

MEMBER RESOURCE
GUIDE 2018

Vitality



Volunteering is Good Medicine

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Have you earned your reward yet?
Well, what are you waiting for?

carefirst.com/rewardsyou

Blue Rewards is our incentive program that's included with many of our health plans.
To find out more, refer to your enrollment materials or log in to *My Account* at carefirst.com/myaccount.

Vitality

**MEMBER RESOURCE
GUIDE 2018**

Vitality is published annually by the Marketing Communications department of CareFirst BlueCross BlueShield. The articles in *Vitality* are not intended as medical advice. For your individual health care needs, you should consult with your doctor or nurse practitioner. The benefit information presented in *Vitality* is a general description of coverage. It is not a contract and certain exclusions and limitations may apply. Your detailed coverage information is available in your benefit guide or by logging in to *My Account* at carefirst.com/myaccount. If you have questions about your coverage or have a mailing address issue, call Member Services at the telephone number on the back of your member ID card.

CONNECT WITH US:



For more health information, visit carefirst.com/livinghealthy.

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ON THE COVER

Volunteering is Good Medicine

While giving back can make a powerful difference in the lives of others, research has shown how altruism positively affects our health and longevity. Quite simply, giving is good for your health.

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My Account—Your Complete Online Resource

For members of CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all corporate affiliates (CareFirst), *My Account* makes it easy to understand and manage your health plan and benefits.

By setting up an account, you'll have password-protected access to:

- Find and select in-network doctors, specialists, dentists and behavioral health providers—including hospitals, urgent care centers, labs and imaging facilities
- Choose or change your primary care provider (PCP) as applicable
- View, order or print your member ID card
- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- Research drug and pharmacy information, including
 - Drug pricing
 - The Preferred Drug List
 - Important drug interactions and side effects
- Locate nearby pharmacies or access the mail service pharmacy
- View copays and identify other expenses for which you may be responsible
- Use the Treatment Cost Estimator* to calculate costs for treatment and services from specific providers—based on your plan's benefits
- Compare hospitals to determine which is best for the care you need
- Download forms for claim submissions, drug requests, authorizations and more
- Confirm if a referral or preauthorization is required for a specific service**
- Complete your online health assessment**
- Track your Blue Reward**
- Send a secure message or question via the Message Center



REGISTER FOR MY ACCOUNT

Signing up is quick and easy. It only takes a few minutes!

Go to carefirst.com/myaccount and select *Register*. Then, follow the steps to complete your registration.

1. Enter your member ID and your date of birth. (You must be at least 12 years old to register.)
2. Create a username and password.
3. Read and accept the *Terms of Use*.
4. Select *Create Account* to confirm your registration.

Get started today! Secure online access to your personalized health plan information, day or night.

**The estimated cost information provided is intended to be used as a reference tool for your convenience and is not a substitute for medical advice or treatment by a medical professional.*

***If applicable for your plan.*

Looking for Care? It's Easy with *Find a Doctor*, CareFirst's Online Provider Directory

Whether you're searching for a new doctor or a nearby lab, *Find a Doctor* makes it easier than ever to locate providers, pharmacies, hospitals and more. Anytime, anywhere—nationwide.

Searching is easy

Go to carefirst.com/doctor to begin. You can search for a variety of providers including specialists, behavioral health, dental, and vision providers or health care facilities. Then, personalize your search to meet your needs by filtering on any of the following:

- Provider name
- Provider specialty
- Location and distance
- Gender
- Languages spoken
- Group and hospital affiliations
- Accepting new patients


Not sure if a provider participates in your plan's network? *Find a Doctor* will let you know!

In-network providers

Green alert icons  indicate those providers who are considered

in-network for the benefit plan you selected for your search. You will pay the least for care from these providers.

Out-of-network providers

Out-of-network providers are designated by orange alert icons , indicating the provider is not considered in-network for the benefit plan you selected. If you receive services from these providers, you may pay more for the service.

The best way to confirm that a provider participates in your plan's network is to register for and log in to *My Account*. When you log in to *My Account* and search for providers, *Find a Doctor* automatically provides in-network search results based on your plan type.

Want to know more about a provider or hospital?

To obtain additional information, go to carefirst.com/doctor to select the doctor or hospital. Then, click on the provider/hospital's name to view specific details such as awards and recognition, specialties, education, training and board certifications. CareFirst also offers online resources

TAKE FIND A DOCTOR WITH YOU WHEREVER YOU GO



Download CareFirst's free mobile app to locate providers, urgent care

centers, emergency rooms and more, 24/7. With CareFirst on your mobile device, finding care is just a click away!

Away from home? *Find a Doctor's* map feature provides a map to get you there! Down the street or across the country.*

*App must have access to your smartphone's location services. To download, search for CareFirst in your favorite app store.

that can help you decide which doctor or facility is best for your needs. Visit carefirst.com and choose *Members*, then *Find Providers*, for available resources.

If you do not have internet access and would like a printed copy of the provider directory, or information about providers, call Member Services at the telephone number on the back of your member ID card.

Graduating from Pediatric Care?

Is your child ready to move from a pediatrician to a primary care provider (PCP) who treats adults? CareFirst's *Find a Doctor* can help! Visit carefirst.com/doctor today to search, review, locate and select a provider who best meets your maturing child's needs.



Know Before You Go

If you have a life-threatening injury, illness or emergency, call 911 or go directly to the nearest emergency room.

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention during or after office hours. Your PCP may be able to provide advice over the telephone or fit you in for a visit right away. To select or change your PCP, visit carefirst.com/doctor.

Here are some of your other choices for care, including options that are available anytime—day or night!



FirstHelp*—free 24-hour nurse advice line

Unsure of your symptoms? You have 24/7 access to FirstHelp, our free nurse advice line for help when you can't reach your PCP or are unsure about your symptoms. Call 800-535-9700 to speak with a registered nurse.



CareFirst Video Visit

See a doctor 24/7 without an appointment! Consult with a board-certified doctor whenever you want on your computer or mobile device. Visit carefirstvideovisit.com to learn more.



Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS or Walgreens) and offer accessible care with extended evening and weekend hours. Visit a convenience care center for help with minor concerns like cold symptoms and illnesses that can be easily diagnosed.



Urgent care centers

Urgent care centers (including Patient First or ExpressCare) are your next option if you cannot see your PCP. Urgent care centers do not take the place of your PCP, but have a doctor on staff and are available when you need care on weekends or after hours.



Emergency room

The ER is open 24/7 to treat medical emergencies. A medical emergency is a sudden, serious illness or injury that, without immediate medical attention, could result in serious jeopardy to the patient's health, serious impairment to bodily functions, serious dysfunction

of a body part or organ, or serious health risks for a pregnant woman's fetus. If you can't call your PCP before heading to the ER, do it afterward. Your PCP needs to know what happened, so you can both take care of your health going forward.

Head to the ER when experiencing any of the following:

- Trouble breathing
- Sudden blurred or lost vision
- Head trauma or sudden confusion
- Uncontrollable bleeding, vomiting or diarrhea
- Chest pain or pressure
- Urges to hurt yourself or someone else
- Any sudden, severe problem that may threaten your life or cause you to lose a limb

Authorization is not needed for emergency or urgent care services.

To find a convenience care or urgent care center

Visit carefirst.com/doctor and select *Medical* for the type of care. Then select *Immediate Care* and pick either *Convenience Care Center* or *Urgent Care Center*.

When using the CareFirst mobile app, select *Urgent Care Center* and a list of nearby centers will automatically display.



**FirstHelp is administered by an independent company that provides 24-hour health care advice services.*



Scheduling Your Next Appointment

The length of time you must wait for an appointment usually depends upon the urgency of your problem. Someone with a high fever and vomiting may need care sooner than someone with a less severe condition. Most offices set aside a few appointments each day for urgent visits. Although, when you have a last-minute appointment, you may wait in the office longer than usual because the doctor is fitting you into an already tight schedule.

Here are guidelines for the approximate amount of time you should have to wait for an appointment after calling your doctor.

An appointment with your primary care provider (PCP) or specialist

- Preventive care (routine physicals, shots or tests): within 30 days
- Scheduled medical care (treatment for conditions such as high blood pressure or diabetes, follow-up appointments or test results): within 14 days
- Urgent medical care (a condition that is not a threat to life or limb but does require prompt medical attention): within 24 hours

An appointment for behavioral health care

- Life-threatening emergency (a sudden event that endangers your health or safety or that of others, such as attempted suicide): at once
- Non-life-threatening emergency (a situation that requires rapid intervention to protect your safety): within six hours
- Urgent care (a condition that is not a threat to life or limb but does require prompt attention): within 48 hours
- Scheduled visit (initial visit for routine care): within 10 business days
- Follow-up visit: within one-three months

If you have concerns regarding the timeliness of the services provided by a doctor or provider in our network, please call Member Services at the telephone number on the back of your member ID card.

