicare Advantage
- Employee Assistance Program (EAP)
- Life and Disability Insurance
- Stop Loss Insurance for self-insured groups
- Global Solutions coverage for employees living or working outside the U.S.

Take advantage of Whole Health Savings when bundling medical coverage with dental, vision, life or disability.

All our plans are offered fully insured. Talk to your CareFirst sales representative about self-insured options and other funding arrangements.

## Regional Plans

CareFirst's regional plans use the BlueChoice network of participating doctors, specialists and hospitals available in Washington, D.C., Maryland and Northern Virginia for in-network coverage.

Regional plans include:

- BlueChoice HMO
- BlueChoice Open Access
- BlueChoice and BlueChoice Open Access Minimum Value Plans

## Specialty Products

Pharmacy programs are an integral part of high-quality health care. Several options are available including pharmacy plans with integrated and non-integrated deductibles in 5-tier formularies.

CareFirst has a wide array of Dental and Vision plans that can be paired with our medical plans or sold on their own.

Many of our medical plans can be paired with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) either through our BlueFund integrated fund administrator or a third-party vendor.

## Value-Added Services (included in all medical plans)

- Core BlueVision coverage for an annual vision exam and discounts on materials
- Virtual Connect\*\*—an embedded virtual care benefit through CloseKnit, our virtual-first primary care practice—offering members \$0 PCP visits and \$0 mental health visits
- The 24-Hour Nurse Advice Line providing support and guidance for any non-emergency situation, 24 hours a day, 7 days a week, 365 days a year
- CareFirst WellBeing<sup>SM</sup>, a program to address every aspect of a member's well-being, from physical and emotional to social and financial
- BlueRewards incentive program for engaging in healthy behaviors
- The CareFirst Behavioral Health Digital Resource, powered by 7 Cups\*, the world's largest online behavioral health support system
- Disease management programs for members with a chronic condition or a specific health goal
- Blue365, an exciting program that offers exclusive health and wellness deals and delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more
- Fully integrated Rx plans include \$0 select generic drugs (no deductible, no copay or coinsurance)
- *My Account* member portal with information on claims, deductibles and out-of-pocket maximums, copies of correspondence and ID cards, and many other self-service options
- Find a Doctor online directory making it easy to find and compare providers near members
- If elected, easy administration of HRA and HSA funds through our BlueFund integrated administrator
- HRA compatibility on all plans with a deductible of \$1,000 or more
- All BlueChoice products include the Discount Dental Program as a value-added service at no additional charge. BlueChoice members have access to a regional network of dentists who provide discounts of between 30% and 60% on virtually all dental procedures, including routine office visits, X-rays, exams, fillings, root canals and even orthodontics

### Max Performance Plus—A New Alternative Funding Option

Max Performance Plus, which integrates with all CareFirst medical and pharmacy plans, gives fully insured groups greater financial control thanks to predictable monthly payments, access to monthly reporting for visibility into their claims history, and the opportunity to share in 100% of the surplus at the end of the contract year, up to 15% of their net premium.

\* 7 Cups is an independent company that does not provide Blue Cross Blue Shield products or services.

\*\*Members in an HSA-qualified plan must satisfy their deductible before receiving the \$0 PCP and mental health Virtual Connect benefit for non-preventive care.



# Glossary

## Administrative Services Only (ASO)

An arrangement in which an organization funds its own employee benefit plan such as a pension plan or health insurance plan that hires an outside firm to perform specific administrative services.

## Aggregate/unstacked

The **family deductible** must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.

The **family out-of-pocket maximum** must be met before any member's services will be covered at 100% up to the allowed benefit. The out-of-pocket maximum may be met by one member or any combination of members.

## Blue High Performance Network

The BlueHPN network is a national network that is available in over 65 markets.

## Coinsurance

The percentage or amount patients are required to pay through their insurance plan for reasonable medical expenses after a deductible has been satisfied.

## Copayment

The dollar amount a patient pays when services are received. A visit to a primary care physician might require a copayment of \$10, a visit to a specialist \$20, and a prescription \$20.

## Deductible

The dollar amount of covered services based on the allowed benefit that must be paid by an individual or family per benefit period before the insurance company (CareFirst) begins to pay its portion of the claims.

## Drug tier

Drugs on a formulary are typically grouped into tiers. The tier that your medications is in determines your portion of the drug cost.

## Health Maintenance Organization (HMO)

A health benefits program that usually has the lowest out-of-pocket costs. HMOs require that the member select a primary care physician, generally a family practitioner, internist or pediatrician, who is part of the plan's network.

## Health Reimbursement Arrangement (HRA)

An account that your employer owns and deposits a predetermined amount into each year for qualified health care expenses, such as copays, flat doctor or specialist fees and medical supplies. The money your employer contributes is not taxed as a part of your income.

## Health Savings Account (HSA)

An account you own that either you or your employer can deposit money into for future health care expenses. Money saved in an HSA is not treated as taxable income. You can use these funds to pay for doctor visits, medical supplies and other out-of-pocket expenses.

## In-network

Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

## Lifetime maximum

The maximum amount the plan will pay in benefits for each member during their lifetime.

## Oral chemotherapy drugs and diabetic supplies

(e.g., *insulin syringes, pen needles, lancets, test strips and alcohol swabs*) Available at a zero-dollar cost share.

\*Exception: HSA/HRA (Integrated) plans.

## Out-of-Network (OON)

The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organization (PPO) and Point-of-Service (POS) plans can go out-of-network, but will pay higher out-of-pocket costs.

## Out-of-Pocket Maximum (OOP)

The maximum dollar amount a member will pay out-of-pocket for coinsurance, copayments and/or deductibles in a plan year for eligible medical expenses.

## Patient-Centered Medical Home (PCMH)

An approach to providing comprehensive primary care that facilitates partnership between individual patients, and their personal providers, and when appropriate, the patient's family.

## Point-of-Service (POS)

These plans include in-network (HMO) and out-of-network (PPO or traditional major medical) options that enable members to select which network and level of benefits they want to utilize at the time services are required.

## Preferred Provider Organization (PPO)

An agreement between a medical provider and a health care carrier for the delivery of services to a specific member population using discounted fees for cost savings. This relates to only a fee arrangement, and does not imply that any provider is more or less qualified than another.

## Preventive drugs

(e.g., *statins, aspirin, folic acid, iron supplements, smoking cessation products and FDA-approved contraceptives for women*) Available at a zero-dollar cost share if prescribed under certain medical criteria by the doctor.

## Preventive services

Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

## Rider

A provision added to a contract that increases or limits benefits or coverage.

## Separate/stacked

When **one family member** meets the **individual deductible**, they can start receiving benefits. Each family member cannot contribute more than the individual deductible. The family deductible must be met before any remaining family members can start receiving benefits.

When **one family member** meets the **individual out-of-pocket maximum**, their services will be covered at 100% up to the allowed benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed benefit.

## 51+ Product Overview

	BlueChoice HMO	BlueChoice HMO Open Access	BlueHPN	BlueChoice Advantage	BluePreferred PPO
<b>Enrollment</b>	Members must live or work within the CareFirst service area	Members must live or work within the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area
<b>Referrals</b>	Referrals required	No referrals	No referrals	No referrals	No referrals
<b>In-Network</b>	<b>In MD, DC &amp; VA:</b> BlueChoice Regional Network	<b>In MD, DC &amp; VA:</b> BlueChoice Regional Network	<b>In MD, D.C. &amp; VA:</b> BlueHPN Network <b>Out-of-Area:</b> BlueHPN Network	<b>In MD, DC &amp; VA:</b> BlueChoice Regional Network <b>Out-of-Area:</b> BlueCard PPO Network	<b>In MD, DC &amp; VA:</b> CareFirst PPO Network <b>Out-of-Area:</b> BlueCard PPO Network
<b>Out-of-Network</b>	Emergency or urgent care only	Emergency or urgent care only	Emergency or urgent care only	<b>In MD, DC &amp; VA:</b> CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) <b>Out-of-Area:</b> Non-participating providers (may be balance billed)	<b>In MD, DC &amp; VA and Out-of-Area:</b> Non-participating providers (may be balance billed)
<b>PCP Selection</b>	PCP selection is required. A PCP is required for the Blue Rewards program.	PCP selection is required. A PCP is required for the Blue Rewards program.	PCP selection is recommended, but not required.	PCP selection is recommended, but not required. <b>For Blue Rewards in MD, DC &amp; VA:</b> a PCP is required <b>For Blue Rewards Out-of-Area:</b> a BlueCard PPO PCP is required	PCP selection is recommended, but not required. <b>For Blue Rewards in MD, DC &amp; VA:</b> a PCP is required <b>For Blue Rewards Out-of-Area:</b> a BlueCard PPO PCP is required
<b>BlueChoice Rules (i.e., Labcorp)</b>	Yes	Yes	Only applicable in MD, DC and Northern VA	Only applicable in the CareFirst service area when the BlueChoice network is utilized	Not applicable

