

CareFirst
Family of health care plans

Health Plan Guide 2027

Programs, resources and tools for our members

CareFirst Individual Segment ▪ For plans effective 1/1/27

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Welcome

Why choose CareFirst BlueCross BlueShield?

Unmatched access

Within our Blues network, you have the **broadest access to care**, including 91% of national providers[1] and 99% of local providers.[2]

Comprehensive care

Our comprehensive care approach ensures you have a consistent, whole-health experience that helps you better manage your **physical, emotional, social and financial well-being**.

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.

2026 WORLD'S MOST ETHICAL COMPANIES® ETHISPHERE 14-TIME HONOREE

CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 14 consecutive years.

Largest not-for-profit health insurer in the Mid-Atlantic

1 in 2 Americans is covered by Blue regionally, 1 in 3 nationally[3]

Over 99% of local providers and 100% of regional hospitals are in our network

2 million providers across the U.S. representing 96% of hospitals and 91% of doctors[4]

[1] CHP 2024 Network Access Compare Findings with additional data

[2] CareFirst Book of Business Data, 2024

[3] BCBSA Blue Facts, 2024

[4] BCBSA Blue Facts, 2024

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.

Plan comparisons

	BlueChoice HMO Referral Plans	BlueChoice HMO Plans	BluePreferred PPO Plans
Description	Your primary care provider (PCP) provides routine care and coordinates specialty care through a referral.	Your primary care provider (PCP) provides routine care and coordinates specialty care—no referrals are required.	You have the freedom to visit any provider you choose.
Regional vs. National Plan	Regional	Regional	National
Enrollment	Members must live within the CareFirst service area.	Members must live within the CareFirst service area.	Members must live within the CareFirst service area.
Referrals	Referrals required.	No referrals.	No referrals.
In-Network	**In MD, DC & Northern VA:** BlueChoice Regional Network.	**In MD, DC & Northern VA:** BlueChoice Regional Network.	**In MD, DC & Northern VA:** CareFirst PPO Network. **Out-of-Area:** BlueCard PPO Network.
Out-of-Network	Emergency or urgent care only.	Emergency or urgent care only.	**In MD, DC & Northern VA and Out-of-Area:** Non-participating providers (may be balance billed).
PCP Selection	PCP selection required.	PCP selection required.	PCP selection is recommended but not required.
Blue Rewards	A PCP is required.	A PCP is required.	In MD, DC & Northern VA, a PCP is required.

Metal levels

To make comparing different plans easier, the Affordable Care Act (ACA) requires that every plan fit into one of four categories called metal levels.*

Bronze, Silver, Gold and Platinum plans all cover the same core benefits. However, each level differs in how much your plan will pay towards your care. Different plans have different monthly premiums and varying out-of-pocket costs, such as copayments, deductibles and coinsurance for covered services.

	Platinum	Gold	Silver	Bronze
Monthly cost	**$$$$**	**$$$**	**$$**	**$**
Cost when you get care	**$**	**$$**	**$$$**	**$$$$**
Good option if you...	plan to use a lot of healthcare services	want to save on monthly premiums while keeping your out-of-pocket costs low	need to balance your monthly premium with your out-of-pocket costs	don't plan to need a lot of healthcare services