ACCESSING CARE

To help you make the most of your health care plan, it's important to understand how to access care. In your member contract you can find specific information to help you access the right care when using your coverage, such as:

- How do I access primary care, specialty care, behavioral health care, or hospital services?
- Is a referral needed to see a specialist or to receive treatment?
- Does the service or procedure require preauthorization?
- Is my provider in-network or out-of-network (including hospitals and labs)?

Before obtaining treatment at a hospital, facility or lab, ask your physician where they have privileges to practice, and determine if those locations participate with your plan.

Visit carefirst.com to compare and research hospitals. Select *Members*, then *Find Providers*.

If you need assistance with accessing care, call Member Services at the telephone number on the back of your member ID card.



A1C blood testing

Do you, or a loved one, have diabetes? A1C is a blood test that tells you how well your blood sugar is controlled. While a blood sugar test measures a moment in time, the A1C gives a big-picture view of your blood sugar control during the last two to three months, so you know if your treatment plan is working. An A1C below seven percent is a common goal. Your doctor may set your goal above or below this. Be sure to get tested at least twice a year.

You can also help prevent diabetes-related eye problems by getting an annual eye exam with a vision specialist. A referral is not needed for this screening and when problems are detected early, timely treatment can help prevent vision loss.

Read more about diabetes at carefirst.com/diabetes.

Get the Preventive Care You Need

Disease prevention and early detection are essential for living a healthy life. That's why making preventive care part of your routine is so important.

When you visit your doctor, talk about any health concerns or conditions you have and discuss your family medical history. Based on your risk factors, health, age and gender, your doctor will recommend certain preventive care and screenings. Following these screening recommendations, as well as your doctor's advice, can help keep you healthy. Some examples of important screenings are listed here.

Immunizations

There is a lot in the news about childhood vaccinations, but did you know there are recommended immunizations for teens and adults as well? Vaccines are powerful prevention tools—protecting you from serious illnesses that can result in health complications and hospitalization.

For recommended immunization schedules for adults and children, visit carefirst.com/prevention.

Visit carefirst.com/prevention for more information on preventive care and to review your recommended guidelines. For a printed copy, call Member Services at the telephone number on the back of your member ID card.

Preventing Medical Mistakes

Medical mistakes can cause problems such as extended hospital stays, longer recoveries, additional treatments and sometimes permanent disabilities. By asking questions, learning more and understanding your risks, you can improve the safety of your own health care, and that of your family members. Take these simple steps:

1. Ask questions if you have doubts or concerns.
2. Keep and bring a list of all the medications you take.
3. Get the results of any test or procedure.
4. Talk to your doctor about which hospital is best for your health needs.
5. Make sure you understand what will happen if you need surgery.

15 Minutes Can Help Improve Your Health

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status in 15 minutes by taking our confidential, online health assessment.

By answering questions about your eating habits, physical activity and more, the health assessment will provide the information and tools needed to start improving your health. And it puts you one step closer to earning a financial reward through Blue Rewards, our member incentive program.

After completing the assessment, you'll receive a summary report including recommendations for improving your health based on your individual health status.

Take your health assessment today! Log in to *My Account*, carefirst.com/myaccount, and select *Health Assessment and Online Programs*.

Health assessments are available to most members through My Account.



Disease Management Coaching

Personalized support to improve your health and well-being.

Are you living with one or more chronic conditions like diabetes or congestive heart failure? If so, disease management coaching can help you better understand your treatment, medications and

symptoms. Based on claims data, members who have a chronic condition or those who are at high risk for developing a chronic condition may be invited to participate in our Disease Management program. They are contacted by a nurse who describes the program and obtains consent to participate in confidential telephone-based coaching sessions. The type of support you receive can include:

- **Personalized counseling**—Your coach will answer your questions, discuss your risks and suggest possible lifestyle changes.
- **Educational materials**—Based on conversations between you and your coach, you may receive additional information to better understand your current or potential health risks.
- **Support and encouragement**—Your coach will help you set or adjust your goals, track your progress and encourage you along the way.
- **Online tools**—You also have access to well-being tools and services including nutrition and fitness tracking tools.

To find out if you are eligible, call Member Services at the telephone number on the back of your member ID card. Eligible members can self-enroll in the Disease Management program by calling 800-783-4582.

NOTE: Members whose primary insurance is Medicare are not eligible for these programs and should call Medicare at 800-633-4227 or visit www.medicare.gov for a list of resources.



TAKE THE CALL

Did you know CareFirst offers several one-on-one coaching and support programs? You may receive a call from a nurse, health coach or pharmacy technician explaining one of our programs and inviting you to participate. These confidential programs offer help if, and when, you are:

- Faced with an unexpected medical emergency
- Seeking mental or behavioral health support
- Managing a chronic condition, like diabetes
- Taking several prescription medications

Take advantage of this personal support. Take the call! Visit carefirst.com/takethecall to learn more about these programs.

Turning 65 and Thinking About Retirement? We've Got You Covered

As the name you know and trust, CareFirst MedPlus is committed to being there for everything that comes next. Let us help you with health insurance coverage in the exciting years ahead.

CareFirst now offers throughout our entire service area eight affordable MedPlus Medicare Supplement (or Medigap) plans—designed to fill in the gaps left by Original Medicare. A MedPlus plan could save you thousands of dollars in medical expenses each year and help you protect your retirement savings.

All of our MedPlus plans offer:

- Affordable rates with multiple discounts available to help reduce your rate even more
 - A 10 percent discount if you reside with someone who is also enrolled in a MedPlus Medicare Supplement plan
 - An additional \$24 annually or \$2 off monthly if you choose the annual payment or monthly automated payment option
- See any provider who accepts Medicare without a needing a referral¹
- A fitness program through SilverSneakers Fitness² at no additional cost
- A local company with six walk-in regional offices for personal assistance and support

To learn more about CareFirst MedPlus visit carefirst.com/medplus or call 800-275-3802.

Medicare Made Simple

Understanding Medicare can feel overwhelming. Good news—you don't have to do it alone. CareFirst MedPlus can help simplify things for you. Our free guide, *Medicare Made Simple*, is designed to assist you with the transition. Learn more today! Call 800-275-3802 or contact your broker to:

- Request a copy of the guide
- Speak with a knowledgeable product consultant
- Learn about the Medicare Supplement (Medigap) options available



¹ Standard with all Medicare Supplement plans.

² SilverSneakers is a product owned by Tivity Health, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Tivity Health does not sell BlueCross or BlueShield products. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. SilverSneakers is not a benefit guaranteed through your Medigap insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

In some states, Medigap (Medicare Supplement) plans are available for under age 65 disabled individuals that are eligible for Medicare. Neither CareFirst BlueCross BlueShield nor its Medicare supplement insurance policies are connected or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance. In Northern Virginia, Medicare Supplement policies are only available to persons residing east of State Route 123.

In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (Used in VA By: First Care, Inc.). First Care, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.



GET SOCIAL WITH CAREFIRST!

Looking for encouragement and information to keep you on track to meet your health and wellness goals? We've got just what you need:

- Insurance and wellness information
- Motivational messages
- Workout tips and more

Get social with us! Check out carefirst.com/facebook, carefirst.com/linkedin, carefirst.com/twitter and carefirst.com/instagram today!



Blue365

Because health is a big deal™

The Blue365 wellness discount program offers exclusive health and wellness deals to CareFirst members.

Visit carefirst.com/wellnessdiscounts and take advantage of discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.




Understanding Your Medical Benefits

CareFirst has the region's largest network of doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

Getting started with your plan

No matter which health plan you have, one of the first things you should do is choose an in-network primary care provider (PCP). By visiting your PCP for routine visits as recommended, they will get to know you, your medical history and your habits. Having a PCP who is familiar with your health can make it easier and faster to get the care you need.

To choose an in-network provider, log in to *My Account* at carefirst.com/myaccount. Select *Doctors*, then choose *Find a Doctor*. Select the type of provider you are looking for and enter your zip code. Your search results will display doctors who participate in your specific health plan as indicated by this icon .

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

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

Understanding your plan's network

Health Maintenance Organization (HMO) plans

CareFirst's HMO plans use the BlueChoice network of doctors, providers and hospitals. You'll have access to all the care you need and pay the lowest out-of-pocket costs when you choose providers in this network. If you choose to visit a doctor outside the BlueChoice network, you will be responsible for paying the entire bill. Emergency care received anywhere in the United States is also covered.

Plus/Point of Service (POS) plans

CareFirst's Plus plans (also known as Point of Service or POS plans) offer greater flexibility by providing out-of-network coverage. You'll have access to all the care you need and have the lowest out-of-pocket costs when you visit doctors in the BlueChoice network. In addition, you have the option to pay more and select any provider within CareFirst's PPO network.

Preferred Provider Organization (PPO) plans

CareFirst's PPO plans offer the greatest choice of providers. You'll have access to all the care you need and pay the lowest out-of-pocket costs when you visit in-network providers. For in-network care, choose a provider from the CareFirst PPO network of providers in Maryland, Washington, D.C. and Northern Virginia, or select one from the national BlueCard® PPO network. You also have the flexibility to pay more and go out of network and visit any provider you choose.