## BlueChoice Advantage Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
4	IN: None	IN: \$1,500/\$3,000	\$4,500/\$9,000	IN: \$20/\$20	\$20	IN: No Charge	\$100 per visit	IN: \$250 per admission	CUT7042	BRC6572
	OON: \$500/\$1,000	OON: \$3,000/\$6,000		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		
6	IN: None	IN: \$1,500/\$3,000		IN: \$30/\$30	\$50	IN: No Charge	\$200 per visit	IN: \$300 per admission	SUM1034	BRC7031
	OON: \$500/\$1,000	OON: \$3,000/\$6,000		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		
7	IN: \$250/\$500	IN: \$1,500/\$3,000		IN: \$30/\$30	\$50	IN: No Charge	\$200 per visit after in-network deductible	IN: \$300 per admission AD	SUM1035	BRC7032
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		
8	IN: \$250/\$500	IN: \$1,500/\$3,000		IN: \$30/\$30	\$50	IN: No Charge	\$200 per visit after in-network deductible	IN: \$300 per admission AD	SUM1036	BRC7033
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

# BlueChoice Advantage Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
15	IN: None	IN: \$1,000/\$2,000	Combined with Medical	IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit	IN: \$300 per admission	SUM5789	SUM5810
	OON: \$1,000/\$2,000	OON: \$2,000/\$4,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
16	IN: \$500/\$1,000	IN: \$1,000/\$2,000		IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM5790	SUM5811
	OON: \$1,000/\$2,000	OON: \$2,000/\$4,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
17	IN: \$1,000/\$2,000	IN: \$2,000/\$4,000		IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM5791	SUM5812
	OON: \$2,000/\$4,000	OON: \$4,000/\$8,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
18	IN: \$1,500/\$3,000	IN: \$3,000/\$6,000		IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM5792	SUM5813
	OON: \$3,000/\$6,000	OON: \$6,000/\$12,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
19	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000		IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM5793	SUM5814
	OON: \$4,000/\$8,000	OON: \$6,000/\$12,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
20	IN: \$2,500/\$5,000	IN: \$5,000/\$10,000	IN: \$20/\$30	\$50	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM5794	SUM5815	
	OON: \$5,000/\$10,000	OON: \$6,000/\$12,000	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD			
Q	IN: \$1,000/\$2,000	IN: \$2,500/\$5,000	\$3,500/\$7,000	IN: \$20/\$30	IN: \$30 AD	IN: No Charge	\$100 per visit after in-network deductible	IN: No Charge AD	SUM5456	SUM5457
	OON: \$2,000/\$4,000	OON: \$5,000/\$10,000		OON: 20% of Allowed Benefit AD	OON: \$30 AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.



# BlueChoice Advantage Smart Selections Plans

Separate Medical & Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1-S	IN: None	N: \$4,500/\$9,000	Combined with Medical	IN: \$10/\$20	\$40	IN: \$10	\$200 per visit	IN: \$300 per day (\$1,500 max per admission)	SUM3286	SUM3305
	OON: \$500/\$1,000			OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
2-S	IN: \$500/\$1,000	OON: \$6,500/\$13,000		IN: \$10/\$20	\$40	IN: \$10	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM3287	SUM3306
	OON: \$1,000/\$2,000			OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
3-S	IN: \$1,000/\$2,000	IN: \$6,850/\$13,700		IN: \$20/\$40	\$60	IN: \$20	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM3288	SUM3307
	OON: \$2,000/\$4,000			OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
4-S	IN: \$2,000/\$4,000	OON: \$7,850/\$15,700		IN: \$20/\$40	\$60	IN: \$20	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM3289	SUM3308
	OON: \$4,000/\$8,000			OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice Advantage Coinsurance Plans

Separate Medical and Rx Deductibles																		
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary									
									D.C.	VA								
9	IN: \$1,000/\$2,000	IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	Combined with Medical	IN: 10% of Allowed Benefit AD	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	SUM4620	SUM4651								
	OON: \$2,000/\$4,000			OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD										
10	IN: \$1,000/\$2,000			IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	Combined with Medical	IN: \$20/20% of Allowed Benefit AD	\$50	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM4621	SUM4652						
	OON: \$2,000/\$4,000					OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD								
11	IN: \$1,500/\$3,000					IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	Combined with Medical	IN: \$20/\$40	\$50	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM4622	SUM4653				
	OON: \$3,000/\$6,000							OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD						
12	IN: \$2,000/\$4,000							IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	Combined with Medical	IN: \$20/\$40	\$50	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM4623	SUM4654		
	OON: \$4,000/\$8,000									OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD				
13	IN: \$500/\$1,000									IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	Combined with Medical	IN: \$10/\$20	\$50	IN: \$20	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	SUM4624	SUM4704
	OON: \$1,000/\$2,000											OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice Advantage HSA/HRA Plans

Combined Medical & Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1	IN: \$1,600/\$3,200	IN: \$4,000/\$8,000	Combined with Medical	IN: \$30/\$30 AD	\$75 per visit after in-network deductible	IN: \$30 AD	\$300 per visit after in-network deductible	IN: \$300 per admission AD	SUM1680	SUM1679
	OON: \$3,200/\$6,400	OON: \$8,000/\$16,000		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		
2	IN: \$2,000/\$4,000	IN: \$3,000/\$6,550		IN: \$30/\$30 AD	\$75 per visit after in-network deductible	IN: 10% of Allowed Benefit AD	\$300 per visit after in-network deductible	IN: \$300 per admission AD	SUM1714	SUM1713
	OON: \$4,000/\$8,000	OON: \$5,950/\$11,900		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		
12	IN: \$2,000/\$4,000	IN: \$3,000/\$6,550		IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM5459	SUM5460
	OON: \$4,000/\$8,000	OON: \$5,000/\$10,000		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		
14	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000		IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM5795	SUM5816
	OON: \$4,000/\$8,000	OON: \$6,000/\$12,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

## BlueChoice Advantage HSA/HRA Coinsurance Plans

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
3	IN: \$1,600/\$3,200	IN: \$4,500/\$7,900	Combined with Medical	IN: 10% of Allowed Benefit AD	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	SUM4625	SUM4705
	OON: \$3,200/\$6,400			OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD		
4	IN: \$1,600/\$3,200	OON: \$6,550/\$13,100		IN: \$20/\$40 AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM4626	SUM4706
	OON: \$3,200/\$6,400			OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		
5	IN: \$2,500/\$5,000	IN: \$4,500/\$7,900		IN: No Charge/\$5 AD	No Charge after in-network deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM4627	SUM4707
	OON: \$5,000/\$10,000	OON: \$9,000/\$18,100		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
6	IN: \$1,600/\$3,200	IN: \$4,500/\$7,900		IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM4628	SUM4708
	OON: \$3,200/\$6,400	OON: \$6,550/\$13,100		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

## BlueChoice Advantage HRA Minimum Value Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV1	IN: \$5,000/\$10,000	IN: \$6,350/\$12,700	Combined with Medical	IN: \$40 AD	\$50 after in-network deductible	IN: \$40 AD	\$250 after in-network deductible	IN: 20% of Allowed Benefit AD	SUM2697	SUM2701
	OON: \$10,000/\$20,000	OON: \$12,700/\$25,400		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		
MV3	IN: \$3,000/\$6,000	IN: \$6,000/\$12,000		IN: \$25/\$50	\$100 per visit	IN: No Charge	\$250 after in-network deductible	IN: No Charge AD	SUM5090	SUM5105
	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV4	IN: \$5,000/\$10,000	IN: \$7,350/\$14,700		IN: \$30/\$60	\$100 per visit	IN: No Charge	\$250 per visit AD	IN: No Charge AD	SUM5091	SUM5106
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV5	IN: \$7,000/\$14,000	IN: \$8,150/\$16,300		IN: \$40/\$80	\$100 per visit	IN: \$40	\$250 per visit AD	IN: No Charge AD	SUM5092	SUM5107
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV6	IN: \$3,000/\$6,000	IN: \$6,000/\$12,000		IN: \$25/\$50	\$100 per visit	IN: 20% of Allowed Benefit	\$250 after in-network deductible	IN: 20% of Allowed Benefit AD	SUM6902	SUM6911
	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with a Non-Integrated Minimum Value Rx Option and can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.



