



51+ PRODUCT PORTFOLIO

Maryland

February 1, 2025 for effective dates beginning July 1, 2025

CareFirst.  
Family of health care plans

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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 2.0
- Blue High Performance Network® (BlueHPN®)
- BluePreferred PPO
- BlueChoice Advantage 2.0 Minimum Value Plans

Ask your CareFirst representative about:

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

Through Lantra, CareFirst offers life, disability and supplemental health products from trusted carrier partners to pair with our medical plans.

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

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.

Whole Health Enhanced Dental and Vision Benefits—Fully insured groups with CareFirst medical, dental and vision products have access to enhanced preventive services for eligible members who have diabetes, hypertension or are pregnant at no additional cost to members.

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.

Not all services and procedures are covered by your benefits contract. These summaries are for comparison purposes only and do not create rights not given through the benefit plan.

Value-Added Services (included in all medical plans)

- Core BlueVision coverage for an annual vision exam and discounts on materials
- Virtual Connect Plus*—\$0 PCP visits and \$0 mental health visits at selected providers, including CloseKnit**, our virtual-first primary care practice. Learn more at carefirst.com/virtualconnect
- 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 WellBeingSM, a program to address every aspect of a member's well-being, from physical and emotional to social and financial
- Blue Rewards incentive program for engaging in healthy behaviors
- Our toll-free Behavioral Health Support line 800-245-7013 (available 24/7) offers members clinical advice and assessment, crisis management, appointment scheduling, provider searches and benefit questions. Our team of licensed clinicians can help members contact providers, make appointments, and connect with care managers and other helpful resources.
- 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
- The CareFirst mobile app for use on the go to find in-network providers, access ID cards, check claims and many other tools/services 24/7
- Treatment Cost Estimator, accessed through My Account, providing personalized estimates to help members plan for a variety of procedures and care visits, including office visits, lab tests and surgery

Max Performance Plus—An 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.

* 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.

** CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

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 2.0	BluePreferred PPO
Enrollment	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
Referrals	Referrals required	No referrals	No referrals	No referrals	No referrals
In-Network	In MD, DC & VA: BlueChoice Regional Network	In MD, DC & VA: BlueChoice Regional Network	In MD, D.C. & VA: BlueHPN Network Out-of-Area: BlueHPN Network	In MD, DC & NoVA: BlueChoice Regional Network In VA outside CareFirst jurisdiction HealthKeepers POS Network Out-of-Area: BlueCard PPO Network	In MD, DC & VA: CareFirst PPO Network Out-of-Area: BlueCard PPO Network
Out-of-Network	Emergency or urgent care only	Emergency or urgent care only	Emergency or urgent care only	In MD, DC & NoVA: CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) In VA outside CareFirst jurisdiction Non-participating providers (may be balanced billed) Out-of-Area: Non-participating providers (may be balance billed)	In MD, DC & VA and Out-of-Area: Non-participating providers (may be balance billed)
PCP Selection	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. For Blue Rewards in MD, DC & NoVA: a PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required	PCP selection is recommended, but not required. For Blue Rewards in MD, DC & VA: a PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required