Comparing Health Spending Accounts

Health spending accounts allow you to set money aside to pay for qualified medical expenses.

Although each of them allow you to use the funds for expenses like copays and deductibles, there are some important differences among the three types:

Health Savings Accounts (HSA)

This tax-advantaged savings account is always combined with a high-deductible health plan. Established by you or your employer, funds can earn interest and rollover year to year. If you buy your own insurance, you are only eligible for an HSA.

Health Reimbursement Arrangements (HRA)

Allows your employer to set aside a specific pool of money to reimburse your out-of-pocket medical expenses. This money, contributed by your employer, is tax-free to you.

Flexible Spending Accounts (FSA)

This account is set up through your employer and allows you to set aside a portion of your income—not subject to payroll taxes—to pay for qualified expenses.

Still not sure how they measure up? This chart may help.

Health spending account comparison	HSA	HRA	FSA
You own the account	Yes	No	No
Your employer owns the account	No	Yes	Yes
Must be combined with a high-deductible health plan	Yes	No	No
Only your employer can contribute funds	No	Yes	No
Both you and your employer can put money in	Yes	No	Yes
Funds earn interest	Yes	No	No
Must report contributions or withdrawals on your tax return	Yes	No	No

For more information, visit [IRS.gov](https://www.irs.gov) to review Publication 969.



HAVE AN FSA OR HSA?

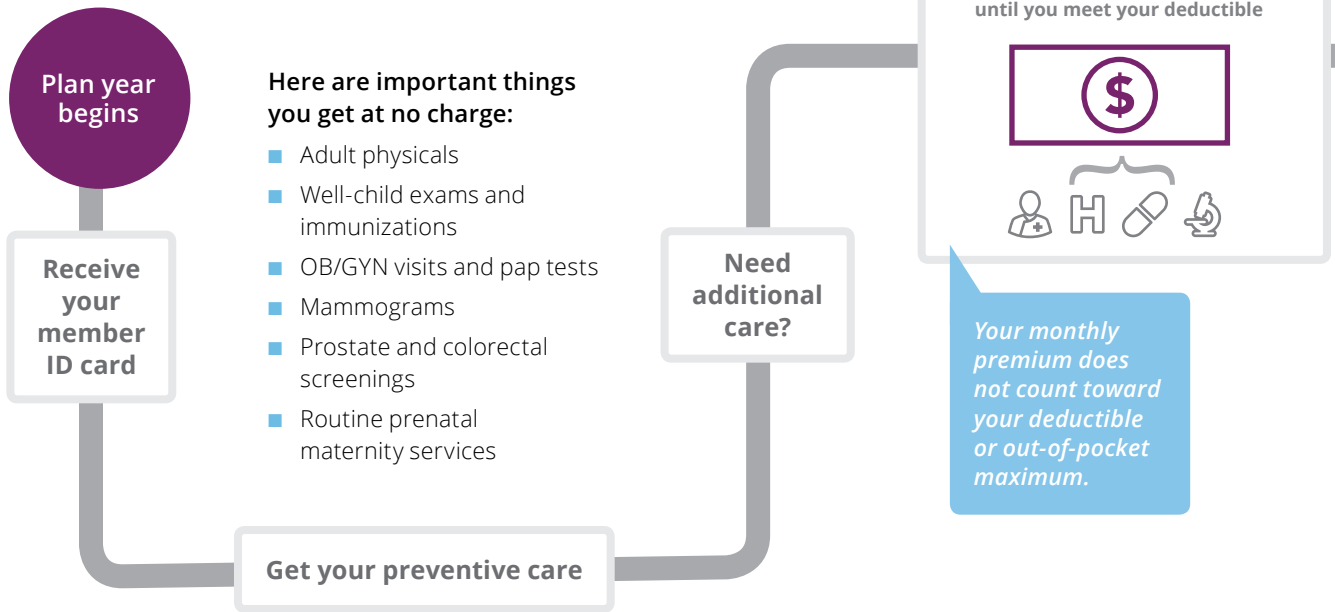
We offer a variety of calculators to help you with your Flexible Spending Account (FSA) and Health Savings Account (HSA) plans. Here are just a couple to get you started:

- **FSA Calculator**—Learn how participating in your employer's FSA may help you pay less in taxes and increase your net take-home pay.
- **HSA Savings Calculator**—Identify how much your HSA will be worth over time.

Additional calculators are available. Go to [carefirst.com](https://www.carefirst.com) and select the *Members* tab at the top of your window, then choose *Using Your Plan* and select *Plan Calculators*.

How Health Insurance Works

To help you make the most of your health care plan, it's important to understand how health insurance works, including some key terms.



Important Terms and Definitions

Allowed benefit (allowed charge on your Explanation of Benefits)—the maximum dollar amount an insurer will pay for a covered health service, regardless of the provider’s actual charge. A provider who participates in the CareFirst BlueCross BlueShield or BlueChoice network cannot charge members more than the allowed benefit amount for any covered service.

Coinsurance—the percentage you pay after you’ve met your deductible. For example, if your health care plan has a 30 percent coinsurance and the allowed benefit (the amount a provider can charge a CareFirst member for that service) is \$100,

then your cost would be \$30. CareFirst would pay the remaining \$70.

Convenience care centers/retail health clinics—tend to be located inside a pharmacy or retail store and don’t require an appointment. These centers/clinics offer extended weekend hours and can often see you quickly.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a specialist or \$300 when you visit the emergency room.

Deductible—the amount of money you must pay each year before

CareFirst begins to pay its portion of your claims. For example, if your deductible is \$1,000, you’ll pay the first \$1,000 for health care services covered by your plan and subject to the deductible. CareFirst will start paying for part or all of the services after that. For plans subject to the Affordable Care Act (ACA), certain preventive services are covered prior to meeting your deductible.

Effective date—the date your coverage begins.

Health Savings Account (HSA)—a special, tax-advantaged account that you set up to save money for current and future health care expenses. The deposits you make to your HSA reduce

■ Understanding Your Plan

Many of our plans do not require you to meet a deductible for primary care and specialist office visits, urgent care, labs or X-rays done in a non-hospital setting and generic drugs!

Reach your annual out-of-pocket maximum

If you reach your **OUT-OF-POCKET MAXIMUM**, you will pay nothing for your care for the remainder of the plan year. CareFirst will pay 100% of your covered medical expenses.

CAREFIRST PAYS 100%



Your monthly premium does not count toward your deductible or out-of-pocket maximum.

Pay your copay

After you meet your deductible, you'll pay a **COPAY** or **COINSURANCE** for covered services

YOU PAY | CAREFIRST PAYS



Calendar year ends
(next benefit year begins)

your taxable income, helping you keep more of your hard-earned money. You can use the money you deposit into your HSA to pay certain out-of-pocket expenses for you, your spouse and your dependents (even if they're not enrolled in your health care plan) or you can save it for future health care expenses. If you have coverage for your spouse or family, the maximum amount you can contribute to your HSA is even higher and can reduce your taxable income by the amount you contribute.

Open enrollment—the only time of year in which individuals can enroll or switch health plans without qualifying for a special or limited enrollment period.

Out-of-pocket maximum—the most you will have to pay for medical expenses and prescriptions in a calendar year. Your out-of-pocket maximum will start over at the beginning of your plan year.

Patient-Centered Medical Home (PCMH) program—provides primary care providers (PCPs) with exclusive access to resources like electronic medical records and a large network of specialized nurses to help them better coordinate a patient's overall health. PCMH PCPs help guide all care including specialists, lab work and prescriptions and focus on preventing problems before they begin. To find a PCMH PCP, go to

[carefirst.com/doctor](https://www.carefirst.com/doctor) and search for a provider with the PCMH logo or log in to *My Account*, select *Doctors*, then *Select/Change PCP*.

Premium—the amount you pay each month for your plan, or policy, based on the number and ages of covered family members and the plan you choose. Your premium does not count toward your deductible or your out-of-pocket maximum.

Primary care provider (PCP)—a provider you select who is part of your plan's network, provides routine care and coordinates other specialized care.

Your Member ID Card

Your member ID card—like the one shown here—identifies you as a CareFirst member and includes important information, such as some of the benefits you’re eligible for. Each family member on your plan should have their own card. Make sure to always present your member ID card when receiving services. If you do not have your physical card, you can view it on your mobile device through *My Account*.

In addition to the important information on the front of your card, you’ll find important telephone numbers listed on the back as well.

Make sure the information on your card is correct. If there is an error, call Member Services at the telephone number on the back of your member ID card.