## BlueChoice Advantage HSA/HRA Minimum Value Plans

Combined Medical and RX Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV1	IN: \$4,000/\$8,000	IN: \$6,550/\$13,100	Combined with Medical	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM2696	SUM2700
	OON: \$8,000/\$16,000			OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		
MV2	IN: \$5,500/\$11,000	OON: \$12,700/\$25,400		IN: \$25/\$50 AD	\$75 after in-network deductible	IN: \$25 AD	\$300 after in-network deductible	IN: 30% of Allowed Benefit AD	SUM3290	SUM3309
	OON: \$11,000/\$15,000			OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD		
MV3	IN: \$3,200/\$6,400	IN: \$6,000/\$12,000		IN: \$0/\$5 AD	No Charge after in-network deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM5093	SUM5108
	OON: \$6,400/\$12,800	OON: \$12,000/\$24,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV4	IN: \$5,000/\$10,000	IN: \$6,650/\$13,300		IN: \$0/\$5 AD	No Charge after in-network deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM5094	SUM5109
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV5	IN: \$7,000/\$14,000	IN: \$8,000/\$16,000		\$0/\$20 AD	No Charge after in-network deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM6896	SUM6905
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV6	IN: \$3,200/\$6,400	IN: \$6,000/\$12,000		\$0/\$20 AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM6899	SUM6908
	OON: \$6,400/\$12,800	OON: \$12,000/\$24,000		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice Advantage Notes

- All BlueChoice Advantage plans are open access. PCP referrals are not required.
- The in- and out-of-network medical deductible and out-of-pocket maximum contribute towards each other.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum except for BlueChoice Advantage Options 4, 6, 7, 8 and Q.
- BlueChoice Advantage Options 4, 6, 7, 8 and Q have separate medical and drug out-of-pocket maximums.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueChoice Advantage Minimum Value Notes

- PCP referrals are not required.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueHPN HRA and HSA/HRA Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1	None	\$2,500/\$5,000	Combined with Medical	\$20/\$30	\$50	\$20	\$200 per visit	\$400 per admission	SUM5866	SUM5873
2	\$1,000/\$2,000	\$4,500/\$9,000		\$20/\$40	\$50	\$20	\$200 per visit AD	\$400 per admission AD	SUM5867	SUM5874
4	\$2,000/\$4,000	\$4,500/\$9,000		\$20/\$40	\$50	\$20	\$200 per visit AD	\$400 per admission AD	SUM5869	SUM5876
5	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$50	\$25	\$200 per visit AD	\$400 per admission AD	SUM5870	SUM5877
6	\$5,000/\$10,000	\$7,350/\$14,700		\$25/\$50	\$50	\$25	\$200 per visit AD	\$400 per admission AD	SUM5871	SUM5878

All plans include CoreVision Option 1, can be paired with a Non-Integrated Rx Option and can be sold with an HRA.

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
3	\$1,600/\$3,200	\$4,500/\$7,900	Combined with Medical	\$20/\$30 AD	\$50 AD	\$20 AD	\$200 per visit AD	\$400 per admission AD	SUM5868	SUM5875
7	\$5,000/\$10,000	\$6,550/\$13,100		\$20/\$30 AD	\$50 AD	\$20 AD	\$200 per visit AD	\$400 per admission AD	SUM5872	SUM5879

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Option 3 has an Aggregate/Unstacked Deductible and OOP maximum. Option 7 has a Separate/Stacked Deductible and OOP maximum.

## BluePreferred PPO Plans

Separate Medical and Rx Deductibles											
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary		
									D.C.	VA	
1	IN: None	IN: \$1,000/\$2,000	\$4,500/\$9,000	IN: \$10/\$10	IN: \$10	IN: No Charge	\$50 per visit	IN: No Charge	CUT8832	BRC7164	
	OON: \$300/\$600	OON: \$2,000/\$4,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD			
6	IN: None	IN: \$1,500/\$3,000		IN: \$20/\$20	IN: \$20	IN: No Charge	\$50 per visit	IN: No Charge	CUT8837	BRC7169	
	OON: \$500/\$1,000			OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD			
7	IN: \$250/\$500			OON: \$3,000/\$6,000	IN: \$10/\$10	IN: \$10	IN: No Charge AD	\$50 per visit after in-network deductible	IN: No Charge AD	CUT8838	BRC7170
	OON: \$500/\$1,000	OON: 20% of Allowed Benefit AD			OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD				
9	IN: \$500/\$1,000	OON: \$1,000/\$2,000		IN: \$10/\$10	IN: \$10	IN: No Charge AD	\$50 per visit after in-network deductible	IN: No Charge AD	CUT8840	BRC7172	
	OON: \$1,000/\$2,000			OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD			
14	IN: \$1,000/\$2,000	IN: \$3,500/\$7,000		\$2,000/\$4,000	IN: \$20/\$20	IN: \$20	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	CUT8845	BRC7177
	OON: \$2,000/\$4,000	OON: \$7,000/\$14,000			OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
19	IN: \$5,000/\$10,000	IN: \$6,350/\$12,700	Combined with Medical	IN: \$20/\$20	IN: \$20	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	CUT8850	BRC7182	
	OON: \$10,000/\$20,000	OON: \$15,000/\$20,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD			

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum. BluePreferred Options 1, 6, 7, 9 and 14 have separate medical and drug out-of-pocket maximums.

## BluePreferred PPO HRA and HSA Plans

Combined Medical and Rx Deductibles—HRA Plans										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
3	IN: \$2,000/\$4,000	IN: \$3,000/\$6,550	Combined with Medical	IN: No Charge AD	IN: No Charge AD	IN: No Charge AD	\$100 per visit after in-network deductible	IN: No Charge AD	CUT8607	BRC6974
	OON: \$4,000/\$8,000	OON: \$15,000/\$15,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
8	IN: \$1,600/\$3,200	IN: \$4,000/\$8,000		IN: No Charge AD	IN: No Charge AD	IN: No Charge AD	\$100 per visit after in-network deductible	IN: No Charge AD	SUM1878	SUM1886
	OON: \$3,200/\$6,400	OON: \$8,000/\$16,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and be can sold with an HRA. Aggregate/Unstacked Deductible and OOP maximum.

Combined Medical and Rx Deductibles—HSA Plans										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
3	IN: \$2,000/\$4,000	IN: \$3,000/\$6,550	Combined with Medical	IN: No Charge AD	IN: No Charge AD	IN: No Charge AD	\$100 per visit after in-network deductible	IN: No Charge AD	CUT8859	BRC7190
	OON: \$4,000/\$8,000	OON: \$8,000/\$16,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
8	IN: \$1,600/\$3,200	IN: \$4,000/\$8,000		IN: No Charge AD	IN: No Charge AD	IN: No Charge AD	\$100 per visit after in-network deductible	IN: No Charge AD	SUM1877	SUM1885
	OON: \$3,200/\$6,400	OON: \$8,000/\$16,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and be can sold with an HSA. Aggregate/Unstacked Deductible and OOP maximum.



## BluePreferred Notes

- PCP referrals are not required.
- The in- and out-of-network medical deductible and out-of-pocket maximum contribute towards each other.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum for BluePreferred Option 19 and BluePreferred HSA/HRA Options 3 and 8.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueChoice HMO Plans

Separate Medical & Rx Deductibles											
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary		
									D.C.	VA	
3	None	\$1,300/\$2,600	\$4,500/\$9,000	\$10/\$20	\$20	No Charge	\$50 per visit	No Charge	CUT8605	BRC6937	
13	None			\$30/\$40	\$40	No Charge	\$50 per visit	\$300 per admission	CUT8615	BRC6957	
14	None			\$20/\$30	\$30	No Charge	\$50 per visit	\$300 per admission	CUT8616	BRC6958	
15	None	\$1,000/\$2,000	Combined with Medical	\$20/\$30	\$50	No Charge	\$250 per visit	\$300 per admission	SUM5775	SUM5796	
16	\$500/\$1,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5776	SUM5797	
17	\$1,000/\$2,000			\$2,000/\$4,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5777	SUM5798
18	\$1,500/\$3,000			\$3,000/\$6,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5778	SUM5799
19	\$2,000/\$4,000			\$4,000/\$8,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5779	SUM5800
20	\$2,500/\$5,000			\$5,000/\$10,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5780	SUM5801
B	\$500/\$1,000	\$2,500/\$5,000	\$3,500/\$7,000	\$20/\$30 AD	\$30 AD	No Charge	\$100 per visit AD	No Charge AD	CUT8618	BRC6960	
C	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	No Charge AD	CUT8619	BRC6961	
I	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	CUT8422	BRC6892	
J	None			\$30/\$40	\$40	No Charge	\$100 per visit	20% of Allowed Benefit	CUT8423	BRC6893	

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO Smart Selections Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1-S	None	\$4,500/\$9,000	Combined with Medical	\$10/\$20	\$40	\$10	\$200 per visit	\$300 per day (\$1,500 max per admission)	SUM3291	SUM3310
2-S	\$500/\$1,000			\$10/\$20	\$40	\$10	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3292	SUM3311
3-S	\$1,000/\$2,000	\$6,850/\$13,700		\$20/\$40	\$60	\$20	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3293	SUM3312
4-S	\$2,000/\$4,000			\$20/\$40	\$60	\$20	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3294	SUM3313
5-S	\$1,500/\$3,000	\$5,000/\$10,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4095	SUM4102
6-S	\$3,000/\$6,000	\$6,000/\$12,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4096	SUM4103

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO Coinsurance Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
L	\$1,000/\$2,000	\$4,500/\$9,000	Combined with Medical	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4629	SUM4709
M	\$1,000/\$2,000			\$20/20% of Allowed Benefit AD	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4630	SUM4710
N	\$1,500/\$3,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4631	SUM4711
O	\$2,000/\$4,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4632	SUM4712
P	\$500/\$1,000			\$10/\$20	\$50	\$20	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4633	SUM4713

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO HSA/HRA Plans

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
4	\$1,600/\$3,200	\$4,000/\$8,000	Combined with Medical	\$10/\$20 AD	\$20 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	SUM4647	SUM4727
5	\$2,000/\$4,000			No Charge AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5781	SUM5802
7	\$1,600/\$3,200	\$4,500/\$7,900		10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4643	SUM4723
8	\$1,600/\$3,200			\$20/\$40 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4644	SUM4724
9	\$2,500/\$5,000			No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4645	SUM4725
10	\$1,600/\$3,200			No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4646	SUM4726
11	\$2,000/\$4,000			10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4649	SUM4729

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and can be sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.