BlueChoice Advantage 2.0 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
4	IN: None	IN: \$2,000/\$4,000	\$4,500/\$9,000	IN: \$20/\$20	IN: \$20 per visit	IN: No Charge	\$100 per visit	IN: \$250 per admission	SUM7161
	OON: \$500/\$1,000	OON: \$3,000/\$6,000		OON: 30% of Allowed Benefit AD	OON: \$60 per visit	OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD	
6	IN: None	IN: \$2,000/\$4,000		IN: \$30/\$30	IN: \$50 per visit	IN: No Charge	\$200 per visit	IN: \$300 per admission	SUM7162
	OON: \$500/\$1,000	OON: \$3,000/\$6,000		OON: 30% of Allowed Benefit AD	OON: \$150 per visit	OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD	
7	IN: \$250/\$500	IN: \$2,000/\$4,000		IN: \$30/\$30	IN: \$50 per visit	IN: No Charge	\$200 per visit after in-network deductible	IN: \$300 per admission AD	SUM7163
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 40% of Allowed Benefit AD	OON: \$150 per visit	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
8	IN: \$250/\$500	IN: \$2,000/\$4,000		IN: \$30/\$30	IN: \$50 per visit	IN: No Charge	\$200 per visit after in-network deductible	IN: \$300 per admission AD	SUM7164
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 50% of Allowed Benefit AD	OON: \$150 per visit	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 2.0 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
15	IN: None	IN: \$2,000/\$4,000	Combined with Medical	IN: \$20/\$30	IN: \$50 per visit	IN: No Charge	\$250 per visit	IN: \$300 per admission	SUM7170
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
16	IN: \$500/\$1,000	IN: \$2,000/\$4,000		IN: \$20/\$30	IN: \$50 per visit	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM7171
	OON: \$1,000/\$2,000	OON: \$3,000/\$6,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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	IN: \$50 per visit	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM7172
	OON: \$2,000/\$4,000	OON: \$4,000/\$8,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
18	IN: \$1,500/\$3,000	IN: \$4,000/\$8,000		IN: \$20/\$30	IN: \$50 per visit	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM7173
	OON: \$3,000/\$6,000	OON: \$6,000/\$12,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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	IN: \$50 per visit	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM7174
	OON: \$4,000/\$8,000	OON: \$6,000/\$12,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
20	IN: \$2,500/\$5,000	IN: \$6,000/\$12,000	IN: \$20/\$30	IN: \$50 per visit	IN: No Charge	\$250 per visit after in-network deductible	IN: \$300 per admission AD	SUM7175	
	OON: \$5,000/\$10,000	OON: \$9,000/\$18,000	OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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 per visit AD	IN: No Charge	\$100 per visit after in-network deductible	IN: No Charge AD	SUM7165
	OON: \$2,000/\$4,000	OON: \$5,000/\$10,000		OON: 20% of Allowed Benefit AD	\$60 per visit after in-network deductible	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 2.0 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
1-S	IN: None	IN: \$4,500/\$9,000	Combined with Medical	IN: \$10/\$20	IN: \$40 per visit	IN: \$10	\$200 per visit	IN: \$300 per day (\$1,500 max per admission)	SUM7176
	OON: \$500/\$1,000			OON: 20% of Allowed Benefit AD	OON: \$120 per visit	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	IN: \$40 per visit	IN: \$10	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM7177
	OON: \$1,000/\$2,000			OON: 20% of Allowed Benefit AD	OON: \$120 per visit	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	IN: \$60 per visit	IN: \$20	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM7178
	OON: \$2,000/\$4,000			OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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	IN: \$60 per visit	IN: \$20	\$200 per visit after in-network deductible	IN: \$300 per day AD (\$1,500 max per admission)	SUM7179
	OON: \$4,000/\$8,000			OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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 2.0 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
10	IN: \$1,000/\$2,000	IN: \$4,500/\$9,000	Combined with Medical	IN: \$20/20% of Allowed Benefit AD	IN: \$50 per visit	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7166
	OON: \$2,000/\$4,000			OON: 40% of Allowed Benefit AD	OON: \$150 per visit	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
11	IN: \$1,500/\$3,000	OON: \$9,000/\$18,000		IN: \$20/\$40	IN: \$50 per visit	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7167
	OON: \$3,000/\$6,000			OON: 40% of Allowed Benefit AD	OON: \$150 per visit	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
12	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000		IN: \$20/\$40	IN: \$50 per visit	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7168
	OON: \$4,000/\$8,000	OON: \$9,000/\$18,000		OON: 40% of Allowed Benefit AD	OON: \$150 per visit	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
13	IN: \$500/\$1,000	IN: \$4,500/\$9,000		IN: \$10/\$20	IN: \$50 per visit	IN: \$20	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	SUM7169
	OON: \$1,000/\$2,000	OON: \$9,000/\$18,000		OON: 30% of Allowed Benefit AD	OON: \$150 per visit	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 2.0 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
1	IN: \$1,650/\$3,300	IN: \$4,000/\$8,000	Combined with Medical	IN: \$30/\$30 AD	IN: \$75 per visit after deductible	IN: \$30 AD	\$300 per visit after in-network deductible	IN: \$300 per admission AD	SUM7180
	OON: \$3,300/\$6,600	OON: \$8,000/\$16,000		OON: 30% of Allowed Benefit AD	OON: \$150 per visit after in-network deductible	OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD	
2	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000		IN: \$30/\$30 AD	IN: \$75 per visit after deductible	IN: 10% of Allowed Benefit AD	\$300 per visit after in-network deductible	IN: \$300 per admission AD	SUM7181
	OON: \$4,000/\$8,000	OON: \$8,000/\$16,000		OON: 40% of Allowed Benefit AD	OON: \$150 per visit after in-network deductible	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
12	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000		IN: No Charge AD	IN: No charge after deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM7182
	OON: \$4,000/\$8,000	OON: \$8,000/\$16,000		OON: 40% of Allowed Benefit AD	OON: 40% of Allowed Benefit after in-network deductible	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	IN: No charge after deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM7183
	OON: \$4,000/\$8,000	OON: \$8,000/\$16,000		OON: 20% of Allowed Benefit AD	OON: 40% of Allowed Benefit after in-network deductible	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 2.0 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
3	IN: \$1,650/\$3,300	IN: \$4,500/\$7,900	Combined with Medical	IN: 10% of Allowed Benefit AD	IN: 10% of Allowed Benefit after deductible	IN: 10% of Allowed Benefit AD	10% of Allowed Benefit after in-network deductible	IN: 10% of Allowed Benefit AD	SUM7184
	OON: \$3,300/\$6,600			OON: 30% of Allowed Benefit AD	OON: 30% of Allowed Benefit after in-network deductible	OON: 30% of Allowed Benefit AD		OON: 30% of Allowed Benefit AD	
4	IN: \$1,650/\$3,300	OON: \$6,550/\$13,100		IN: \$20/\$40 AD	IN: 20% of Allowed Benefit after deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7185
	OON: \$3,300/\$6,600			OON: 40% of Allowed Benefit AD	OON: 40% of Allowed Benefit after in-network deductible	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	
5	IN: \$2,500/\$5,000	IN: \$4,500/\$9,000		IN: No Charge/\$5 AD	IN: No Charge after deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM7186
	OON: \$5,000/\$10,000	OON: \$9,000/\$18,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit after in-network deductible	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
6	IN: \$1,650/\$3,300	IN: \$4,500/\$7,900		IN: No Charge AD	IN: No Charge after deductible	IN: No Charge AD	No Charge after in-network deductible	IN: No Charge AD	SUM7187
	OON: \$3,300/\$6,600	OON: \$6,550/\$13,100		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit after in-network deductible	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 2.0 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	
MV1	IN: \$5,000/\$10,000	IN: \$8,150/\$16,300	Combined with Medical	IN: \$40 AD	IN: \$50 per visit after deductible	IN: \$40 AD	\$250 after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7188	
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 50% of Allowed Benefit AD	OON: \$150 per visit after in-network deductible	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	IN: \$100 per visit	IN: No Charge	\$250 after in-network deductible	IN: No Charge AD		SUM7189
	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD		
MV4	IN: \$5,000/\$10,000	IN: \$8,150/\$16,300		IN: \$30/\$60	IN: \$100 per visit	IN: No Charge	\$250 after in-network deductible	IN: No Charge AD		SUM7190
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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	IN: \$100 per visit	IN: \$40	\$250 after in-network deductible	IN: No Charge AD		SUM7191
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD	OON: \$150 per visit	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	IN: \$100 per visit	IN: 20% of Allowed Benefit	\$250 after in-network deductible	IN: 20% of Allowed Benefit AD		SUM7192
	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000		OON: 40% of Allowed Benefit AD	OON: \$150 per visit	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 2.0 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
MV1	IN: \$4,000/\$8,000	IN: \$8,000/\$16,000	Combined with Medical	IN: 20% of Allowed Benefit AD	IN: 20% of Allowed Benefit after deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7193
	OON: \$8,000/\$16,000			OON: 50% of Allowed Benefit AD	OON: 50% of Allowed Benefit after in-network deductible	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	IN: \$75 per visit after deductible	IN: \$25 AD	\$300 after in-network deductible	IN: 30% of Allowed Benefit AD	SUM7194
	OON: \$11,000/\$15,000			OON: 50% of Allowed Benefit AD	OON: \$150 per visit after in-network deductible	OON: 50% of Allowed Benefit AD		OON: 50% of Allowed Benefit AD	
MV3	IN: \$3,300/\$6,600	IN: \$6,600/\$13,200		IN: \$0/\$5 AD	IN: No Charge after deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM7195
	OON: \$6,600/\$13,200	OON: \$13,200/\$26,400		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit after in-network deductible	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
MV4	IN: \$5,000/\$10,000	IN: \$8,000/\$16,000		IN: \$0/\$5 AD	IN: No Charge after deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM7196
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit after in-network deductible	OON: 20% of Allowed Benefit AD		OON: 20% of Allowed Benefit AD	
MV5	IN: \$7,000/\$14,000	IN: \$8,000/\$16,000		IN: \$0/\$20 AD	IN: No Charge after deductible	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	SUM7197
	OON: \$10,000/\$20,000	OON: \$15,000/\$30,000		OON: 20% of Allowed Benefit AD	OON: 20% of Allowed Benefit after in-network deductible	OON: 20% of Allowed Benefit AD		OON: 20% 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 2.0 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
MV6	IN: \$3,300/\$6,600	IN: \$6,600/\$13,200	Combined with Medical	IN: \$0/\$20 AD	IN: 20% of Allowed Benefit after deductible	IN: 20% of Allowed Benefit AD	20% of Allowed Benefit after in-network deductible	IN: 20% of Allowed Benefit AD	SUM7198
	OON: \$6,600/\$13,200	OON: \$13,200/\$26,400		OON: 40% of Allowed Benefit AD	OON: 40% of Allowed Benefit after in-network deductible	OON: 40% of Allowed Benefit AD		OON: 40% of Allowed Benefit AD	