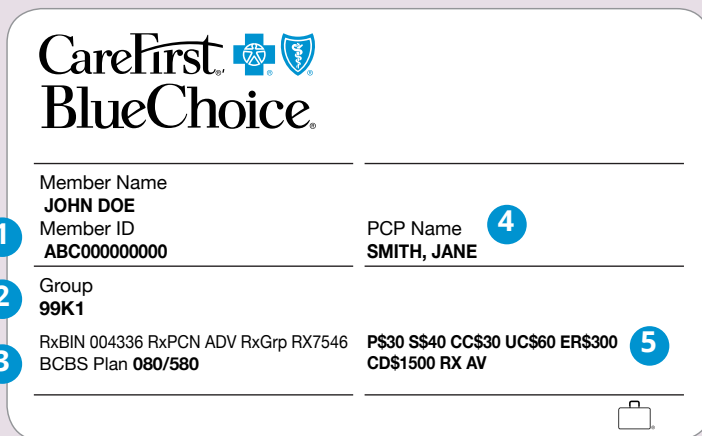


NEED TO HAVE LAB WORK DONE?

Did you know where you choose to get lab work done can have a big impact on your wallet? Typically, services performed in a non-hospital facility cost less than those performed in a hospital.

You can lower your costs by receiving lab tests at participating national laboratories rather than hospital-based locations.

- BlueChoice members should use LabCorp to save the most money and avoid extra costs.
- PPO members can use either LabCorp or Quest Diagnostics to save the most.



1 & 2 Member ID & Group #—these are the numbers providers will ask for to verify your coverage

3 Codes pharmacies use to route claims for payment

4 Plan and PCP name—your plan and primary care provider’s name

5 Abbreviations—correspond to your plan copays:
 P=primary care provider
 S=specialist
 CC=convenience care
 UC=urgent care
 ER=emergency room
 CD=combined deductible
 RX=drug
 AV=adult vision

Forgot your member ID card?

No problem! Log in to *My Account* and choose *ID Cards*.

Your Explanation of Benefits

After you begin using your plan benefits, CareFirst will provide you with an Explanation of Benefits (EOB). An EOB summarizes your medical care and the costs associated with the care you received. An EOB is not a bill, but will detail costs you may be responsible for under What You Owe.



CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. [®] Registered trademark of Blue Cross and Blue Shield Association. [™] Registered trademark of CareFirst of Maryland, Inc.

Statement Date:
Document Number:

THIS IS NOT A BILL

Subscriber: ID: Group: Group Number:

Patient Name:				Provider:					Claim Number:		
Date Received:				Payee:					Date Paid:		
Claim Detail				What Your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Status	1 Provider Charges	2 Allowed Charges	3 Co-Pay	4 Deductible	5 Co-Insurance	Paid by CareFirst	What You Owe	Remark Code
1	01/01/18-01/01/18	Medical Care	Paid	\$119.00	\$90.22	\$30.00	\$0.00	\$0.00	\$60.22	\$30.00	
Total				\$119.00	\$90.22	\$30.00	\$0.00	\$0.00	\$60.22	\$30.00	

- 1 **Provider charges**—the amount billed by your health care providers for your visit(s).
- 2 **Allowed charges**—the maximum dollar amount CareFirst will pay for a covered health service, regardless of the provider’s actual charge. A provider who participates in the CareFirst BlueCross BlueShield or BlueChoice network cannot charge members more than the allowed benefit amount for any covered service.
- 3 **Copay**—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a specialist or \$300 when you visit the emergency room.

- 4 **Deductible**—the amount of money you must pay each year before CareFirst begins to pay its portion of your claims. For example, if your deductible is \$1,000, you’ll pay the first \$1,000 for health care services covered by your plan and subject to the deductible. CareFirst will start paying for part or all of the services after that. For plans subject to the Affordable Care Act (ACA), certain preventive services are covered prior to meeting your deductible.
- 5 **Coinsurance**—the percentage you pay after you’ve met your deductible. For example, if your health care plan has a 30 percent coinsurance and the allowed benefit (the amount a provider can charge a CareFirst member for that service) is \$100, then your cost would be \$30. CareFirst would pay the remaining \$70.

You may lower your costs when you choose:

- Generic drugs
- In-network providers
- Care in a non-hospital setting
- Retail health clinics for after-hours care
- A primary care provider to manage your care



Volunteering is Good Medicine

Watch what you eat. Exercise. Drink water. Get plenty of sleep. Wear sunscreen. You know the ingredients for a healthy life. But there's something else you should consider adding to the list: volunteering.

While giving back can make a powerful difference in the lives of others, research has shown how altruism—selflessly serving and caring for the well-being of others—positively affects our health and longevity. A phenomenon, known as “helper’s high,” suggests there are numerous benefits to giving. For example, people who volunteer live longer, have a decreased risk for heart disease and have lower rates of depression than those who do not volunteer. Quite simply, giving is good for your health.

To give is to receive

Volunteering is a great way to offer your time and talents to benefit others, and it doesn’t take a huge commitment to reap the benefits. According to [helpguide.org](https://www.helpguide.org), even giving in simple ways can improve your health by reducing stress, anxiety and symptoms of chronic pain while increasing happiness, self-confidence and your sense of purpose.

After surveying nearly 43,000 participants about volunteering, health and income level, Ghent University discovered those who volunteered were as healthy as non-volunteers who were five years younger.

Another study, in *Social Science & Medicine*, found that volunteers also tend to manage their health better. They spend 38 percent fewer nights in the hospital than those who do not volunteer.

The positive health impacts of volunteering are not limited to age either. *JAMA Pediatrics* found when 10th-graders volunteered at an after-school program for children, those adolescents lost weight and improved their cholesterol levels when compared to students who did not volunteer.

Still not convinced? Several surveys have analyzed the effects of volunteering on people with chronic or serious illness. Those with chronic pain experienced less intense pain levels and decreased levels of disability and depression when they began to serve as peer volunteers for others suffering from the same condition, according to a study in the journal *Pain Management Nursing*.

Get giving

There is no time like the present to get out and get involved in your community! If you're thinking about becoming a volunteer, here are some ideas:

- **Consider one-off opportunities.**

Your schedule may not allow for a weekly commitment right now. However, there are plenty of chances to volunteer at specific events like a walk-a-thon or charity race. Find out what's happening near you!

- **Make it a family affair.** Find a cause you can give your time and energy to as a family. That way, everyone in the family reaps the health benefits and you're also carving out family time while giving back to your community.

- **Find the right match.** Seek out activities that fit your skills and interests. The organizations you volunteer with will benefit from your unique abilities.

- **Volunteer virtually.** Some organizations now offer the opportunity to volunteer right from your computer. If you want to contribute and share your skills, but are limited by time or distance, then virtual volunteering may be right for you.

To search for volunteer opportunities in your area, go to www.serve.gov.

Dig into Good Deeds

Volunteering to work in a community garden will reap the benefits of good deeds and a good workout.*

Gardening and yard work are considered moderate-intensity activities, according to the Centers for Disease Control and Prevention, and can be a vigorous workout when you push and carry heavy things. Working in a community garden with, and for, others can also result in the "helper's high" that boosts your overall health and lessens the damages of stress (see main story).

Here's how you can cultivate altruism and better health:

- **Move the earth—and your body.** When working in the community garden spend at least 10 minutes digging, planting, weeding and more.
- **Stretch it out.** Do a couple gentle stretches and knee bends before kneeling and digging duties.
- **Switch it up.** Vary your activities in the community garden to make sure you are challenging your body in different ways. Rake or mow the yard, hoe the soil, pull weeds, trim the plants, pick fruits and vegetables—all of these activities work specific muscle groups.

**If you have been inactive or have other health conditions, talk to your primary care provider before beginning a new exercise routine.*



Ready to take
root with a community
garden project? Find
one near you at [https://
communitygarden.org](https://communitygarden.org).

It's All Relative

The importance of knowing your family medical history.

You're up-to-date with routine preventive exams, you follow doctors' orders, eat healthy and exercise regularly. You're proactive and engaged in your health, but do you really have the full picture?

Knowing your family health history is an important part of protecting your own health. While genetics determine your eye and hair color, they also play a role in your risk for developing heart disease, high blood pressure, diabetes, cancer and more.

Create a family health tree

Your family health history should document any health conditions that are common in your family. It's also important to consider things such as similar lifestyle behaviors, exercise habits and diet patterns. For example, does anyone in your family smoke or did you grow up in a home with a smoker? Are you more or less active than family members with a history of medical concerns? These variables play a part in the overall health of you and your family.

Branch out

Start by collecting information on your immediate family (parents and siblings), then branch out and include grandparents, aunts, uncles, nieces, nephews and cousins. According to the Centers for Disease Control and Prevention, for each family member you should include the following:

- Major medical conditions
- Causes of death
- Age at diagnosis
- Age at death
- Ethnic background

Once collected, you can use the Surgeon General's family health history tool to log and track your findings. *My Family Health Portrait*, available at familyhistory.hhs.gov, is a free web-based tool that lets you organize and update your information as needed. Print your history and take it to your next doctor's appointment.

By understanding your family medical history, you can take steps to reduce your risk of developing certain diseases and conditions. It's important to share your family medical history with your doctor. They may recommend regular checkups,

screenings and testing for conditions that run in your family along with lifestyle changes to lower your risks. Don't forget to share what you learn with other family members as well, so they too can reduce their health risks.