## BlueChoice HMO HRA and HSA/HRA Minimum Value Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV1	\$4,500/\$9,000	\$6,350/\$12,700	Combined with Medical	\$30/\$40 AD	\$100 per visit AD	\$40	\$300 per visit AD	30% of Allowed Benefit AD	SUM2695	SUM2699
MV2	\$5,000/\$10,000	\$6,850/\$13,700		\$30/\$60 AD	\$100 per visit AD	\$30 AD	\$300 per visit AD	40% of Allowed Benefit AD	SUM3295	SUM3314
MV3	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5095	SUM5110
MV4	\$5,000/\$10,000	\$7,350/\$14,700		\$30/\$60	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5096	SUM5111
MV5	\$7,000/\$14,000	\$8,150/\$16,300		\$40/\$80	\$100 per visit	\$40	\$250 per visit AD	No Charge AD	SUM5097	SUM5112
MV6	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$100 per visit	20% of Allowed Benefit	\$250 per visit AD	20% of Allowed Benefit AD	SUM6900	SUM6909

All plans include CoreVision Option 1, can be paired with a Non-Integrated Minimum Value Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV1	\$4,000/\$8,000	\$6,550/\$13,100	Combined with Medical	\$30/\$40 AD	\$50 per visit AD	20% of Allowed Benefit AD	\$250 per visit AD	20% of Allowed Benefit AD	SUM4650	SUM4730
MV3	\$3,200/\$6,400	\$6,000/\$12,000		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5098	SUM5113
MV4	\$5,000/\$10,000	\$6,650/\$13,300		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5099	SUM5114
MV5	\$7,000/\$14,000	\$8,000/\$16,000		\$0/\$20 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM6894	SUM6903
MV6	\$3,200/\$6,400	\$6,000/\$12,000		\$0/\$20 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM6897	SUM6906

All plans include CoreVision Option 1, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO Notes

- PCP referrals are required to see in-network BlueChoice specialists for BlueChoice HMO plans.
- Coinsurance only applies to in-network services.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the out-of-pocket maximum.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueChoice HMO Minimum Value Notes

- PCP referrals are required to see in-network BlueChoice specialists for BlueChoice HMO plans.
- Coinsurance only applies to in-network services for BlueChoice and BlueChoice Open Access plans.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueChoice HMO Open Access Plans

Separate Medical and Rx Deductibles											
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary		
									D.C.	VA	
3	None	\$1,300/\$2,600	\$4,500/\$9,000	\$10/\$20	\$20	No Charge	\$50 per visit	No Charge	CUT8629	BRC6971	
13	None			\$30/\$40	\$40	No Charge	\$50 per visit	\$300 per admission	CUT8639	BRC6981	
14	None			\$20/\$30	\$30	No Charge	\$50 per visit	\$300 per admission	CUT8640	BRC6982	
15	None	\$1,000/\$2,000	Combined with Medical	\$20/\$30	\$50	No Charge	\$250 per visit	\$300 per admission	SUM5782	SUM5803	
16	\$500/\$1,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5783	SUM5804	
17	\$1,000/\$2,000			\$2,000/\$4,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5784	SUM5805
18	\$1,500/\$3,000			\$3,000/\$6,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5785	SUM5806
19	\$2,000/\$4,000			\$4,000/\$8,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5786	SUM5807
20	\$2,500/\$5,000			\$5,000/\$10,000	\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5787	SUM5808
B	\$500/\$1,000	\$2,500/\$5,000	\$3,500/\$7,000	\$20/\$30 AD	\$30 AD	No Charge	\$100 per visit AD	No Charge AD	CUT8642	BRC6984	
C	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	No Charge AD	CUT8643	BRC6985	
I	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	CUT8494	BRC6910	
J	None			\$30/\$40	\$40	No Charge	\$100 per visit	20% of Allowed Benefit	CUT8495	BRC6911	
K	\$1,000/\$2,000			\$20/\$30 AD	\$30 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	SUM2680	SUM2687	

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO Open Access Smart Selections Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1-S	None	\$4,500/\$9,000	Combined with Medical	\$10/\$20	\$40	\$10	\$200 per visit	\$300 per day (\$1,500 max per admission)	SUM3296	SUM3315
2-S	\$500/\$1,000			\$10/\$20	\$40	\$10	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3297	SUM3316
3-S	\$1,000/\$2,000	\$6,850/\$13,700		\$20/\$40	\$60	\$20	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3298	SUM3317
4-S	\$2,000/\$4,000			\$20/\$40	\$60	\$20	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3299	SUM3318
5-S	\$1,500/\$3,000	\$5,000/\$10,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4097	SUM4104
6-S	\$3,000/\$6,000	\$6,000/\$12,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4098	SUM4105

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice HMO Open Access HRA and HSA/HRA Plans

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
1	\$1,200/\$2,400	\$2,400/\$6,550	Combined with Medical	\$15/\$25 AD	\$25 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT8700	BRC7042
6	\$1,300/\$2,600	\$2,600/\$6,550		\$15/\$25 AD	\$25 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	SUM1874	SUM1882

All plans include CoreVision Option 1, can be paired with an Integrated HealthyBlue Rx Option and sold with an HRA. Aggregate/Unstacked Deductible and OOP maximum

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
2	\$2,500/\$5,000	\$3,500/\$6,550	Combined with Medical	No Charge AD	No Charge AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT8701	BRC7043
3*	\$4,000/\$8,000	\$6,550/\$13,100		No Charge AD	No Charge AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT8702	BRC7044
4	\$1,600/\$3,200	\$4,000/\$8,000		\$10/\$20 AD	\$20 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT7013	BRC6563
11	\$2,000/\$4,000	\$4,000/\$8,000		No Charge AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5788	SUM5809

All plans include CoreVision Option 1, can be paired with an Integrated HealthyBlue Rx Option and can be sold with an HRA or HSA.

\* Option 3 has a Separate/Stacked Deductible and OOP maximum. All other options have an Aggregate/Unstacked Deductible and OOP maximum.

## BlueChoice HMO Open Access HRA and HSA/HRA Coinsurance Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
L	\$1,000/\$2,000	\$4,500/\$9,000	Combined with Medical	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4634	SUM4714
M	\$1,000/\$2,000			\$20/20% of Allowed Benefit AD	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4635	SUM4715
N	\$1,500/\$3,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4636	SUM4716
O	\$2,000/\$4,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4637	SUM4717
P	\$500/\$1,000			\$10/\$20	\$50	\$20	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4638	SUM4718

All plans include CoreVision Option 1, can be paired with a Non-Integrated Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum.

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
7	\$1,600/\$3,200	\$4,500/\$7,900	Combined with Medical	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4639	SUM4719
8	\$1,600/\$3,200			\$20/\$40 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4640	SUM4720
9	\$2,500/\$5,000			No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4641	SUM4721
10	\$1,600/\$3,200			No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4642	SUM4722

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and can be sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

## BlueChoice Open Access HRA and HSA/HRA Minimum Value Plans

Separate Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV3	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	\$25/\$50	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5100	SUM5115
MV4	\$5,000/\$10,000	\$7,350/\$14,700		\$30/\$60	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5101	SUM5116
MV5	\$7,000/\$14,000	\$8,150/\$16,300		\$40/\$80	\$100 per visit	\$40	\$250 per visit AD	No Charge AD	SUM5102	SUM5117
MV6	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$100 per visit	20% of Allowed Benefit	\$250 per visit AD	20% of Allowed Benefit AD	SUM6901	SUM6910

All plans include CoreVision Option 1, can be paired with a Non-Integrated Minimum Value Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum.

Combined Medical and Rx Deductibles										
Option	Deductible (Individual/Family)	Medical OOP Max (Individual/Family)	Rx OOP Max (Individual/Family)	Office Visit (PCP/Specialist)	Urgent Care	Lab (Freestanding)	Emergency Room (Facility)	Inpatient Facility	Marketing Benefit Summary	
									D.C.	VA
MV1	\$4,000/\$8,000	\$6,550/\$13,100	Combined with Medical	\$30/\$40 AD	\$50 per visit AD	20% of Allowed Benefit AD	\$250 per visit AD	20% of Allowed Benefit AD	SUM2694	SUM2698
MV3	\$3,200/\$6,400	\$6,000/\$12,000		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5103	SUM5118
MV4	\$5,000/\$10,000	\$6,650/\$13,300		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5104	SUM5119
MV5	\$7,000/\$14,000	\$8,000/\$16,000		\$0/\$20 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM6895	SUM6904
MV6	\$3,200/\$6,400	\$6,000/\$12,000		\$0/\$20 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM6898	SUM6907

All plans include CoreVision Option 1, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

## BlueChoice Open Access Notes

- PCP referrals are not required.
- Coinsurance only applies to in-network services.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the out-of-pocket maximum.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

## BlueChoice Open Access Minimum Value Notes

- PCP referrals are not required.
- Coinsurance only applies to in-network services for BlueChoice Open Access plans.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.