BlueChoice Advantage 2.0 Notes

- All BlueChoice Advantage 2.0 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 2.0 Options 4, 6, 7, 8 and Q.
- BlueChoice Advantage 2.0 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 2.0 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
1	None	\$2,500/\$5,000	Combined with Medical	\$20/\$30	\$50	\$20	\$200 per visit	\$400 per admission	SUM5859
2	\$1,000/\$2,000	\$4,500/\$9,000		\$20/\$40	\$50	\$20	\$200 per visit AD	\$400 per admission AD	SUM5860
4	\$2,000/\$4,000	\$4,500/\$9,000		\$20/\$40	\$50	\$20	\$200 per visit AD	\$400 per admission AD	SUM5862
5	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$50	\$25	\$200 per visit AD	\$400 per admission AD	SUM5863
6	\$5,000/\$10,000	\$8,150/\$16,300		\$25/\$50	\$50	\$25	\$200 per visit AD	\$400 per admission AD	SUM5864

All plans include CoreVision Option 1, can be paired with a Non-Integrated Rx Option and can be 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
3	\$1,650/\$3,300	\$4,500/\$7,900	Combined with Medical	\$20/\$30 AD	\$50 AD	\$20 AD	\$200 per visit AD	\$400 per admission AD	SUM5861
7	\$5,000/\$10,000	\$8,000/\$16,000		\$20/\$30 AD	\$50 AD	\$20 AD	\$200 per visit AD	\$400 per admission AD	SUM5865