Research shows three-fourths of doctors said they would find a computer-generated health history useful in caring for a patient.



Opioid Use

Things to consider when prescribed an opioid.

Opioids are a class of drugs prescribed by doctors for the treatment of post-surgical, chronic or cancer-related pain. They are generally safe when taken as directed and for a short period of time. However, because opioids can produce feelings of euphoria, taking them for longer periods of time, or at higher doses, can lead to dependence.

If your doctor has prescribed prescription opioids, make sure to use them as directed, and:

- Carefully follow prescription instructions related to dosage and timing.
- Make sure you understand all potential side effects and any drug or alcohol interactions.
- Report side effects to your doctor right away.
- Never take another person's prescribed pain medication, or share yours.
- Don't stop taking your medication, increase or decrease dosage without first speaking to your doctor.
- Order all your medications through the same pharmacy whenever possible.

Test Your Knowledge

True or False? The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices doubled from 1999 to 2010.

False. The number of opioids sold nearly quadrupled.

Which of the following may be warning signs of prescription opioid abuse?

- A. Constricted pupils, slurred speech, or loss of appetite
- B. Personality changes, mood swings, or clumsiness
- C. Running out of prescription pain medication sooner than expected
- D. All of the above

D. All of the above.

True or False? Opioids are safe to use with other drugs or alcohol.

False. When taken with other drugs including alcohol, antihistamines, barbiturates or benzodiazepines, opioids can cause serious and harmful interactions.

True or False? If your prescription opioid isn't controlling your pain, call your doctor before taking additional medication.

True. Always call your doctor before making any changes to your medication dosage.



If you think you, or a loved one, may have a problem, CareFirst can help you get treatment by connecting you with trusted providers who can:

- Offer personalized treatment in an appropriate care setting.
- Put you in touch with counselors to help you overcome the temptations and triggers you experience in your daily life.
- Educate you and your doctors on the causes, identifiers and treatment options for addiction.

Treatment for addiction is a covered benefit. Visit [carefirst.com/addiction](https://www.carefirst.com/addiction) or call the Mental Health/ Substance Abuse telephone number on the back of your member ID card for more information.

Understanding Your Prescription Drug Benefits

As your health plan provider, our goal is to help you understand your health care options.

Our formulary structure

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent, national Pharmacy and Therapeutics Committee which includes physicians, pharmacists and a medical ethicist, who have expertise regarding pharmacy drugs. CVS Caremark[®],* our pharmacy benefit manager, also reviews all new drugs coming to market to make sure the medications on our drug list are safe and effective.

a five-tier drug plan. Prescription drugs fall into one of five tiers which determine your cost share. Each plan has different tiers so be sure to check your benefit guide to see what tiers your plan includes. To find which medications are covered, learn the copays for those drugs and more, log in to *My Account*, then choose *Drug and Pharmacy Resources*.

Exception requests

If your doctor wants to prescribe a drug that is not on your formulary for medical necessity reasons, your doctor may request an exception by fax or electronically.

If your exception request is approved, you can pick up your prescription at the pharmacy. If your exception request is denied, a letter outlining the reason for the denial is sent to your home address and your doctor. The letter also contains information on how to appeal the decision.

Prescription guidelines

To ensure you are receiving the most appropriate medication for your condition(s), CareFirst may have certain prescription guidelines:

- **Prior authorization** is required before you can fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to verify whether these medications are appropriate. Without prior authorization approval, your drugs may not be covered.
- **Quantity limits** set limits on the amount of drugs your benefit program will cover. These quality and cost-savings guidelines are aimed at safe and appropriate use of drugs and are based on recommendations from the U.S. Food and Drug Administration. Remember, the final decision regarding the amount prescribed remains with you and your doctor.
- **Step therapy** asks that you first try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with the lower-cost alternative before dispensing a more expensive drug.

To check whether a drug requires prior authorization, quantity limits and/or step therapy, log in to *My Account*, then choose *Drug and Pharmacy Resources*.

In-network and out-of-network pharmacies

CareFirst has a broad pharmacy network including more than 69,000 participating pharmacies across the country. To find a participating pharmacy, log in to *My Account*, then choose *Find a Doctor*. Be sure to take your prescription and member ID card with you when filling prescriptions.

Drug Tier (cost-share)	Definition
Tier 1 Generic \$	Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.
Tier 2 Preferred Brand \$\$	Preferred brand drugs are brand-name medications that do not have a generic equivalent. They are chosen for their cost-effectiveness compared to alternatives. Your cost-share will be more than generic drugs but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand tier.
Tier 3 Non-Preferred Brand \$\$\$	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4 Preferred Specialty \$\$\$\$	Preferred specialty drugs are brand-name drugs that are used to treat chronic, complex, and/or rare health conditions. Preferred specialty drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5 Non-Preferred Specialty \$\$\$\$	Non-preferred specialty drugs have a more cost-effective preferred specialty drug alternative available.

The sample chart below describes that provides pharmacy benefit management services.

■ Using Your Plan

Please note, if you use an out-of-network pharmacy, you will need to pay the full cost of the prescription and submit a paper claim to CVS Caremark for reimbursement. To obtain a claim form, log in to *My Account*, choose *Drug and Pharmacy Resources*, then select *My Drug Forms*.

Your prescription benefits

To view your prescription drug benefit information, log in to *My Account* at carefirst.com/myaccount, then choose *Drug and Pharmacy Resources*. You can also check your enrollment materials or call the Pharmacy telephone number on the back your member ID card. For a printed copy of your drug list or to find out more about prescription guidelines, call the pharmacy department at 877-800-3086. If you need language assistance or have complaints about your pharmacy benefits, call the Member Services telephone number on the back of your member ID card.

WAYS TO SAVE ON PRESCRIPTION DRUG COSTS

Use generic drugs—made with the same active ingredients as brand-name drugs, generic drugs can cost up to 80 percent less than their brand-name counterparts.

Use drugs on the Preferred Drug List—the Preferred Drug List identifies generic and preferred brand drugs that may lower your out-of-pocket costs.

Use maintenance medications—these drugs are used to treat chronic, long-term conditions and are taken on a recurring basis. With most plans, you can get up to a three-month supply of your maintenance medications for the cost of two copays through any pharmacy in the network, including through mail order.

Use mail order—get prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.



Benefits Information About Your Health Plan Coverage

When you joined your health plan, you received enrollment materials, including a benefit guide and a primary care provider (PCP) selection form, if applicable. These documents include information about how and where to get primary, specialty and emergency health care, pharmacy and related services. They also include information on premium changes, policy renewability and employers' responsibilities for dependent coverage.

Sometimes, changes to your health plan may result in new information that may not be reflected in your enrollment materials. For the most current information, you should log in to *My Account* at **carefirst.com/myaccount**.

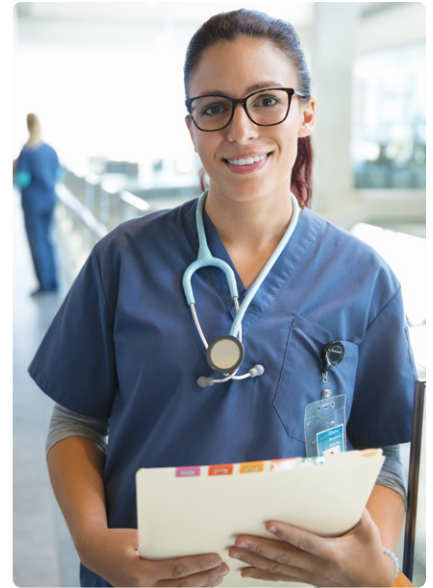
When you have questions about your benefits, including what's covered, what's not covered, benefit restrictions and more, there are several ways to find the information:

- Log in to *My Account* at **carefirst.com/myaccount** from your computer or mobile device.
- Refer to your Evidence of Coverage or the benefit guide you received when you enrolled.
- If you have coverage through your employer, ask your benefits office.
- If you do not have internet access, call Member Services at the telephone number on the back of your member ID card. To help you remember the conversation and avoid having to call Member Services again, write down:
 - The date and time you called
 - The name of the Member Services representative
 - What course of action the Member Services representative will take
 - When you can expect resolution, if applicable
- Stop by any of the CareFirst offices (listed on the back cover) weekdays between 8:30 a.m. and 4:30 p.m. to get your questions answered by our fully licensed staff.

Continuation of coverage

As a CareFirst member, you may have options for continuing your health care coverage if your employment status changes. Your options may include the following:

- Consolidated Omnibus Budget Reconciliation Act (COBRA): For information, contact your company's health benefits administrator.
- State continuation plan: For information, contact your company's health benefits administrator.
- Individual plan: Call 800-544-8703 for details, including benefits options.



DEVELOPMENTS IN MEDICAL TECHNOLOGY AND YOUR BENEFITS

To ensure our members have access to safe and effective care, CareFirst reviews new developments in medical technology and new applications of existing technology for inclusion as a covered benefit. We evaluate new and existing technologies for medical and behavioral health procedures, medications and devices through a formal review process. We consider input from medical professionals, government agencies and published articles about scientific studies.