## D.C./VA Standard Non-Integrated Deductible Formulary 3 Rx Options

Non-Integrated Deductible (Separate Medical and Drug) Rx Options			
Options	Features	Rx Benefit Summary	
		D.C.	VA
A	\$0 Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150	SUM4044	SUM4063
B	\$0 Ded, \$0/\$50/\$75/50% up to \$100/50% up to \$150	SUM4045	SUM4064
C	\$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4046	SUM4065
D	\$0 Ded, \$15/\$45/\$70/50% up to \$100/50% up to \$150	SUM4047	SUM4066
E	\$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4048	SUM4067
F	\$100 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4050	SUM4069
G	\$200 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4051	SUM4070
H	\$300 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4052	SUM4071

## D.C./VA Standard Integrated Deductible Formulary 3 Rx Options

Integrated Deductible (Combined Medical and Drug) Rx Options*			
Options	Features	Rx Benefit Summary	
		D.C.	VA
A-I	Int Ded, \$0/\$25/\$45/50% up to \$100/50% up to \$150	SUM4055	SUM4074
B-I	Int Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150	SUM4057	SUM4076
C-I	Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4058	SUM4077
D-I	Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4061	SUM4080

\* Includes access to an additional list of generic drugs at \$0 copay. For a complete list of these select generic drugs, visit [www.carefirst.com/rx](http://www.carefirst.com/rx).

## D.C./VA Standard Minimum Value Formulary 3 Rx Options

Non-Integrated Deductible (Separate Medical and Drug) Rx Options			
Options	Features	Rx Benefit Summary	
		D.C.	VA
C (Minimum Value)	\$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM6881	SUM6883
E (Minimum Value)	\$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4049	SUM4068
I (Minimum Value)	\$500 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4053	SUM4072
J (Minimum Value)	\$500 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4054	SUM4073

Integrated Deductible (Combined Medical and Drug) Rx Options*			
Options	Features	Rx Benefit Summary	
		D.C.	VA
C-I (Minimum Value)	Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4059	SUM4078
D-I (Minimum Value)	Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4062	SUM4081

\* Includes access to an additional list of generic drugs at \$0 copay. For a complete list of these select generic drugs, visit [www.carefirst.com/rx](http://www.carefirst.com/rx).

# General Pharmacy Notes

- If there is a deductible, copay(s) and/or coinsurance(s) apply after the deductible has been met. Some plans waive the deductible for generic drugs, as noted in the benefits.
- Amounts members pay in coinsurance, copays and deductibles contribute to the combined medical and drug out-of-pocket maximum.
- Prior authorizations, step therapy and quantity limits are standard on all options.
- All 51+ Risk prescription drug plans have Formulary 3. Visit [www.carefirst.com/rx](http://www.carefirst.com/rx) to view the list of covered drugs.
- Within the formulary, prescription drugs are divided into 5 tiers: Generic, Preferred Brand, Non-Preferred Brand, Preferred Specialty, and Non-Preferred Specialty.

## Generic Drugs

- Generic drugs are equally safe and effective as brand-name drugs, but generic drugs typically cost significantly less.

## Brand Drugs

- Preferred brand drugs are brand-name drugs that are not yet available in generic form but are chosen for their cost-effectiveness compared to alternatives. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
- Non-preferred brand drugs often have a generic or preferred brand drug option where the member's cost share will be lower.

## Specialty Drugs

- Specialty drugs are high-cost drugs that may require special handling, administration or monitoring and may be oral or injectable medications used to treat chronic, complex and/or rare health conditions like rheumatoid arthritis or multiple sclerosis.
- Preferred specialty drugs are generic or preferred specialty drugs with a lower member cost share than non-preferred specialty drugs.
- Non-preferred specialty drugs often have a generic or preferred specialty drug option where the member's cost share will be lower.
- Benefits for specialty drugs are only available when purchased from and dispensed by CVS Specialty Pharmacy through the Exclusive Specialty Pharmacy Network. Members can choose home delivery or delivery to an address of their choice, including their doctor's office or a CVS Pharmacy retail location. Coverage for specialty drugs will not be provided when a member purchases specialty drugs from a pharmacy other than CVS Specialty Pharmacy.

## Generic Dispensing

- Restricted Generic Substitution (applies to all 51+ Risk plans, except Minimum Value plans): If the member chooses a covered non-preferred brand drug when a generic alternative is available, the member will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand-name drug up to the cost of the drug, UNLESS the prescriber writes "Dispense as Written" (DAW) on the prescription. If DAW is written on the prescription, the member pays the non-preferred brand copay or coinsurance.
- Mandatory Generic Substitution (applies to 51+ Risk Minimum Value plans only): If the member chooses a covered non-preferred brand drug when a generic alternative is available, the member will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand-name drug up to the cost of the drug, even if the prescriber writes "Dispense as Written" on the prescription.

# WellBeing and Blue Rewards Notes

All medical plans include our WellBeing Program and the Blue Rewards member incentive program which have been enhanced for the plan year. These programs are available at no additional administrative cost to our accounts.

## Wellness Program

We are proud to offer CareFirst WellBeing<sup>SM</sup>, a personalized digital connection to help members live their healthiest life. Our well-being and disease management program delivers a thoughtful portfolio of easy-to-navigate, member-centric well-being solutions.

The wellness program offers exclusive features including:

- **RealAge<sup>®</sup>**: This unique online health assessment shows the member's physical age compared to their calendar age.
- **Personalized timeline**: Based on their well-being goals, motivation and interests, each individual receives customized tips, insights and tools.
- **Trackers**: The program enables members to connect wearable devices or enter their own data to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges**: A variety of challenge options are available that help support and motivate members to achieve their health goals.
- **Health profile**: Provides members with easy access to the evolving story of their health including biometric information, lab results and medications, all in one place.
- **Blue Rewards**: Members can earn incentives for participating in activities like taking the RealAge test, consenting to receive wellness emails, selecting a primary care provider (PCP) and completing a health screening.

There are also specialized programs to help members with a chronic condition or a specific health goal:

- **Health coaching**: Our coaching program is confidential, personalized, approachable and delivered through one-on-one calls and an easy-to-use portal where members can access relevant educational resources, schedule calls with their coach and more. Lifestyle coaching helps identify opportunities to improve participants' health and well-being in areas such as stress management and healthy eating. Disease management coaching aims to help participants with a chronic condition take charge of their symptoms, treatment and medications.
- **Weight management**: Eligible members are now able to choose between two weight management programs through CareFirst WellBeing. Both programs provide a psychology-based approach that supports long-lasting healthy weight goals, but each is delivered in a manner to fit the needs of the member--either through a self-paced app or by a guided method to weight management.
- **Tobacco cessation**: Participants receive expert guidance, supportive and encouraging communications based on their preferences and an online community to make quitting even more successful.
- **Financial well-being**: Individuals are empowered to take control of their finances by making small changes that add up to big results.

# WellBeing and Blue Rewards\* Notes

## Blue Rewards

The subscriber and the subscriber’s spouse or domestic partner are both eligible to earn the Blue Rewards incentive. Dependents, regardless of age, are not eligible for Blue Rewards. The following activities are part of the Blue Rewards program:

How it Works	Who’s Eligible	Timing	Incentive Amount
Select a PCP <b>AND</b> complete a health screening by visiting a PCP or CVS MinuteClinic	Subscriber and spouse/domestic partner	Within 180 days of effective or renewal date	\$100
Answer the RealAge health assessment <b>AND</b> consent to receive wellness emails	Subscriber and spouse/domestic partner	Within 180 days of effective or renewal date	\$50
Retake the RealAge health assessment no earlier than 90 days (among those who already completed an initial assessment)	Those who took the initial health assessment and provided e-consent	Through end of the benefit period	\$25
Health coaching ■ Session 1 = \$30 ■ Session 2 = \$70 ■ Session 3 = \$100	Only those who consent to participate in and complete coaching sessions.	Through end of benefit period (1 coaching session per (2–60) days up to 3 sessions/\$200 maximum)	\$30–\$200 based on session

\* Effective 1/1/2024 upon renewal

### Incentive type:

The incentive type for the Blue Rewards program is a medical expense debit card which can be used for their deductible, copays, coinsurance and out-of-pocket expenses related to a member’s medical, prescription drug, dental and vision coverage.

- Members can use the medical expense debit card at health care related merchants only.
- Members can submit proof of a qualified expense online and receive reimbursement.
- The incentive card can be used for expenses incurred by any covered member under the policy, including dependents.

Upon earning an incentive, the subscriber will receive the medical expense debit card for all members covered under the policy. If an incentive was earned last year, the incentive card will be reloaded with any newly earned incentives. Subscribers should keep their card as long as they are a CareFirst member. Additional earned amounts will automatically be added to the subscriber’s card.

The reward can be used for any expense incurred during the benefit period. Members will have a 90-day grace period to submit expenses that were incurred during the benefit period.

### Members enrolled in a health plan with a health savings account (HSA) option:

Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.