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
1	IN: None	IN: \$2,000/\$4,000	\$4,500/\$9,000	IN: \$10/\$10	IN: \$10	IN: No Charge	\$50 per visit	IN: No Charge	CUT6040
	OON: \$250/\$500			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	OON: \$3,000/\$6,000	\$4,500/\$9,000	IN: \$20/\$20	IN: \$20	IN: No Charge	\$50 per visit	IN: No Charge	CUT6045
	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	\$4,500/\$9,000	IN: \$10/\$10	IN: \$10	IN: No Charge AD	\$50 per visit after in-network deductible	IN: No Charge AD	CUT6046
	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: \$3,000/\$6,000	\$4,500/\$9,000	IN: \$10/\$10	IN: \$10	IN: No Charge AD	\$50 per visit after in-network deductible	IN: No Charge AD	CUT6048
	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: \$4,000/\$8,000	\$2,000/\$4,000	IN: \$20/\$20	IN: \$20	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	CUT6208
	OON: \$2,000/\$4,000	OON: \$9,000/\$18,000		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: \$8,150/\$16,300	Combined with Medical	IN: \$20/\$20	IN: \$20	IN: No Charge AD	No charge after in-network deductible	IN: No Charge AD	CUT6213
	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		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
3	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000	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	CUT6735
	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: \$1,650/\$3,300	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	SUM1870
	OON: \$3,300/\$6,600	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
3	IN: \$2,000/\$4,000	IN: \$4,000/\$8,000	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	CUT6740
	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: \$1,650/\$3,300	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	SUM1869
	OON: \$3,300/\$6,600	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
3	None	\$2,000/\$4,000	\$4,500/\$9,000	\$10/\$20	\$20	No Charge	\$50 per visit	No Charge	CUT5532
13	None			\$30/\$40	\$40	No Charge	\$50 per visit	\$300 per admission	CUT6195
14	None			\$20/\$30	\$30	No Charge	\$50 per visit	\$300 per admission	CUT6390
15	None	\$4,000/\$8,000	Combined with Medical	\$20/\$30	\$50	No Charge	\$250 per visit	\$300 per admission	SUM5754
16	\$500/\$1,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5755
17	\$1,000/\$2,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5756
18	\$1,500/\$3,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5757
19	\$2,000/\$4,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5758
20	\$2,500/\$5,000	\$6,000/\$12,000		\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5759
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	CUT6480
C	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	No Charge AD	CUT6481
I	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	CUT8399
J	None			\$30/\$40	\$40	No Charge	\$100 per visit	20% of Allowed Benefit	CUT8400

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
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)	SUM3272
2-S	\$500/\$1,000			\$10/\$20	\$40	\$10	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3273
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)	SUM3274
5-S	\$1,500/\$3,000	\$6,000/\$12,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4088
6-S	\$3,000/\$6,000			\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4089

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
M	\$1,000/\$2,000	\$4,500/\$9,000	Combined with Medical	\$20/20% of Allowed Benefit AD	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4599
N	\$1,500/\$3,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4600

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
4	\$1,650/\$3,300	\$4,000/\$8,000	Combined with Medical	\$10/\$20 AD	\$20 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	SUM4616
5	\$2,000/\$4,000			No Charge AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5760
8	\$1,650/\$3,300	\$4,500/\$7,900		\$20/\$40 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4613
9	\$2,500/\$5,000	\$4,500/\$9,000		No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4614

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
MV1	\$4,500/\$9,000	\$8,150/\$16,300	Combined with Medical	\$30/\$40 AD	\$100 per visit AD	\$40	\$300 per visit AD	30% of Allowed Benefit AD	SUM2691
MV2	\$5,000/\$10,000			\$30/\$60 AD	\$100 per visit AD	\$30 AD	\$300 per visit AD	40% of Allowed Benefit AD	SUM3276
MV3	\$3,000/\$6,000	\$6,000/\$12,000		\$25/\$50	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5080
MV4	\$5,000/\$10,000	\$8,150/\$16,300		\$30/\$60	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5081
MV5	\$7,000/\$14,000			\$40/\$80	\$100 per visit	\$40	\$250 per visit AD	No Charge AD	SUM5082
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	SUM6891

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
MV1	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	\$30/\$40 AD	\$50 per visit AD	20% of Allowed Benefit AD	\$250 per visit AD	20% of Allowed Benefit AD	SUM4619
MV3	\$3,300/\$6,600	\$6,600/\$13,200		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5083
MV4	\$5,000/\$10,000	\$8,000/\$16,000		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5084
MV5	\$7,000/\$14,000			\$0/\$20 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM6885
MV6	\$3,300/\$6,600	\$6,600/\$13,200		\$0/\$20 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM6888

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
3	None	\$2,000/\$4,000	\$4,500/\$9,000	\$10/\$20	\$20	No Charge	\$50 per visit	No Charge	CUT6684
13	None			\$30/\$40	\$40	No Charge	\$50 per visit	\$300 per admission	CUT6674
14	None			\$20/\$30	\$30	No Charge	\$50 per visit	\$300 per admission	CUT6673
15	None	\$4,000/\$8,000	Combined with Medical	\$20/\$30	\$50	No Charge	\$250 per visit	\$300 per admission	SUM5761
16	\$500/\$1,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5762
17	\$1,000/\$2,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5763
18	\$1,500/\$3,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5764
19	\$2,000/\$4,000			\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5765
20	\$2,500/\$5,000	\$6,000/\$12,000		\$20/\$30	\$50	No Charge	\$250 per visit AD	\$300 per admission AD	SUM5766
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	CUT6671
C	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	No Charge AD	CUT6670
I	\$500/\$1,000			\$30/\$40 AD	\$40 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	CUT8498
J	None			\$30/\$40	\$40	No Charge	\$100 per visit	20% of Allowed Benefit	CUT8499
K	\$1,000/\$2,000			\$20/\$30 AD	\$30 AD	No Charge	\$100 per visit AD	20% of Allowed Benefit AD	SUM2673