Complex Care Management Helps Members in Need

When facing a serious illness, you and your family may have many questions, choices and difficult decisions to make.

CareFirst's complex care management services are delivered by clinicians who can help coordinate your medical care and provide you with a better understanding of your condition. Your care coordinator can also share resources to assist you in making informed decisions about your health care.

Complex care management can help:

- Improve the quality of life for you and your family
- Contribute to your sense of well-being and dignity
- Have a positive effect on the quality of your health care
- Improve your health, restore function and prevent disability
- Educate you and your family members about your condition

When you enroll in the program, a care coordinator will:

- Call you for an initial review of your medical history to identify the factors that may affect your health
- Contact you to review your progress and answer any of your questions
- Provide support during your time of need
- Provide you with information and self-care tips related to your condition
- Assist with identifying community resources and support groups available to you
- Work closely with your doctor to coordinate necessary services

To enroll in complex care management, talk with your primary care provider (PCP) today.



HEALTH INFORMATION AT YOUR FINGERTIPS

We could all use a little help with our health and wellness goals. If you are looking for a way to step up your motivation or address health concerns, try [carefirst.com/livinghealthy](https://www.carefirst.com/livinghealthy). You'll find health information, tips and tools or check out our health library to learn more about:

- Healthy weight maintenance
- Exercise tips and tricks
- Nutrition and healthy eating
- Managing stress
- Dealing with depression
- Avoiding at-risk drinking
- Smoking/tobacco cessation and more

If you do not have internet access, call Member Services at the telephone number on the back of your member ID card to request a printed copy of any of the health information listed above.



Share Your Story

When you take the time to share your personal experience, it speaks volumes. Members in similar situations can gain a better understanding of the resources available and learn how this support has improved the health and well-being of others.

If you have had a positive experience with our clinicians or care coordination programs—such as complex care management, chronic care support, behavioral health or substance abuse support, wellness or disease management coaching—we would love to hear from you.

Visit [carefirst.com/shareyourstory](https://www.carefirst.com/shareyourstory) to read our members' stories and share your experience.

Do I Need a Referral?

Wonder if you need a referral, or approval for service, before seeing a specialist or receiving services?

While many plans offered by CareFirst do not require referrals, some plans do.

If your plan requires a referral to see a specialist, you must obtain the referral from your primary care provider (PCP) first—prior to your specialist visit. You will then take the referral to your specialist appointment and submit it when checking in and before obtaining services.

Examples of plans that require a referral are the Maryland Point of Service (MPOS) plan and some BlueChoice plans.

- **MPOS**—All MPOS members must first choose a PCP. Then a referral from the PCP is required when visiting a specialist to receive in-network benefits. MPOS members can see a specialist without a referral, but may pay more out of pocket.
- **BlueChoice**—Most BlueChoice plans do not require a referral to see a specialist. However, if your plan does require a referral, your PCP will provide you with the referral prior to your visit with a specialist.

To determine if your plan requires referrals or for questions about how your benefit plan works, including the referral and preauthorization process (if applicable to your coverage):

- Log in to *My Account* and check your benefit details
- Refer to the benefit guide you received when you enrolled
- Call Member Services at the telephone number on the back of your member ID card

In general, a referral to a specialist typically covers up to a maximum of three visits and is valid for 120 days from the date the referral is written.

For members in *all* plans, your doctor must request authorization for services such as non-emergency hospitalizations, outpatient hospital services and home health care.

HOW TO SUBMIT A CLAIM

When you obtain services from a provider or pharmacy that participates in CareFirst's network, the provider's office or the pharmacy will submit claims for you. However, if you visit a non-participating provider or non-participating pharmacy for service, you must submit the claim yourself. You can submit your claim in two ways, by mail or online.*

Mail your claim form

To print and mail your claim form, log in to *My Account*, select the *My Documents* tab, choose *Forms* and pick the appropriate form for your claim. Enter the required information and mail it according to the directions included. If you do not have internet access, you can call Member Services at the telephone number on the back of your member ID card to request a claim form.

Submit your claim form online

CareFirst also offers online claims submission for medical, dental and behavioral health claims. From your computer or mobile device, log in to *My Account* and select *Claims*. Choose *Submit a Claim Online*, then *Start New Claim*. Simply provide the requested information and upload the required documents. Submit your claim online and:

- Process claims faster
- Avoid delayed or denied claims due to unreadable submissions
- Receive immediate notice when CareFirst receives your claim form
- Save time and money—no paper form to fill out and mail

*Pharmacy and vision out-of-network claims must be submitted using the paper claim form and by mail as described above.



Explore Your Options for Out-of-Area Care

For members with BlueChoice plans and HealthyBlue HMO, 2.0, Plus, and Advantage plans

When you are outside the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia, benefits are available for emergency or urgent services. In addition, some plans provide out-of-network coverage for other covered services as well. Refer to your benefit guide for more information. BlueChoice Advantage and HealthyBlue Advantage plans provide in-network coverage for other covered services when a member uses the BlueCard PPO network; out-of-network coverage would apply when those covered services are performed by non-BlueCard providers.

When you see an out-of-area participating BlueCross BlueShield doctor or hospital for emergency or urgent care, you only pay out-of-pocket expenses, like a copayment. Your provider files the claim, which is paid at the in-network level. If your plan provides out-of-network benefits, those covered services are paid at the out-of-network benefit level.

Members who will be out of town for 90 days or more are eligible for the Away From Home Care program. This program is ideal for travelers, students who live at school or families who live apart. Program members enjoy a full range of benefits, including routine and preventive care. Your copayment and benefits will be the same as those of the affiliated HMO in the area you are visiting. You will be treated as though you are a member of the affiliated plan.

For more information, or to enroll in the Away From Home Care program, call Member Services at the telephone number on the back of your member ID card and ask for the Away From Home Care coordinator.

For members with PPO, PPN, and MPOS plans

When you are outside the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia, benefits are still available for health care services. If you have a Preferred Provider Organization (PPO) or Preferred Provider Network (PPN) plan, in-network benefits are available

for covered services rendered by providers who participate in the PPN plan of another BlueCross and BlueShield (BCBS) plan. Non-emergency and urgent treatment care by providers who are not in a BCBS PPN plan are eligible for out-of-network benefits.

When you arrive at the doctor's office or hospital, present your current CareFirst member ID card with the suitcase logo. After you receive medical attention, your provider will file the claim.

CareFirst pays all participating and preferred doctors and hospitals directly. You are only responsible for any out-of-pocket expenses (non-covered services, deductibles, copayments or coinsurance).

If the provider does not participate with a BCBS plan, and you must pay at the time of service, contact Member Services or visit the *Using Your Plan* section of **carefirst.com** to get a claim form for reimbursement of the charges.

NOTE: You are responsible for obtaining all necessary prior authorization for out-of-area services. Check your Evidence of Coverage for requirements specific to your health plan.

What You Should Know About Advance Directives

Everyone has the right to make personal decisions about health care.

Provided by Maryland Department of Health and Mental Hygiene (DHMH). CareFirst is required to publish this information for members in Maryland, but it may be helpful to all members.

Doctors ask whether you will accept a treatment by discussing the risks and benefits and working with you to decide. But what if you can no longer make your own decisions? Anyone can wind up hurt or sick and unable to make decisions about medical treatments. An advance directive speaks for you if you are unable to and it helps make sure your religious and personal beliefs will be respected. It is a useful legal document for adults of any age to plan for future health care needs.

While no one is required to have an advance directive, it is smart to think ahead and plan now. If you don't have an advance directive and later you can't speak for yourself, then usually your next of kin will make health care decisions for you. But even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.

What can you do in an advance directive?

An advance directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or



■ *Rights and Responsibilities*

do not want, especially the treatments often used in a medical emergency or near the end of a person's life.

- 1. Health care agent.** The person you name to make decisions about your health care is called a "health care agent" (sometimes also called a "durable power of attorney for health care," but, unlike other powers of attorney, this is not about money). You can name a family member or someone else. This person has the authority to see that doctors and other health care providers give you the type of care you want, and they do not give you treatment against your wishes. Pick someone you trust to make these kinds of serious decisions and talk with this person to make sure they understand and are willing to accept this responsibility.
- 2. Health care instructions.** You can let providers know what treatments you want to have or not have. (Sometimes this is called a "living will," but it has nothing to do with an ordinary will about property.)

Examples of the types of treatment you might decide about include:

- Life support, such as breathing with a ventilator
- Efforts to revive a stopped heart or breathing (CPR)
- Feeding through tubes inserted into the body
- Medicine for pain relief

Ask your doctor for more information about these treatments. Think about how, if you become badly injured or seriously ill, treatments like these fit in with your goals, beliefs and values.

How do you prepare an advance directive?