# WellBeing and Blue Rewards Notes

## Additional notes

- The selection of a PCP is not required at the time of enrollment unless the product specifies it; however, a PCP must be selected post-enrollment to earn the Blue Rewards.
  - Members enrolled in Advantage and PPO products located outside the service area can select a PCP in the BlueCard® national PPO network from any of the following specialties to earn the reward amount: General Practice, Family Practice, Internal Medicine, Pediatrics and Geriatrics.
- When an employee is hired into a group, they do not have to wait to complete the incentive steps. The “start” time for being eligible to complete the steps is equal to when the coverage is effective for the employee.
- Incentive funds are “use it or lose it” and need to be used for services incurred during the benefit period.

# Dental Plans and Benefit Information

## Plan Comparison Chart

Plan Feature	BlueDHMO	BlueDental EPO	BlueDental Basic	BlueDental Plus
<b>Advantages</b>	Low-cost, regional-only dental coverage with predictable out-of-pocket costs	Low-cost comprehensive dental coverage with predictable out-of-pocket costs and broad, national access	Basic dental coverage with access to a national network	Rich, comprehensive dental coverage with broad, national access
<b>Network</b>	Over 600 regional providers	132,000 unique providers and over 500,000 access points nationwide	132,000 unique providers and over 500,000 access points nationwide	132,000 unique providers and over 500,000 access points nationwide
<b>Key Features</b>	<ul style="list-style-type: none"> <li>■ Includes comprehensive coverage for dental services</li> <li>■ Copays cover in-network dental services</li> <li>■ One copay per office visit for routine dental services, such as exams, X-rays and simple extractions</li> <li>■ No deductibles or pre-existing waiting periods—applies to both employer-sponsored and voluntary plans</li> <li>■ No voluntary load</li> <li>■ Minimum of two (2) MUST enroll in freestanding employer-sponsored or voluntary plans; however, no participation requirement</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays cover in-network dental services</li> <li>■ Most preventive and diagnostic services covered in full and not subject to the deductible</li> <li>■ Can purchase with medical coverage or freestanding</li> <li>■ No missing teeth exclusions or limitations for pre-existing conditions</li> <li>■ Composite fillings are covered on all teeth</li> <li>■ No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage</li> <li>■ Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier</li> </ul>	<ul style="list-style-type: none"> <li>■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible</li> <li>■ Can purchase with medical coverage or freestanding</li> <li>■ Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services</li> <li>■ Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs</li> <li>■ Deductible is combined in &amp; out-of-network</li> <li>■ No missing teeth exclusions or limitations for pre-existing conditions</li> <li>■ Composite fillings are covered on all teeth</li> </ul>	<ul style="list-style-type: none"> <li>■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible</li> <li>■ Can purchase with medical coverage or freestanding</li> <li>■ Combined in- and out-of-network deductible</li> <li>■ Annual maximum does not apply to preventive and diagnostic services or orthodontic services</li> <li>■ No missing teeth exclusions or limitations for pre-existing conditions</li> <li>■ Composite fillings are covered on all teeth</li> <li>■ No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage</li> <li>■ Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier</li> </ul>

## Dental Plans and Benefit Information

### Plan Flexibility & Options

Plan Feature	BlueDHMO	BlueDental EPO	BlueDental Basic	BlueDental Plus
Deductible	None	In-network: \$25/\$75 Does not apply to Preventive and Diagnostic Services	In-network: \$25/\$75 Out-of-network: \$50/\$150 Does not apply to Preventive and Diagnostic Services	In-network: \$25/\$75 Out-of-network: \$50/\$150 Does not apply to Preventive and Diagnostic Services
(Combined In-network/Out-of-network)	N/A	N/A	Yes	Yes
Annual maximum	No maximum	\$2,000 (Employer-sponsored or Voluntary) Does not apply to Preventive and Diagnostic Services	\$1,000 Does not apply to Preventive & Diagnostic Services	\$1,500 (Employer-sponsored or Voluntary) or \$2,000 (Employer-sponsored) Does not apply to Preventive & Diagnostic or Orthodontic Services
Orthodontia	Child/Adult	None or Child/Adult	No benefit	None or Child/Adult
Orthodontia lifetime maximum	No Maximum	\$2,000	No benefit	\$1,500
Funding	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary
Select Primary Care Dentist	Yes	No	No	No
Referral Required	Yes	No	No	No
In-network coinsurances	Copay Schedule	Copay Schedule	100/80	100/80/50
Out-of-network coinsurances	No benefit	No benefit	80/60	100/80/50 or 80/60/35
Out-of-network reimbursement	No benefit	No benefit	PPO fee schedule	PPO fee schedule (Employer-sponsored and Voluntary) or 90 fee schedule out-of-network (Employer-sponsored only)
Claim Forms	None	None	Out-of-network only	Out-of-network only

\* Employers with 100+ employees or more can consult with our dental experts to customize a plan that fits their benefit need.

<https://broker.carefirst.com/carefirst-resources/pdf/Dental-SMILE-Kit-Chart-final.pdf>



# Dental Notes

## Preferred/Traditional

- Summary of Key Features—
  - No missing teeth exclusions or limitations for pre-existing conditions
  - Composite fillings are covered on all teeth
  - No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage
  - Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier

## Plan Highlights—Product Specific

- Traditional
  - Deductible is \$50/\$150;
  - Preventive/Diagnostic: annual max does apply
  - Ortho is only available up to age 19 and the ortho max is \$1,200.
- Preferred
  - In- and out-of-network deductibles are separate.
  - Preventive/Diagnostic: annual max does apply

## Business Rules

- Employer-sponsored and voluntary plans may not be sold together.
- All freestanding Traditional, Preferred, BlueDental Plus, BlueDental EPO and BlueDental Basic plans can be offered on either a calendar or contract year basis.
- Groups may choose up to three dental products (BlueDHMO, Traditional, Preferred, BlueDental Basic, BlueDental EPO or BlueDental Plus). The three dental plans must be selected from different product types based on the compatibility rules (for example: BlueDHMO and BlueDental EPO cannot be offered together). **Exception:** Any two employer-sponsored BlueDental Plus plans may be sold together.
- The six different product types are: Traditional, Preferred, BlueDental Plus, BlueDental Basic, BlueDental EPO and BlueDHMO.
- Freestanding products require two eligibles to enroll; however, no participation requirement for Freestanding DHMO products.
- **Freestanding Dental Only:** Groups may offer up to two dental plans.
  - Premium load is applied to Traditional, Preferred, BlueDental Basic, BlueDental EPO and BlueDental Plus.
- **Voluntary Dental:** The 12-month Benefit Waiting Period Waiver Form, "Proof of Prior Group Dental Coverage for Voluntary Dental," is located on the broker portal under *Miscellaneous Forms*.
- **Out-of-Network Reimbursement**
  - **BlueDental Plus:** Choose between PPO fee schedule (employer-sponsored or voluntary) or 90 fee schedule (employer-sponsored only).
  - **BlueDental Basic:** PPO fee schedule only.

## Deductible Credit (not applicable to DHMO)

- If a member was covered on the day immediately preceding the effective date of the CareFirst dental contract Evidence of Coverage under any other group agreement issued to the group, then charges for covered dental services (as defined) incurred by that member and applicable toward the individual or family deductible under the prior agreement, shall be used to satisfy all or any portion of the individual or family deductible amounts under the CareFirst dental contract Evidence of Coverage. This deductible credit provision applies only to the deductible amount wholly or partially satisfied in the first benefit period in which the change in group health plans occurs.

# Dental Products

BlueDental Plus								
Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. Plans 1-8: Employer Sponsored or Voluntary, Plans 9-19 Employer Sponsored only								
Plan**	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative)	Orthodontic Lifetime Maximum	Item Number	
							DC	VA
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	100/80/80/50	N/A	SUM2580	SUM2616
						\$800	SUM6044	SUM6045
						\$1,000	SUM6046	SUM6047
						\$1,200	SUM6048	SUM6049
						\$1,500	SUM2592	SUM2628
						\$2,000	SUM6050	SUM6051
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	80/60/60/35	N/A	SUM2581	SUM2617
						\$800	SUM6052	SUM6053
						\$1,000	SUM6054	SUM6055
						\$1,200	SUM6056	SUM6057
						\$1,500	SUM2593	SUM2629
						\$2,000	SUM6058	SUM6059
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50/50	100/80/50/50	N/A	SUM2582	SUM2618
						\$800	SUM6076	SUM6077
						\$1,000	SUM6078	SUM6079
						\$1,200	SUM6080	SUM6081
						\$1,500	SUM2594	SUM2630
						\$2,000	SUM6082	SUM6083
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50/50	80/60/35/35	N/A	SUM2583	SUM2619
						\$800	SUM6084	SUM6085
						\$1,000	SUM6086	SUM6087
						\$1,200	SUM6088	SUM6089
						\$1,500	SUM2595	SUM2631
						\$2,000	SUM6090	SUM6091
Plan 5	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/80/50	100/80/80/50	N/A	SUM2584	SUM2620
						\$800	SUM6060	SUM6061
						\$1,000	SUM6062	SUM6063
						\$1,200	SUM6064	SUM6065
						\$1,500	SUM2596	SUM2632
						\$2,000	SUM6066	SUM6067

\* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit. Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

# Dental Products

## BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),\* PPO or 90 fee schedule.  
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

Plan**	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative)	Orthodontic Lifetime Maximum	Item Number	
							DC	VA
Plan 6	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/80/50	80/60/60/35	N/A	SUM2585	SUM2621
						\$800	SUM6068	SUM6069
						\$1,000	SUM6070	SUM6071
						\$1,200	SUM6072	SUM6073
						\$1,500	SUM2597	SUM2633
						\$2,000	SUM6074	SUM6075
Plan 7	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50/50	100/80/50/50	N/A	SUM2586	SUM2622
						\$800	SUM6092	SUM6093
						\$1,000	SUM6094	SUM6095
						\$1,200	SUM6096	SUM6097
						\$1,500	SUM2598	SUM2634
						\$2,000	SUM6098	SUM6099
Plan 8	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50/50	80/60/35/35	N/A	SUM2587	SUM2623
						\$800	SUM6100	SUM6101
						\$1,000	SUM6102	SUM6103
						\$1,200	SUM6104	SUM6105
						\$1,500	SUM2599	SUM2635
						\$2,000	SUM6106	SUM6107
Plan 9	In: \$50/\$150	Out: \$50/\$150	\$1,000	100/80/50/50	100/80/50/50	N/A	SUM5984	SUM5985
						\$800	SUM5986	SUM5987
						\$1,000	SUM5988	SUM5989
						\$1,200	SUM5990	SUM5991
						\$1,500	SUM5992	SUM5993
						\$2,000	SUM5994	SUM5995
Plan 10	In: \$50/\$150	Out: \$50/\$150	\$1,000	100/80/80/50	100/80/80/50	N/A	SUM5912	SUM5913
						\$800	SUM5914	SUM5915
						\$1,000	SUM5916	SUM5917
						\$1,200	SUM5918	SUM5919
						\$1,500	SUM5920	SUM5921
						\$2,000	SUM5922	SUM5923

\* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit.  
Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

# Dental Products

## BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),\* PPO or 90 fee schedule.  
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

Plan**	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative)	Orthodontic Lifetime Maximum	Item Number	
							DC	VA
Plan 11	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/80/50/50	100/80/50/50	N/A	SUM5996	SUM5997
						\$800	SUM5998	SUM5999
						\$1,000	SUM6000	SUM6001
						\$1,200	SUM6002	SUM6003
						\$1,500	SUM6004	SUM6005
						\$2,000	SUM6006	SUM6007
Plan 12	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/80/80/50	100/80/80/50	N/A	SUM5924	SUM5925
						\$800	SUM5926	SUM5927
						\$1,000	SUM5928	SUM5929
						\$1,200	SUM5930	SUM5931
						\$1,500	SUM5932	SUM5933
						\$2,000	SUM5934	SUM5935
Plan 13	In: \$25/\$75	Out: \$25/\$75	\$1,500	100/90/60/60	100/90/60/60	N/A	SUM6008	SUM6009
						\$800	SUM6010	SUM6011
						\$1,000	SUM6012	SUM6013
						\$1,200	SUM6014	SUM6015
						\$1,500	SUM6016	SUM6017
						\$2,000	SUM6018	SUM6019
Plan 14	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/90/60/60	100/90/60/60	N/A	SUM6020	SUM6021
						\$800	SUM6022	SUM6023
						\$1,000	SUM6024	SUM6025
						\$1,200	SUM6026	SUM6027
						\$1,500	SUM6028	SUM6029
						\$2,000	SUM6030	SUM6031

\* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit.  
Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

# Dental Products

## BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),\* PPO or 90 fee schedule.  
Plans 1-8: Employer Sponsored or Voluntary, Plans 9-19 Employer Sponsored only

Plan**	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative)	Orthodontic Lifetime Maximum	Item Number	
							DC	VA
Plan 15	In: \$25/\$75	Out: \$25/\$75	\$1,500	100/90/90/60	100/90/90/60	N/A	SUM5936	SUM5937
						\$800	SUM5938	SUM5939
						\$1,000	SUM5940	SUM5941
						\$1,200	SUM5942	SUM5943
						\$1,500	SUM5944	SUM5945
						\$2,000	SUM5946	SUM5947
Plan 16	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/90/90/60	100/90/90/60	N/A	SUM5948	SUM5949
						\$800	SUM5950	SUM5951
						\$1,000	SUM5952	SUM5953
						\$1,200	SUM5954	SUM5955
						\$1,500	SUM5956	SUM5957
						\$2,000	SUM5958	SUM5959
Plan 17	In: \$50/\$150	Out: \$50/\$150	\$2,000	100/90/60/60	100/90/60/60	N/A	SUM6032	SUM6033
						\$800	SUM6034	SUM6035
						\$1,000	SUM6036	SUM6037
						\$1,200	SUM6038	SUM6039
						\$1,500	SUM6040	SUM6041
						\$2,000	SUM6042	SUM6043
Plan 18	In: \$25/\$75	Out: \$25/\$75	\$2,000	100/90/90/60	100/90/90/60	N/A	SUM5960	SUM5961
						\$800	SUM5962	SUM5963
						\$1,000	SUM5964	SUM5965
						\$1,200	SUM5966	SUM5967
						\$1,500	SUM5968	SUM5969
						\$2,000	SUM5970	SUM5971

\* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit.  
Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

# Dental Products

## BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),\* PPO or 90 fee schedule.  
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

Plan**	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative)	Orthodontic Lifetime Maximum	Item Number	
							DC	VA
Plan 19	In: \$50/\$150	Out: \$50/\$150	\$2,000	100/90/90/60	100/90/90/60	N/A	SUM5972	SUM5973
						\$800	SUM5974	SUM5975
						\$1,000	SUM5976	SUM5977
						\$1,200	SUM5978	SUM5979
						\$1,500	SUM5980	SUM5981
						\$2,000	SUM5982	SUM5983

\*\* CareFirst gives you the flexibility to select Major Surgical Services at either the Basic Services or Major Restorative Services benefit level. Major Surgical Services include surgical periodontics, endodontics, and complex oral surgery. Plans 1, 2, 5, and 6: Major Surgical Services have the same coinsurance as Basic Services. Plans 3, 4, 7, and 8: Major Surgical Services have the same coinsurance as Major Restorative Services.

## BlueDental Basic

Employer-sponsored or Voluntary, provides coverage for Preventive & Diagnostic and Basic Services only,\* PPO fee schedule only

Plan	Standard Deductible (Does not apply to Preventive & Diagnostic Services)		Standard Maximum (Does not apply to Preventive & Diagnostic Services)	Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Restorative)	Out-of-Network (Preventive & Diagnostic/Basic/Major Restorative)	Item Number	
						DC	VA
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/0	80/60/0	SUM2578	SUM2579

\* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit. Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

# Dental Products

Preferred (PPO) Dental <sup>1</sup>							
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	Standard Lifetime Ortho Maximum	In-Network	Out-of-Network	Item Number	
						DC	VA
Plan 1	In: \$25/\$75 Out: \$50/\$150	\$1,000	\$800 <sup>2</sup>	80/50/50/50/50	60/35/35/35/35	CUT6164	BRC6328
Plan 1	In: \$0/\$0 Out: \$50/\$150	\$1,500	No Ortho	80/50/50/50	60/35/35/35	CUT6164	BRC6328
Plan 2	In: \$25/\$75 Out: \$50/\$150	\$1,000	\$800/\$1,000/\$1,200 <sup>2</sup>	100/80/80/50/50	80/60/60/35/35	CUT6165	BRC6329
Plan 2	In: \$25/\$75 Out: \$50/\$150	\$1,500	\$800/\$1,000/\$1,200/\$1,500 <sup>2</sup>	100/80/80/50/50	80/60/60/35/35	CUT6165	BRC6329
Plan 2	In: \$0/\$0 Out: \$50/\$150	\$1,000	\$800/\$1,000 <sup>2</sup>	100/80/80/50/50	80/60/60/35/35	CUT6165	BRC6329
Plan 2	In: \$0/\$0 Out: \$50/\$150	\$1,500	\$800 <sup>2</sup>	100/80/80/50/50	80/60/60/35/35	CUT6165	BRC6329
Plan 3	In: \$25/\$75 Out: \$50/\$150	\$1,000	\$800/\$1,000/\$1,500 <sup>2</sup>	100/80/50/50/50	80/60/35/35/35	CUT6166	BRC6330
Plan 3	In: \$25/\$75 Out: \$50/\$150	\$1,500	\$800/\$1,500 <sup>2</sup>	100/80/50/50/50	80/60/35/35/35	CUT6166	BRC6330
Plan 3	In: \$25/\$75 Out: \$50/\$150	\$1,000	\$1,000	100/80/50/50/50	80/60/35/35/35	SUM2348	SUM2350
Plan 4	In: \$25/\$75 Out: \$50/\$150	\$1,000	\$1,000 <sup>2</sup>	100/90/90/60/50	80/80/80/50/35	CUT6167	BRC6331
Plan 4	In: \$25/\$75 Out: \$50/\$150	\$1,500	\$1,000/\$1,500 <sup>2</sup>	100/90/90/60/50	80/80/80/50/35	CUT6167	BRC6331
Plan 4	In: \$0/\$0 Out: \$50/\$150	\$1,000	\$1,000	100/90/90/60/50	80/80/80/50/35	CUT6167	BRC6331
Plan 5	In: \$25/\$75 Out: \$50/\$150	\$1,500	\$1,500 <sup>2</sup>	100/90/60/60/50	80/80/50/50/35	CUT6168	BRC6332