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
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)	SUM3277
2-S	\$500/\$1,000			\$10/\$20	\$40	\$10	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3278
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)	SUM3279
4-S	\$2,000/\$4,000			\$20/\$40	\$60	\$20	\$200 per visit AD	\$300 per day AD (\$1,500 max per admission)	SUM3280
5-S	\$1,500/\$3,000	\$6,000/\$12,000		\$20/\$40	\$60	\$20	\$200 per visit AD	20% of Allowed Benefit AD	SUM4090

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
6	\$1,300/\$2,600	\$4,000/\$8,000	Combined with Medical	\$15/\$25 AD	\$25 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	SUM1866

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
2	\$2,500/\$5,000	\$4,000/\$8,000	Combined with Medical	No Charge AD	No Charge AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT7006
3*	\$4,000/\$8,000	\$8,000/\$16,000		No Charge AD	No Charge AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT7007
4	\$1,650/\$3,300	\$4,000/\$8,000		\$10/\$20 AD	\$20 AD	No Charge AD	\$100 per visit AD	\$250 per admission AD	CUT7008
11	\$2,000/\$4,000	\$4,000/\$8,000		No Charge AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5767

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
M	\$1,000/\$2,000	\$4,500/\$9,000	Combined with Medical	\$20/20% of Allowed Benefit AD	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4604
N	\$1,500/\$3,000			\$20/\$40	\$50	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4605
P	\$500/\$1,000			\$10/\$20	\$50	\$20	10% of Allowed Benefit AD	10% of Allowed Benefit AD	SUM4607

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
7	\$1,650/\$3,300	\$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	SUM4608
8	\$1,650/\$3,300			\$20/\$40 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM4609
9	\$2,500/\$5,000	\$4,500/\$9,000		No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4610
10	\$1,650/\$3,300	\$4,500/\$7,900		No Charge/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM4611

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
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	SUM5085
MV4	\$5,000/\$10,000	\$8,150/\$16,300		\$30/\$60	\$100 per visit	No Charge	\$250 per visit AD	No Charge AD	SUM5086
MV5	\$7,000/\$14,000			\$40/\$80	\$100 per visit	\$40	\$250 per visit AD	No Charge AD	SUM5087
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	SUM6892

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
MV1	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	\$30/\$40 AD	\$50 per visit AD	20% of Allowed Benefit AD	\$250 per visit AD	20% of Allowed Benefit AD	SUM2690
MV3	\$3,300/\$6,600	\$6,600/\$13,200		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5088
MV4	\$5,000/\$10,000	\$8,000/\$16,000		\$0/\$5 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM5089
MV5	\$7,000/\$14,000			\$0/\$20 AD	No Charge AD	No Charge AD	No Charge AD	No Charge AD	SUM6886
MV6	\$3,300/\$6,600	\$6,600/\$13,200		\$0/\$20 AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	20% of Allowed Benefit AD	SUM6889

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.

MD Standard Non-Integrated Deductible Formulary 3 Rx Options

Non-Integrated Deductible (Separate Medical and Drug) Rx Options		
Options	Features	Rx Benefit Summary
A	\$0 Ded, \$0/\$25/\$45/50% up to \$100/50% up to \$150	SUM4026
B	\$0 Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150	SUM4025
C	\$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4027
D	\$0 Ded, \$15/\$45/\$70/50% up to \$100/50% up to \$150	SUM4028
E	\$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4029
F	\$100 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4031
G	\$200 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4032

MD Standard Integrated Deductible Formulary 3 Rx Options

Integrated Deductible (Combined Medical and Drug) Rx Options*		
Options	Features	Rx Benefit Summary
A-I	Int Ded, \$0/\$25/\$45/50% up to \$100/50% up to \$150	SUM4036
B-I	Int Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150	SUM4038
C-I	Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4039
D-I	Int Ded, \$15/\$45/\$70/50% up to \$100/50% up to \$150	SUM7112
E-I	Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4042

* 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.

MD Standard Minimum Value Formulary 3 Rx Options

Non-Integrated Deductible (Separate Medical and Drug) Rx Options		
Options	Features	Rx Benefit Summary
C (Minimum Value)	\$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM6882
E (Minimum Value)	\$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4030
I (Minimum Value)	\$500 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4034

Integrated Deductible (Combined Medical and Drug) Rx Options*		
Options	Features	Rx Benefit Summary
C-I (Minimum Value)	Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150	SUM4040
E-I (Minimum Value)	Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150	SUM4043

* 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.

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 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 WellBeingSM, 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[®]:** 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), completing a health screening and participating in health coaching.

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 and diabetes prevention programs through CareFirst WellBeing. Both programs provide a psychology-based approach that supports long-lasting healthy weight goals and helps reduce the risk of developing type 2 diabetes, 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 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.