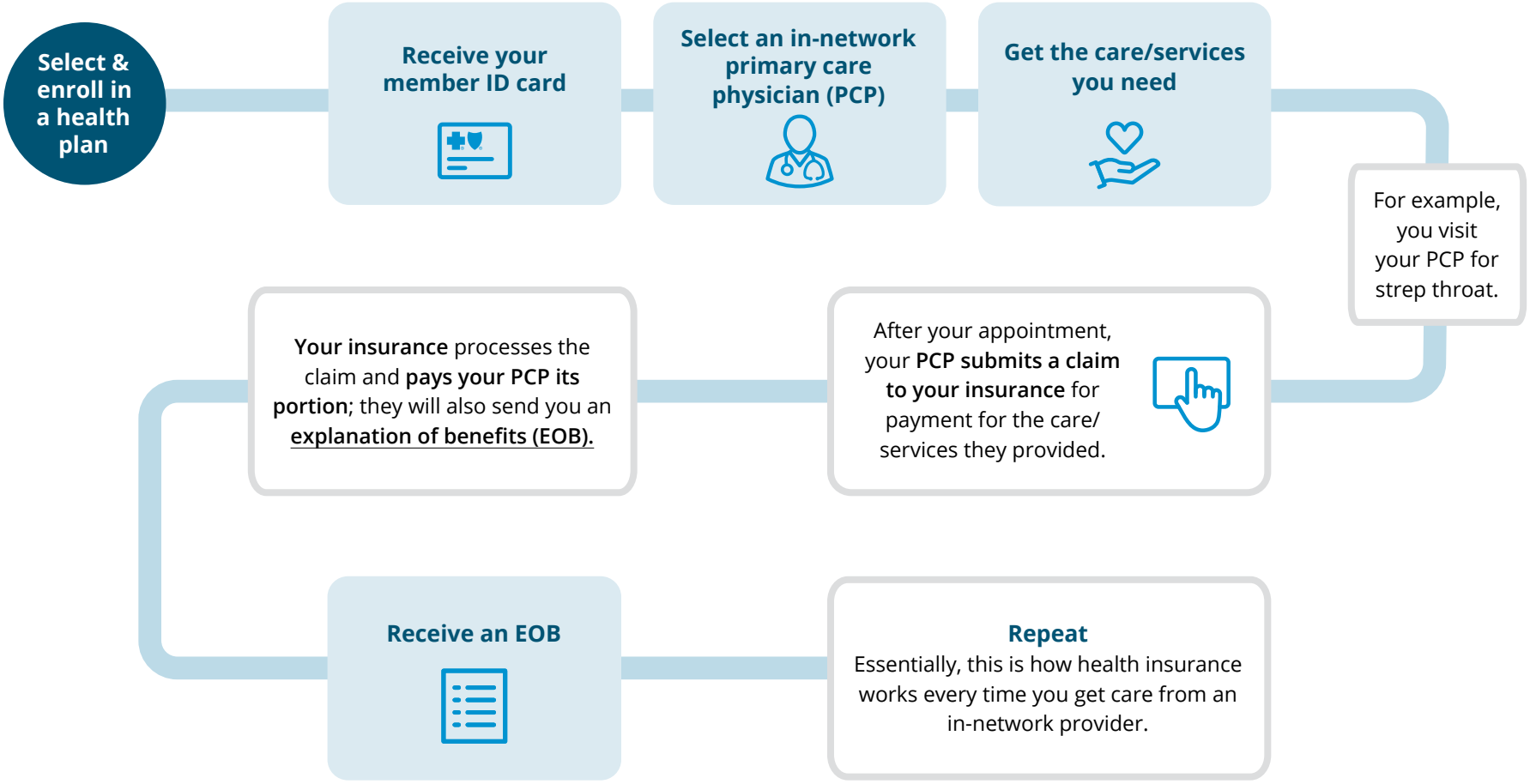
Have questions about an individual or family plan? Visit our Contact Us page to find out how to connect with a CareFirst representative.



* Catastrophic plans, like CareFirst's BlueChoice Young Adult Plan, are not included in one of the four metal levels.

How health insurance works

When deciding which health plan is right for you, knowing how health insurance works can help.



Check out our insurance basics page to understand health plans and coverage.

Guide to key terms

Allowed benefit (also called the CareFirst member cost)
The maximum amount in-network providers can charge CareFirst members for a specific service.

Balance billing
Out-of-network providers can charge more for their services. If a patient sees an out-of-network provider, they may be responsible for paying the difference between the provider's price (actual charge) and the maximum amount CareFirst will pay (allowed amount or allowed benefit).

Cost sharing
The portion of the healthcare costs your plan doesn't pay is your share. Generally, the more costs you're willing to pay, the lower your premiums. Cost sharing is different from your premium—it includes three things:

1. **Deductible:** Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.
2. **Coinsurance:** The percentage or dollar amount you pay when services are received. Depending on your plan, you may need to reach your deductible before paying the coinsurance amount.
3. **Copayment/Copay:** The dollar amount you pay when services are received. A visit to a primary care physician might require a copay of $10, a visit to a specialist $20 and a prescription $20.

In-network
Doctors, hospitals, labs and other providers or facilities that participate in the health plan's provider network. Many plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

Out-of-network
Doctors, hospitals, labs and other providers or facilities that DO NOT participate in your health plan's provider network.

- HMO members are generally not covered for out-of-network services except in emergency situations.
- Members enrolled in Preferred Provider Organizations (PPO) and Point of Service (POS) plans can go out of network but may pay higher out-of-pocket costs.

Out-of-pocket maximum
The maximum dollar amount you will pay out-of-pocket in coinsurance, copays and/or deductibles in a benefit period for covered services. Once the out-of-pocket maximum is met, your CareFirst plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Premium
The amount you pay each month for health insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums.

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

- The PCP should be selected from the network that corresponds to the plan in which you are a member.
- The physician you choose as your PCP may be a family or general practitioner, internist or pediatrician.
- You also have access to a network of virtual and in-person primary care providers through CloseKnit.

