

BlueChoice HMO Referral

Coordinated care with a primary care provider

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care through referrals. We also offer online tools and resources at [carefirst.com](https://www.carefirst.com) that give you the flexibility to manage your health and wellness goals wherever you are.



Take advantage of your benefits

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

Benefits at a glance



Preventive care and sick office visits

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



Large provider network

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



Referrals

You must obtain a written referral from your PCP before you visit another CareFirst BlueChoice provider.



Specialist services

Your coverage includes services from specialists with a referral from your PCP. 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 procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all hospital services.



Labs, X-rays or specialty imaging

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

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Well-child visits

All well-child visits and immunizations are covered.



Maternity and pregnancy care

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



Mental health and substance use disorder

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

How your plan works

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

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

Out-of-network providers and doctors have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed.

Referrals

You must obtain a written referral from your PCP before you visit another CareFirst BlueChoice provider. Members with conditions requiring long-term specialized care may receive a standing or condition management referral that applies to an authorized treatment period or period review.

Written referrals are never required for:

- Emergency and urgent care services
- Lab and radiology services performed by CareFirst BlueChoice providers (a physician's order or prescription is required)
- Gynecological and obstetrical care (except infertility services) as long as your care is provided by a CareFirst BlueChoice OB/GYN

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.



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

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Step 2: Meet your deductible (if applicable)

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

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

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

Step 3: Your plan will start to pay for services

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

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

Your out-of-pocket maximum

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

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

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

Labs, X-rays or specialty imaging

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

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

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

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

Out-of-area coverage

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

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

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

Global coverage

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

- Access to nearly 7,000 physicians and more than 2,000 hospitals in nearly 200 countries worldwide.
- 24/7 care support via telephone.
- Seamless claims processing/reimbursement designed for occasional or short-term travel, Global Core connects members with their home plan benefits to provide basic medical coverage outside of the United States.

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



Important terms

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

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

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

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

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

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

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

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