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

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 AND 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 AND 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 <ul style="list-style-type: none"> ■ Session 1 = \$30 ■ Session 2 = \$70 ■ Session 3 = \$100 	Only those who consent to participate in and complete coaching sessions.	Through end of the benefit period	\$30–\$200 based on session

Incentive type:

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

- Members can submit proof of a qualified expense online and receive reimbursement.
- The card can be used for expenses incurred by any covered member under the policy, including dependents.

Upon earning an incentive for the first time, the subscriber will receive the medical expense card for all members covered under the policy. If an incentive was earned last year, the 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.

WellBeing and Blue Rewards Notes

Members enrolled in a health plan with a health savings account (HSA) option: Members with a high-deductible health plan must reach their plan deductible before being able to use their Blue Rewards medical expense card for out-of-pocket costs like deductible, copays and coinsurance. Meeting the plan deductible is not required for eligible over-the-counter expenses. 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.

If the member is enrolled in an HSA product, the health insurance policyholder will need to sign in to their CareFirst Wellbeing account and agree to the HSA Agreement Terms before rewards can be earned. If the policyholder does not agree with the terms, Blue Reward incentive activities may be completed but no reward will be earned.

The Member's card will be sent or reloaded upon completing their incentive steps, if a member meets either of the below criteria:

- HSA is not funded (by the member or their employer) during the benefit period:
 - Then the member is eligible to receive and use the card before meeting the medical plan deductible.
- HSA is funded (by the member/subscriber) AND has CareFirst Dental and Vision:
 - Members can receive the card before meeting the medical plan deductible. The card can be used for over-the-counter, dental and vision expenses only.
 - Once the medical plan deductible has been met, the card can be used for all qualified expenses (including medical and prescription drug).

Note: For members who are funding an HSA and have CareFirst Dental and Vision products: If a member does not certify to only use the card for over-the-counter, dental and vision expenses prior to meeting the plan deductible, the member will not receive their card until the plan deductible has been met. Additionally, members will only be able to use the reward for expenses incurred after meeting the plan deductible.

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 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
Advantages	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
Network	Over 600 regional providers	135,000 unique providers and over 500,000 access points nationwide	135,000 unique providers and over 500,000 access points nationwide	135,000 unique providers and over 500,000 access points nationwide
Key Features	<ul style="list-style-type: none"> ■ Includes comprehensive coverage for dental services ■ Copays cover in-network dental services ■ One copay per office visit for routine dental services, such as exams, X-rays and simple extractions ■ No deductibles or pre-existing waiting periods—applies to both employer-sponsored and voluntary plans ■ No voluntary load ■ Minimum of two (2) MUST enroll in freestanding employer-sponsored or voluntary plans; however, no participation requirement 	<ul style="list-style-type: none"> ■ Copays cover in-network dental services ■ Most preventive and diagnostic services covered in full and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ 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 	<ul style="list-style-type: none"> ■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services ■ 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 ■ Deductible is combined in & out-of-network ■ No missing teeth exclusions or limitations for pre-existing conditions ■ Composite fillings are covered on all teeth 	<ul style="list-style-type: none"> ■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ Combined in- and out-of-network deductible ■ Annual maximum does not apply to preventive and diagnostic services or orthodontic services ■ 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
Whole Health Enhanced Benefit Coverage	No benefit	No benefit	Yes	Yes
GRID/GRID+*	N/A	GRID/GRID+	GRID/GRID+*	GRID/GRID+*

* GRID Dental Corporation (GDC) is structured to qualify as a "Dental Intermediary" under the regulations of the Blue Cross and Blue Shield Association. The primary purpose of the GRID is to enable Participating Blues Plans and their Approved Affiliates to gain access to a national dental network and better serve their national and regional accounts.

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 and Voluntary)
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 or voluntary).
 - **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 or voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. (Plans 1-19)

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
	In: \$25/\$75	Out: \$50/\$150					
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	100/80/80/50	N/A	SUM2580
						\$800	SUM6044
						\$1,000	SUM6046
						\$1,200	SUM6048
						\$1,500	SUM2592
						\$2,000	SUM6050
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	80/60/60/35	N/A	SUM2581
						\$800	SUM6052
						\$1,000	SUM6054
						\$1,200	SUM6056
						\$1,500	SUM2593
						\$2,000	SUM6058
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50/50	100/80/50/50	N/A	SUM2582
						\$800	SUM6076
						\$1,000	SUM6078
						\$1,200	SUM6080
						\$1,500	SUM2594
						\$2,000	SUM6082
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50/50	80/60/35/35	N/A	SUM2583
						\$800	SUM6084
						\$1,000	SUM6086
						\$1,200	SUM6088
						\$1,500	SUM2595
						\$2,000	SUM6090
Plan 5	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/80/50	100/80/80/50	N/A	SUM2584
						\$800	SUM6060
						\$1,000	SUM6062
						\$1,200	SUM6064
						\$1,500	SUM2596
						\$2,000	SUM6066

* 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 or voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. (Plans 1-19)

