

BlueChoice Plus and BlueChoice Opt Out Plus

A plan with predictable costs and the freedom to choose

BlueChoice Plus Open Access offers in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist. We also offer online tools and resources at carefirst.com that give you the flexibility to manage your health and wellness goals wherever you are.



Take advantage of your benefits

- \$0 cost for comprehensive preventive healthcare visits.
- Choose any provider—no referrals needed.
- A network of almost 47,000 CareFirst BlueChoice providers (primary care providers (PCPs), nurse practitioners, specialists, hospitals, pharmacies and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care, including a free 24-hour nurse advice line, video visits for physical or mental health, convenience care clinics and urgent care centers.
- If you need care outside the CareFirst BlueCross BlueShield (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to the largest network across the country, with 96% of hospitals and 95% of physicians in-network.

Benefits at a glance



Preventive care and sick office visits

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



Large provider network

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



Specialist services

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



Prescription drug coverage

Your plan covers prescription drugs.



Hospital services

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



Labs, X-rays or specialty imaging

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

BlueChoice Plus and BlueChoice Opt Out Plus



Well-child visits

All well-child visits and immunizations are covered.



Maternity and pregnancy care

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



Mental health and substance use disorder

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

How your plan works

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you visit a participating CareFirst BlueChoice provider. However, the choice is entirely yours. That's the advantage of this plan.

Out-of-network benefits are also available. If you receive care outside of the BlueChoice network, you'll incur lower costs by using a participating national BlueCard PPO provider. Your benefits will be paid at the out-of-network level. For members with BlueChoice Plus, you will not be balance billed when using the BlueCard PPO network. However,

members of the BlueChoice Plus Opt Out may be balance billed by providers in the BlueCard PPO network.

All plan members still have the option to opt out of the BlueChoice and BlueCard PPO networks and see a non-participating provider, but will be subject to higher out-of-pocket expenses and could be balance billed.

If you receive services from a provider outside of the BlueChoice or national BlueCard PPO networks, you may have to:

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

Hospital authorization

CareFirst BlueChoice providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by out-of-network providers and out-of-area admissions. To request authorization, call toll-free at 866-PREAUTH (773-2884).

Prior authorization is not required for emergency admissions or maternity admissions.

In-network

In-network you pay: \$
BlueChoice network



Out-of-network

Out-of-network you pay: \$\$
BlueCard PPO network



Non-participating providers you pay: \$\$\$
(Balance billing may apply)

*BlueChoice Plus Opt Out members may have BlueCard PPO provider's actual charge at the time you receive care.

Your benefits

Step 1: Select a PCP

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

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

Step 2: Meet your deductible (if applicable)

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

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

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

Step 3: Your plan will start to pay for services

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

You will have a different deductible amount for in-network versus out-of-network benefits. For example, when you see in-network providers, your expenses will only count toward your in-network deductible and out-of-network expenses will only apply to your out-of-network deductible.

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

Your out-of-pocket maximum

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

Just like your deductible, you will have a different out-of-pocket maximum for in-network versus out-of-network benefits.

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

Labs, X-rays or specialty imaging

If you access laboratory services inside the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia you must use LabCorp as your lab test facility for in-network benefits. Services performed by any other provider, while inside the CareFirst service area will be considered out-of-network. Also, any lab work performed in an outpatient hospital setting will require prior authorization from your PCP.

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

If you access laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO facility and receive out-of-network benefits. To find laboratory service providers outside of the CareFirst service area, visit our *Find a Provider* tool (carefirst.com/doctor) and search by *Labs*.

If you need X-rays or other specialty imaging services inside the CareFirst service area, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology. If you need X-rays or other specialty imaging services

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

BlueChoice Plus and BlueChoice Opt Out Plus

outside the CareFirst service area, you may use any participating BlueCard PPO facility and receive out-of-network benefits.

Out-of-area coverage

You have the freedom to take your healthcare benefits with you. BlueCard PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive healthcare benefits while traveling outside of the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia. The BlueCard program includes 8,896 hospitals and more than 500,000 healthcare providers nationally.

For emergency services received outside of the CareFirst service area, you will receive in-network benefits. All other services received outside of the service area will be at the out-of-network level.

Away From Home Care®

In addition, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is

perfect for extended out-of-town business or travel, semesters at school or families living apart.

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

Global coverage

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

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

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

Important terms

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

BALANCE BILLING: Billing a member for the difference between the allowed charge and the actual charge.

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

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

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

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

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in the CareFirst BlueChoice network.

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

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.