Begin by talking things over, if you want, with family members, close friends, your doctor or a religious advisor. Many people go to a lawyer to have an advance directive prepared. You can also get sample forms yourself from many places, including the organizations given as examples listed at right. There is not one form that must be used. You can even make up your own advance directive document.

To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign the document. If you name a health care agent, make sure that person is not a witness. Maryland law does not require that the document be notarized. You should give a copy of your advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed. Copies are just as valid as the originals.

You can also make a valid advance directive by talking with your doctor in front of a witness.

When would your advance directive take effect?

Usually, your advance directive would take effect when your doctor certifies in writing that you are not capable of making a decision about your care. If your advance directive contains health care instructions, they will take effect depending on your medical condition at the time. If you name a health care agent, you should make clear in the advance directive when you want the agent to be able to make decisions for you.

Can you change your advance directive?

Yes, you can change or take back your advance directive at any time. The most recent one will count.



WHERE CAN YOU GET FORMS AND MORE INFORMATION ABOUT ADVANCE DIRECTIVES?

There are many places to get forms, including medical, religious, aging and legal organizations. Listed below are three examples of where you can get advance directive forms. Any of these forms are valid in Maryland, but not all may be in keeping with your beliefs and values. Your advance directive does not have to be on any particular form.

Maryland Attorney General's Office
410-576-6300 or 888-743-0023
www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx

Caring Connections (NHPCO)
800-658-8898
www.caringinfo.org

Aging with Dignity
888-594-7437
www.agingwithdignity.org

Notice of Privacy Practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are committed to keeping the financial and protected health information of members private. Under the Gramm Leach Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to have policies and procedures in place to protect your financial and protected health information, whether oral, written or electronic. Additionally, we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of your financial and protected health information, the individual's rights and our responsibility for ensuring the privacy of your information.

To obtain a copy of our Notice of Privacy Practices, please visit our website at carefirst.com or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of the company's Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department. CareFirst sends the Notice of Privacy to all policyholders upon enrollment.

Below is a brief summary of our Notice of Privacy Practices.

Our responsibilities

We are required by law to maintain the privacy of your financial and protected health information and to have appropriate procedures in place to do so. We are also required to notify you following a breach of your unsecured protected health information. In accordance with the federal and state privacy laws, we have the right to

collect, use and disclose your financial and protected health information for payment activities and health care operations as explained in the Notice of Privacy Practices.

Personal contact information and telephone number including mobile number, may be used and shared with other businesses that work with CareFirst to administer and/or provide benefits under this plan and to notify members about treatment options, health related services and/or coverage options.

Where permitted by law, we may disclose your financial and protected health information to the plan sponsor/employer to perform plan administration functions. We also may disclose protected health information for national priority purposes.

For most purposes other than those described in this summary, a valid authorization from you is required before we may use or disclose your financial and protected health information.

Your rights regarding protected health information

You may request in writing the following rights:

- Request a copy of your protected health information that is contained in a designated record set pertaining to your medical record.
- Request that we restrict the protected health information we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your protected health information may endanger you.

- Request that we amend your information if you believe that your protected health information is incorrect or incomplete.
- Request an accounting of disclosures of your protected health information that are for reasons other than payment or health care operations.

Inquiries and complaints

A member may complain to CareFirst if the member believes that CareFirst has violated their privacy rights. A member also may file a complaint with the Secretary of Health and Human Services. If you have a privacy-related question, please call the CareFirst Privacy Office toll-free at 800-853-9236.

Decisions about Medical, Pharmacy and Mental Health Care

CareFirst wants to ensure that its members receive appropriate medical, mental health care and pharmacy services. Our professional staff, including doctors and nurses, makes coverage decisions based on medical information.

It is important for you to know that:

- The utilization management staff makes decisions based only on the existence of coverage and the appropriateness of the care and service.
- Neither CareFirst, nor our partners reward doctors, nurses, or other individuals for issuing denials of coverage or service.
- Neither CareFirst, nor our partners' financial incentives encourage decisions that result in an under use of services.
- CareFirst and our partners monitor for possible under use of services throughout the year.

Notice of Information Sharing to Enhance or Coordinate Your Care

This notice describes how medical information and data about you may be shared between CareFirst and your treating providers to enhance or coordinate your care. Please read it carefully.

Note: References to CareFirst include CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and all of their corporate affiliates (collectively, "CareFirst").

Why we may share information

The more complete information your health care providers have, the better they can meet your health care needs. Sharing information and data with your treating providers can lead to better coordinated care, help you get timely care, limit duplicative services and help them better identify patients who would benefit most from care management and other care coordination programs.

How we use medical information to enhance or coordinate your care

To administer your health benefits, CareFirst receives claims data and other information from your various providers of care regarding diagnoses, treatments, programs and services provided under your health plan. Individual treating providers, however, may not have access to information from your other providers. When CareFirst has such information, it may share it with your treating providers through secure, electronic means solely for purposes of enhancing or coordinating your care and to assist in clinical decision making.

- This information may include health care claims information or medical data resulting from medical encounters, treatments, diagnostic tests, screenings, prescriptions or Patient-Centered Medical Home and other complex care management programs and activities. It may also include the results of your Health Risk Assessment and/or Wellness Screening provided through a contracted CareFirst health care partner.
- Information received by CareFirst from your providers for the sole purpose of enhancing or coordinating your care cannot be used for purposes of underwriting, utilization review or setting rates on your health insurance. You cannot be denied insurance or lose your coverage based on the information shared by your treating providers with CareFirst for care coordination purposes.
- The sharing of this information is also subject to the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state privacy laws. You have separately been provided notice of your privacy rights under HIPAA as part of CareFirst's Notice of Privacy Practices. The restrictions on sharing of medical information that are discussed in your HIPAA notice and your rights under HIPAA continue to apply.

You may opt out of information sharing by CareFirst for these care coordination purposes

You have the right to opt out of the sharing of this information by CareFirst with your treating provider for care coordination purposes at any time. To opt out, complete, sign and return the *Opt Out of Medical Information Sharing* form. You can find the form at carefirst.com/informationsharing.



When you submit this form, you also end participation in any of the programs listed in this notice that require the sharing of information to enhance or coordinate care. If you opt out, your treating providers will not have access to the data or information CareFirst has available to help enhance or coordinate your care.

This Notice of Information Sharing is in accordance with the CareFirst's Privacy Practices. For a copy of CareFirst's Notice of Privacy Practices, see page 30 of this magazine. For questions, or for a copy of this notice, the Opt Out form or CareFirst's Notice of Privacy Practices in writing, contact:

CareFirst BlueCross BlueShield
Attention: Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
800-853-9236

Notice: Member Coverage and Rate Information

Every year, CareFirst is required to publish this notice informing you of your benefits for the following services, along with proposed rate increase information.

Habilitative services

CareFirst provides coverage for habilitative services.

In Maryland, habilitative services consist of services and devices, including occupational therapy, physical therapy and speech therapy, which help a child keep, learn or improve skills and functioning for daily living.

In Washington, D.C., habilitative services apply to occupational therapy, physical therapy and speech therapy for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function.

Please note that the benefits provided by habilitative coverage

in both jurisdictions do not include services to a child provided under an individualized education program (IEP) or any obligation imposed on a public school by the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq., as amended periodically.

Before obtaining treatment, check your Evidence of Coverage to determine if you or your dependents are eligible to receive these benefits since age restrictions may apply.

CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your benefit guide apply. Policy maximums and benefit limits may apply. Habilitative services are not counted toward any visit maximum for therapy services.

If you have questions regarding any of these services, call Member Services at the telephone number listed on the back of your member ID card.

Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes a home visit if prescribed by the attending physician. The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

Mastectomy

CareFirst provides coverage for a minimum 48-hour inpatient hospital stay following a mastectomy.

If the member remains in the hospital for at least the time provided, coverage includes a home visit if prescribed by the attending physician. The member may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the member has a shorter hospital stay than listed previously, coverage includes one home visit scheduled to occur within 24 hours after discharge plus an additional home visit if prescribed by the attending physician.



PROPOSED RATE INCREASE NOTICE

Maryland law requires health insurance companies, health maintenance organizations (HMOs) and nonprofit health service plans to file rates and have them approved by the Maryland Insurance Administration (MIA) before the rates go into effect.

The proposed rates are posted on the MIA's website at www.mdinsurance.state.md.us.

Once the proposed rate increases are posted, Maryland consumers have a 30-day public review period to submit comments on the MIA's website. Once the MIA completes its review process and makes a final decision on any rate filings, a summary of the results is posted on its website.

This coverage notice applies only to policies sold to businesses and individuals in Maryland. Please check your Evidence of Coverage to determine whether you are eligible for these surgical procedure benefits.

Mastectomy-related services

CareFirst offers benefits for mastectomy-related services under the Women's Health and Cancer Rights Act of 1998, including:

- All stages of reconstruction of the breast that underwent the mastectomy
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling)

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your benefit guide or Evidence of Coverage for more details or call Member Services at the telephone number on the back of your member ID card.