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
Plan 6	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/80/50	80/60/60/35	N/A	SUM2585
						\$800	SUM6068
						\$1,000	SUM6070
						\$1,200	SUM6072
						\$1,500	SUM2597
						\$2,000	SUM6074
Plan 7	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50/50	100/80/50/50	N/A	SUM2586
						\$800	SUM6092
						\$1,000	SUM6094
						\$1,200	SUM6096
						\$1,500	SUM2598
						\$2,000	SUM6098
Plan 8	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50/50	80/60/35/35	N/A	SUM2587
						\$800	SUM6100
						\$1,000	SUM6102
						\$1,200	SUM6104
						\$1,500	SUM2599
						\$2,000	SUM6106
Plan 9	In: \$50/\$150	Out: \$50/\$150	\$1,000	100/80/50/50	100/80/50/50	N/A	SUM5984
						\$800	SUM5986
						\$1,000	SUM5988
						\$1,200	SUM5990
						\$1,500	SUM5992
						\$2,000	SUM5994
Plan 10	In: \$50/\$150	Out: \$50/\$150	\$1,000	100/80/80/50	100/80/80/50	N/A	SUM5912
						\$800	SUM5914
						\$1,000	SUM5916
						\$1,200	SUM5918
						\$1,500	SUM5920
						\$2,000	SUM5922

* 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 or voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. (Plans 1-19)

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
	In:	Out:					
Plan 11	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/80/50/50	100/80/50/50	N/A	SUM5996
						\$800	SUM5998
						\$1,000	SUM6000
						\$1,200	SUM6002
						\$1,500	SUM6004
						\$2,000	SUM6006
Plan 12	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/80/80/50	100/80/80/50	N/A	SUM5924
						\$800	SUM5926
						\$1,000	SUM5928
						\$1,200	SUM5930
						\$1,500	SUM5932
						\$2,000	SUM5934
Plan 13	In: \$25/\$75	Out: \$25/\$75	\$1,500	100/90/60/60	100/90/60/60	N/A	SUM6008
						\$800	SUM6010
						\$1,000	SUM6012
						\$1,200	SUM6014
						\$1,500	SUM6016
						\$2,000	SUM6018
Plan 14	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/90/60/60	100/90/60/60	N/A	SUM6020
						\$800	SUM6022
						\$1,000	SUM6024
						\$1,200	SUM6026
						\$1,500	SUM6028
						\$2,000	SUM6030

* 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 or voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. (Plans 1-19)

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
	In: \$25/\$75	Out: \$25/\$75					
Plan 15	In: \$25/\$75	Out: \$25/\$75	\$1,500	100/90/90/60	100/90/90/60	N/A	SUM5936
						\$800	SUM5938
						\$1,000	SUM5940
						\$1,200	SUM5942
						\$1,500	SUM5944
						\$2,000	SUM5946
Plan 16	In: \$50/\$150	Out: \$50/\$150	\$1,500	100/90/90/60	100/90/90/60	N/A	SUM5948
						\$800	SUM5950
						\$1,000	SUM5952
						\$1,200	SUM5954
						\$1,500	SUM5956
						\$2,000	SUM5958
Plan 17	In: \$50/\$150	Out: \$50/\$150	\$2,000	100/90/60/60	100/90/60/60	N/A	SUM6032
						\$800	SUM6034
						\$1,000	SUM6036
						\$1,200	SUM6038
						\$1,500	SUM6040
						\$2,000	SUM6042
Plan 18	In: \$25/\$75	Out: \$25/\$75	\$2,000	100/90/90/60	100/90/90/60	N/A	SUM5960
						\$800	SUM5962
						\$1,000	SUM5964
						\$1,200	SUM5966
						\$1,500	SUM5968
						\$2,000	SUM5970

* 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 or voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. (Plans 1-19)

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
	In: \$50/\$150	Out: \$50/\$150					
Plan 19	In: \$50/\$150	Out: \$50/\$150	\$2,000	100/90/90/60	100/90/90/60	N/A	SUM5972
						\$800	SUM5974
						\$1,000	SUM5976
						\$1,200	SUM5978
						\$1,500	SUM5980
						\$2,000	SUM5982

** 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
	In: \$25/\$75	Out: \$50/\$150				
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/0	80/60/0	SUM2578

* 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 ¹						
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	Standard Lifetime Ortho Maximum	In-Network	Out-of-Network	Item Number
Plan 1	In: \$25/\$75	\$1,000	\$800 ²	80/50/50/50/50	60/35/35/35/35	CUT6095
	Out: \$50/\$150					
Plan 1	In: \$0/\$0	\$1,500	No Ortho	80/50/50/50	60/35/35/35	CUT6095
	Out: \$50/\$150					
Plan 2	In: \$25/\$75	\$1,000	\$800/\$1,000/\$1,200 ²	100/80/80/50/50	80/60/60/35/35	CUT6096
	Out: \$50/\$150					
Plan 2	In: \$25/\$75	\$1,500	\$800/\$1,000/\$1,200/\$1,500 ²	100/80/80/50/50	80/60/60/35/35	CUT6096
	Out: \$50/\$150					
Plan 2	In: \$0/\$0	\$1,000	\$800/\$1,000 ²	100/80/80/50/50	80/60/60/35/35	CUT6096
	Out: \$50/\$150					
Plan 2	In: \$0/\$0	\$1,500	\$800 ²	100/80/80/50/50	80/60/60/35/35	CUT6096
	Out: \$50/\$150					
Plan 3	In: \$25/\$75	\$1,000	\$800/\$1,000/\$1,500 ²	100/80/50/50/50	80/60/35/35/35	CUT6097
	Out: \$50/\$150					
Plan 3	In: \$25/\$75	\$1,500	\$800/\$1,500 ²	100/80/50/50/50	80/60/35/35/35	CUT6097
	Out: \$50/\$150					
Plan 3	In: \$25/\$75	\$1,000	\$1,000	100/80/50/50/50	80/60/35/35/35	SUM2346
	Out: \$50/\$150					
Plan 4	In: \$25/\$75	\$1,000	\$1,000 ²	100/90/90/60/50	80/80/80/50/35	CUT6098
	Out: \$50/\$150					
Plan 4	In: \$25/\$75	\$1,500	\$1,000/\$1,500 ²	100/90/90/60/50	80/80/80/50/35	CUT6098
	Out: \$50/\$150					
Plan 4	In: \$0/\$0	\$1,000	\$1,000	100/90/90/60/50	80/80/80/50/35	CUT6098
	Out: \$50/\$150					
Plan 5	In: \$25/\$75	\$1,500	\$1,500 ²	100/90/60/60/50	80/80/50/50/35	CUT6466
	Out: \$50/\$150					