<sup>1</sup> Employer Groups can customize their maximums and deductibles

<sup>2</sup> Also available as standard without orthodontics

# Dental Products

Traditional Dental <sup>1</sup>						
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	Standard Lifetime Ortho Maximum	In-Network and Out-of-Network	Item Number	
					DC	VA
Plan 1	\$25/\$75	\$1,000	\$800	80/50/50/50/50	CUT6146	BRC6310
Plan 1	\$50/\$150	\$1,000	\$1,000 <sup>2</sup>	80/50/50/50/50		
Plan 1	\$50/\$150	\$1,500	\$1,500 <sup>2</sup>	80/50/50/50/50		
Plan 2	\$25/\$75	\$1,000	\$800/\$1,000/\$1,200/\$1,500	100/80/80/50/50	CUT6147	BRC6311
Plan 2	\$25/\$75	\$1,500	\$800/\$1,000/\$1,200 <sup>2</sup>	100/80/80/50/50		
Plan 2	\$50/\$150	\$1,000	\$800/\$1,000/\$1,200/\$1,500 <sup>2</sup>	100/80/80/50/50		
Plan 2	\$50/\$150	\$1,500	\$800/\$1,000/\$1,200/\$1,500 <sup>2</sup>	100/80/80/50/50		
Plan 2	\$50/\$150	\$1,500	\$1,000	100/80/80/50/50	SUM2349	SUM2351
Plan 3	\$25/\$75	\$1,000	\$800	100/80/50/50/50	CUT6148	BRC6312
Plan 3	\$50/\$150	\$1,000	\$800/\$1,000/\$1,200/\$1,500 <sup>2</sup>	100/80/50/50/50		
Plan 3	\$50/\$150	\$1,500	\$800/\$1,000/\$1,500 <sup>2</sup>	100/80/50/50/50		
Plan 4	\$25/\$75	\$1,000	\$800/\$1,000	100/90/90/60/50	CUT6149	BRC6313
Plan 4	\$25/\$75	\$1,500	\$1,500	100/90/90/60/50		
Plan 4	\$50/\$150	\$1,000	\$1,000 <sup>2</sup>	100/90/90/60/50		
Plan 4	\$50/\$150	\$1,500	\$800/\$1,000/\$1,500 <sup>2</sup>	100/90/90/60/50		
Plan 5	\$50/\$150	\$1,500	\$1,000/\$1,500 <sup>2</sup>	100/90/60/60/50	CUT6150	BRC6314

<sup>1</sup> Employer Groups can customize their maximums and deductibles

<sup>2</sup> Also available as standard without orthodontics



# Dental Products

Voluntary Preferred (PPO) Dental <sup>1</sup> Sold with and without Orthodontics (\$1,200 Benefit)						
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	In-Network	Out-of-Network	Item Number	
					DC	VA
Plan 1	In: \$25/\$75	\$1,000	80/50/50/50	60/35/35/35	SUM1693	SUM1697
	Out: \$50/\$150					
Plan 2	In: \$25/\$75	\$1,000	100/80/50/50	80/60/35/35	SUM1694	SUM1698
	Out: \$50/\$150					
Plan 3	In: \$25/\$75	\$1,000	100/80/80/50	80/60/60/35	SUM1695	SUM1699
	Out: \$50/\$150					
Plan 4	In: \$25/\$75	\$1,500	100/80/80/50	80/60/60/35	SUM1696	SUM1700
	Out: \$50/\$150					

Voluntary Traditional Dental <sup>1</sup> Sold with and without Orthodontics (\$1,200 Benefit)						
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	In-Network and Out-of-Network	Item Number		
				DC	VA	
Plan 1	\$50/\$150	\$1,000	80/50/50/50	SUM1701	SUM1705	
Plan 2	\$50/\$150	\$1,000	100/80/50/50	SUM1702	SUM1706	
Plan 3	\$50/\$150	\$1,000	100/80/80/50	SUM1703	SUM1707	
Plan 4	\$50/\$150	\$1,500	100/80/80/50	SUM1704	SUM1708	

BlueDHMO (Available with any medical product or can be sold as freestanding) <sup>2</sup>				
Plan	Features	PDF Summary		
		DC	VA	
BlueDHMO \$0	Basic dental services \$0 per office visit	SUM3152	SUM3154	
BlueDHMO \$10	Basic dental services \$10 per office visit	SUM3153	SUM3155	

<sup>1</sup> 12 month benefit waiting period for classes 3, 4 and 5 for voluntary dental will apply if group did not have prior dental coverage from any carrier.

<sup>2</sup> Underwritten and administered by The Dental Network, Inc. (TDN). No participation requirements, but Freestanding requires two contracts to enroll.

# Dental Products

## BlueDental EPO

Employer-sponsored or Voluntary, sold with or without orthodontics, no age limit (\$2,000 orthodontic lifetime max). For Voluntary plans, if a group did not have 12 months prior coverage with another carrier, a 12-month benefit waiting period applies to all services except for Preventive & Diagnostic and Basic.

Plan	Standard Deductible (Does not apply to Preventive & Diagnostic Services)	Standard Maximum (Does not apply to Preventive & Diagnostic Services and Orthodontic Services)	Preferred and Participating Network	Out-of-Network	PDF Summary			
					Ortho		No Ortho	
					DC	VA	DC	VA
BlueDental EPO	\$25/\$75	\$2,000	Copays per service	No coverage	SUM4754	SUM4700	SUM4755	SUM4701

## BlueChoice Dental HMO (Available rideder to BlueChoice medical products only)

Plans	Description	Item Number
Plan 10	Basic Dental Services \$10 per office visit	BRC6341
Plan 20	Basic Dental Services \$20 per office visit	BRC6340
Plan 10 Opt-Out	Basic Dental Services \$10 per office visit, option to go out-of-network	BRC6338
Plan 20 Opt-Out	Basic Dental Services \$20 per office visit, option to go out-of-network	BRC6339

## Freestanding Dental HMO (Available with any medical product or can be sold as freestanding)—Renewals only

Plans	Description	Item Number	
		DC	VA
Provider Choice Plan PC-5	Basic Dental Services \$5 per office visit	CUT7390	CUT7390
Provider Choice Plan PC-10	Basic Dental Services \$10 per office visit	CUT7391	CUT7391
Provider Choice Plan PC-20	Basic Dental Services \$20 per office visit	CUT7392	CUT7392

# BlueVision Plans

BlueVision (CORE)		
Options	Description	Item Number
Option 1	Core to BlueChoice HMO Open Access (all plans), BlueChoice Opt-Out Plus Open Access (all plans), BlueChoice HMO	BRC6420
Option 3	Core to BluePreferred (all plans), BlueChoice Advantage (all plans)	BRC6422

BlueVision Plus (employer sponsored and voluntary)				
Options	Exam Copay	Frequency (Exam/Lenses/Frames)	Allowance (Frames or Contacts)	Item Number
Option 1	\$0	12/12/12	\$100	BRC6424
Option 2	\$0	24/24/24	\$100	BRC6425
Option 3	\$10	12/12/12	\$100	BRC6426
Option 4	\$10	24/24/24	\$100	BRC6427
Option 5	\$0	12/12/24	\$100	BRC6507
Option 6	\$10	12/12/24	\$100	BRC6508

## BlueVision Plans

BlueVision Plus—increased allowances (employer sponsored and voluntary)				
Options	Exam Copay	Frequency (Exam/Lenses/Frames)	Allowance (Frames or Contacts)	Item Number
Option A	\$0	12/12/24	\$130	SUM1674
Option B	\$10	12/12/24	\$130	SUM1723
Option C	\$0	12/12/12	\$130	SUM1724
Option D	\$10	12/12/12	\$130	SUM1725
Option E	\$0	12/12/24	\$150	SUM6473
Option F	\$10	12/12/24	\$150	SUM6474
Option G	\$0	12/12/12	\$150	SUM6475
Option H	\$10	12/12/12	\$150	SUM6476
Option I	\$0	12/12/24	\$180	SUM6477
Option J	\$10	12/12/24	\$180	SUM6478
Option K	\$0	12/12/12	\$180	SUM6479
Option L	\$10	12/12/12	\$180	SUM6480
Option M	\$0	12/12/24	\$200	SUM6481
Option N	\$10	12/12/24	\$200	SUM6482
Option O	\$0	12/12/12	\$200	SUM6483
Option P	\$10	12/12/12	\$200	SUM6484

For distribution to Brokers/General Producers/Full-Service Producers only. This reference tool is a summary for comparison purposes only and does not create rights not given through the benefit plan.



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