Mental health and substance abuse services notice

Maryland law requires health insurance carriers to provide specific information about mental health and substance abuse benefits to their members enrolled in Maryland individual plans or Maryland fully insured groups; however, this information should be helpful to all members.

Members can view their mental health and substance abuse benefits online. To do so, log in to *My Account* at carefirst.com/myaccount. If you have not registered, please follow the steps indicated online. Once you have logged in, visit the *Coverage* tab at the top of the page and then select *Benefits Details*. The benefits shown only reflect current benefits.

Mental health and substance abuse benefits are compliant with Maryland law and/or federal law, and vary whether you purchase your own plan or have a plan through your employer.

If you require additional information about mental health and substance abuse benefits as required by Maryland law, please contact the Maryland Insurance Administration online at www.mdinsurance.state.md.us or call 410-468-2000. If you wish to write the MIA, the address is 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

NOTE: You may authorize CareFirst in writing to share your mental health information with a third party, such as a family member, employer, lawyer, broker or unrelated party by completing and submitting an authorization form. Call Member Services at the telephone number on the back of your member ID card to request the Authorization Form for Information Release. You will receive the form by standard mail within 10 business days after CareFirst receives the request.

Home visits

CareFirst provides coverage for home visits to members who undergo the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor.

To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage notice applies only to policies sold to businesses and individuals in Maryland. Please check your Evidence of Coverage to determine whether you are eligible for these surgical procedure benefits.

How to Submit an Appeal, Grievance or Complaint

Appeals or grievances

If you have concerns regarding a decision that adversely affects coverage, such as a denial, a reduction of benefits, or a denial of authorization for services, you may call the Member Services telephone number on the back of your member ID card. A representative can assist you with resolving the issue or initiating the appeal process. If needed, language interpretation is available.

If you would like to review the procedure for filing an appeal, visit carefirst.com/appeals. For a printed copy, call Member Services at the telephone number on the back of your member ID card. In addition, many members have a right to an independent external review of any final appeal or grievance decision. Refer to your Evidence of Coverage for more specific information regarding initiating an external review, a final appeal determination or a complaint.

Quality of care complaints

We care about the quality of care and services you receive from your doctor or health care provider and want to hear your concerns and complaints so that we can resolve them. We investigate each complaint and take action, when appropriate, to correct the problem. We track information from complaints to identify and address opportunities for improvement within your health plan and our provider networks. Members cannot be disenrolled or otherwise penalized for filing a complaint or an appeal of a complaint decision.

Please contact us if you have a quality of care or service complaint involving medical issues or services received from a doctor or provider in our network—this includes the nurse advice line, disease management or wellness staff, mental health specialists and vision or pharmacy providers.

You may submit a complaint using any of these methods:

- Call Member Services at the telephone number on the back of your member ID card. If you have trouble understanding English, please tell the representative and we will have an interpreter who speaks your preferred language join the call.
- Send an email to quality.care.complaints@carefirst.com.
- Fax a written complaint to 301-470-5866.
- Mail a written complaint to: CareFirst BlueCross BlueShield Quality of Care Department Clinical Appeals Unit P.O. Box 17636 Baltimore, MD 21298-9375

Please include your name, address, member ID number, telephone number and as much detail as possible about the event or incident, including date(s) of service. We respond to all complaints or letters of concern within 60 days (or sooner), depending on the urgency of the situation.

Members' Rights and Responsibilities

CareFirst is committed to maintaining a mutually respectful relationship with you. Our Rights and Responsibilities policy acknowledges our responsibilities to you and outlines your obligations as a member. Understanding your rights and responsibilities will help you make the most of your membership and relationship with CareFirst.

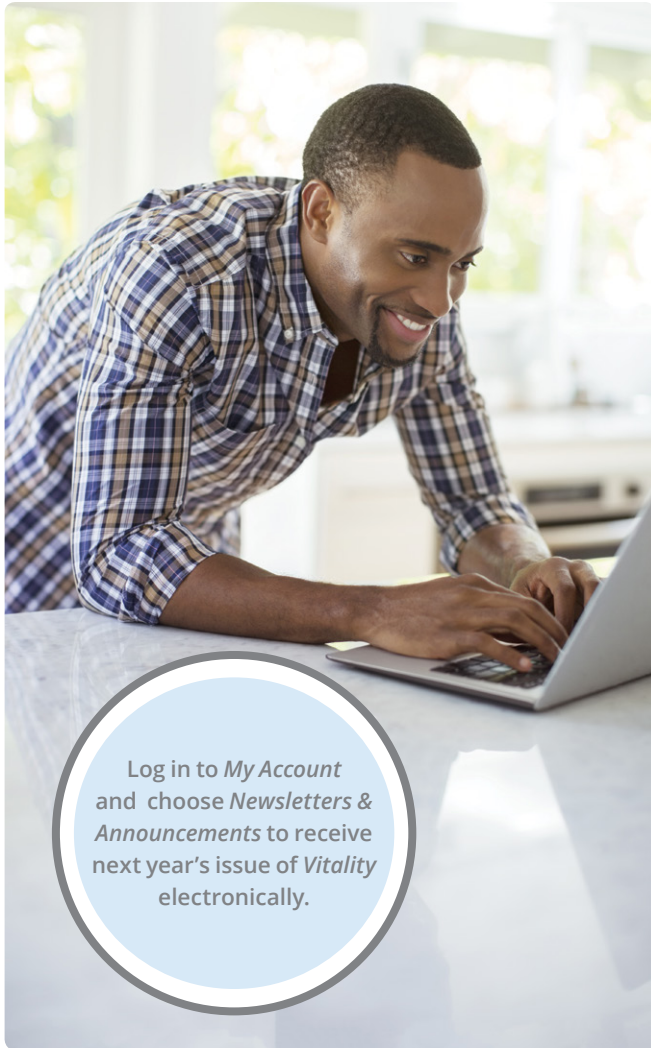
To find the full list of your rights and responsibilities, visit carefirst.com/myrights. For a printed copy, call Member Services at the telephone number on the back of your member ID card.



HOW TO GET LANGUAGE AND COMMUNICATION ASSISTANCE

If you have trouble understanding English, please tell the representative when you call Member Services and we will have a translator who speaks your preferred language join the call. We can provide you with information about your benefits, how to access medical services and help answer any other questions you have.


If you have a hearing or speech impairment, please dial 711 to place a call to Member Services.



Simplify with Electronic Communications

Did you know you can receive certain CareFirst communications electronically? By providing electronic consent, you can receive an email, text or push notification* when documents like your Explanation of Benefits (EOB) or multi-page publications, like *Vitality*, are available online.

Save paper and a trip to the mailbox; signing up is easy:

1. Log in to *My Account* at carefirst.com/myaccount and open your profile information .
2. Then, choose *Electronic Consent*. The list of communications shown below will appear.
 - Electronic EOBs
 - Newsletters & Announcements
 - Wellness Communications
 - Plan & Product Services
 - Drug Reminders
3. For each communication, select how you'd like to receive it—email, text or push notification.

View, print or download important documents at your convenience. Make the switch to electronic communications today.

* To receive push notifications from CareFirst, the app is required. To download the app, visit your favorite app store and search for CareFirst. Currently, push notifications are only available for EOBs.

Just a Click Away

Visit our website to find more information on the following topics. To request a paper copy of this information, please call Member Services at the telephone number on the back of your member ID card.

CareFirst's Quality Improvement Program—including program goals and objectives, processes and outcomes
carefirst.com/qualityimprovement

Find a Doctor—our online directory includes doctors, specialists, behavioral health providers, hospitals, urgent care centers and more
carefirst.com/doctor

How to File an Appeal—request an appeal of an adverse decision
carefirst.com/appeals

Members' Rights and Responsibilities—outlines both CareFirst's and the member's responsibilities
carefirst.com/myrights

Privacy Notice—description of our privacy practices and how we protect your health information
carefirst.com/privacy

Quality of Care Complaints—for complaints involving medical issues or service given by a provider in our network
carefirst.com/qoc

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.
® Registered trademark of CareFirst of Maryland, Inc.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tíléko: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn káàdì ìdánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tí tí a ó fì sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùin, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahuru roo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'la' éi kójj' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį áádóo éi bikéé'dóo naasbaas bił adidiilchil. Áká'anidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.

IN-PERSON ASSISTANCE

Stop by one of CareFirst's regional offices to speak with a knowledgeable insurance professional who can answer any questions and discuss your health plan needs. You can also receive assistance by calling the Member Services telephone number on the back of your member ID card or logging in to *My Account*.

ANNAPOLIS

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Annapolis, MD 21401
410-268-6488

CUMBERLAND

10 Commerce Drive
Cumberland, MD 21502
301-724-1313

EASTON

301 Bay Street, Suite 401
Easton, MD 21601
410-822-1850

FREDERICK

5100 Buckeystown Pike, Suite 215
Westview Village
Frederick, MD 21704
301-663-3138

HAGERSTOWN

182-184 Eastern Boulevard North
Hagerstown, MD 21740
301-733-5995

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