¹ Employer Groups can customize their maximums and deductibles

² Also available as standard without orthodontics

Dental Products

Traditional Dental ¹					
Plans	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	Standard Lifetime Ortho Maximum	In-Network and Out-of-Network	Item Number
Plan 1	\$25/\$75	\$1,000	\$800	80/50/50/50/50	CUT6090
Plan 1	\$50/\$150	\$1,000	\$1,000 ²	80/50/50/50/50	CUT6090
Plan 1	\$50/\$150	\$1,500	\$1,500 ²	80/50/50/50/50	CUT6090
Plan 2	\$25/\$75	\$1,000	\$800/\$1,000/\$1,200/\$1,500	100/80/80/50/50	CUT6091
Plan 2	\$25/\$75	\$1,500	\$800/\$1,000/\$1,200 ²	100/80/80/50/50	CUT6091
Plan 2	\$50/\$150	\$1,000	\$800/\$1,000/\$1,200/\$1,500 ²	100/80/80/50/50	CUT6091
Plan 2	\$50/\$150	\$1,500	\$800/\$1,000/\$1,200/\$1,500 ²	100/80/80/50/50	CUT6091
Plan 2	\$50/\$150	\$1,500	\$1,000	100/80/80/50/50	SUM2347
Plan 3	\$25/\$75	\$1,000	\$800	100/80/50/50/50	CUT6092
Plan 3	\$50/\$150	\$1,000	\$800/\$1,000/\$1,200/\$1,500 ²	100/80/50/50/50	CUT6092
Plan 3	\$50/\$150	\$1,500	\$800/\$1,000/\$1,500 ²	100/80/50/50/50	CUT6092
Plan 4	\$25/\$75	\$1,000	\$800/\$1,000	100/90/90/60/50	CUT6093
Plan 4	\$25/\$75	\$1,500	\$1,500	100/90/90/60/50	CUT6093
Plan 4	\$50/\$150	\$1,000	\$1,000 ²	100/90/90/60/50	CUT6093
Plan 4	\$50/\$150	\$1,500	\$800/\$1,000/\$1,500 ²	100/90/90/60/50	CUT6093
Plan 5	\$50/\$150	\$1,500	\$1,000/\$1,500 ²	100/90/60/60/50	CUT6094

¹ Employer Groups can customize their maximums and deductibles

² Also available as standard without orthodontics

Dental Products

Voluntary Preferred (PPO) Dental ¹ 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
Plan 1	In: \$25/\$75	\$1,000	80/50/50/50	60/35/35/35	SUM1638
	Out: \$50/\$150				
Plan 2	In: \$25/\$75	\$1,000	100/80/50/50	80/60/35/35	SUM1686
	Out: \$50/\$150				
Plan 3	In: \$25/\$75	\$1,000	100/80/80/50	80/60/60/35	SUM1687
	Out: \$50/\$150				
Plan 4	In: \$25/\$75	\$1,500	100/80/80/50	80/60/60/35	SUM1688
	Out: \$50/\$150				

Voluntary Traditional Dental ¹ 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
Plan 1	\$50/\$150	\$1,000	80/50/50/50	SUM1689
Plan 2	\$50/\$150	\$1,000	100/80/50/50	SUM1690
Plan 3	\$50/\$150	\$1,000	100/80/80/50	SUM1691
Plan 4	\$50/\$150	\$1,500	100/80/80/50	SUM1692

BlueDHMO (Available with any medical product or can be sold as freestanding) ²		
Plan	Features	PDF Summary
BlueDHMO \$0	Basic dental services \$0 per office visit	SUM3156
BlueDHMO \$10	Basic dental services \$10 per office visit	SUM3157

¹ 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.

² 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
BlueDental EPO	\$25/\$75	\$2,000	Copays per service	No coverage	SUM4683	SUM4682

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
Provider Choice Plan PC-5	Basic Dental Services \$5 per office visit	BOK5256
Provider Choice Plan PC-10	Basic Dental Services \$10 per office visit	BOK5254
Provider Choice Plan PC-20	Basic Dental Services \$20 per office visit	BOK5255

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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