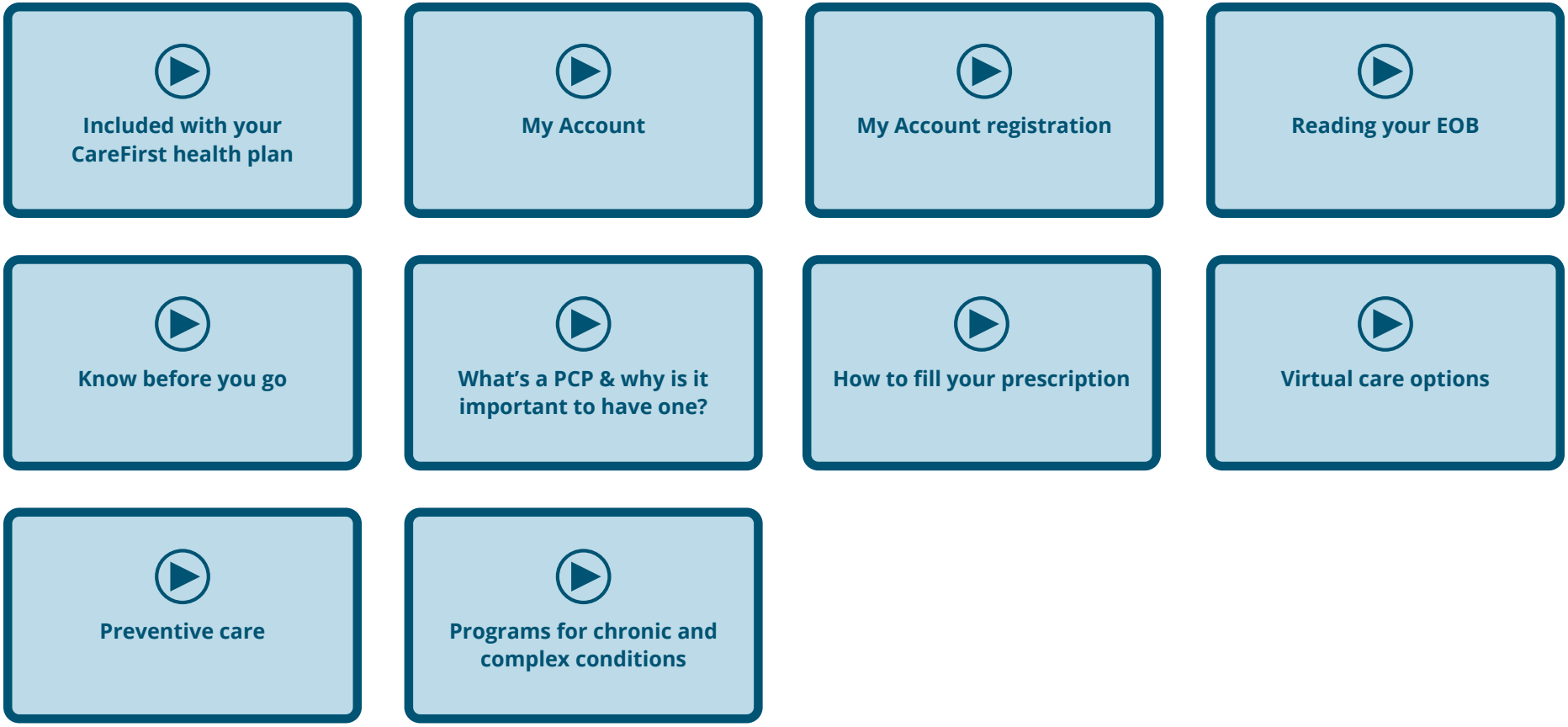
Service area
The geographic area in which a health plan delivers healthcare through a contracted network of participating (in-network) providers. CareFirst's service area covers Maryland, Washington D.C. and Northern Virginia.

You can also explore our complete health insurance glossary.



Insurance basics video library

Visit our **video library** to learn more about your benefits and the tools, programs and resources available.



Included with every CareFirst plan

Core healthcare services

Depending on your CareFirst plan, the healthcare services listed below are available at low or no cost.

Hospital stays (with prior authorization): Your CareFirst medical plan will cover inpatient stays in a hospital. Make sure you get prior authorization from your provider.

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

Maternity: You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth. In addition, group prenatal care visits with a healthcare provider in a group setting are available throughout your pregnancy.

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

Prescriptions: Many health issues are managed through medication, so CareFirst provides a safe, convenient, cost-effective prescription drug plan.

Preventive screenings: Your plan includes coverage for screenings, such as adult physicals, blood pressure and cholesterol screenings, OB/GYN visits, mammograms, prostate and colorectal screenings.

Sick visits: Coverage for in-person or virtual visits with your PCP. Also included are visits to Convenience Care facilities.

Specialist services: Specialist providers are included in your plan. The BlueChoice HMO plan is the only medical plan where you will need a referral from your PCP before you visit a specialist. Specialists are doctors or nurses highly trained to treat certain conditions, such as cardiologists or dermatologists.

Well-child visits: All well-child visits and immunizations (vaccines) are covered.



Your plan may include other benefits, such as Health Savings/Reimbursement Account, Dental and other Vision plans. Ask your benefits manager for details.

My Account—your member portal

My Account is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips.

Your plan information

- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- View copays and identify other expenses for which you may be responsible
- View, order or print your member ID card
- Confirm if a referral or preauthorization is required for a specific service*
- See your Year-End Summary under *Claims* for help choosing next year's plan.

Beyond coverage—support for a healthier you

- Access CloseKnit and CareFirst WellBeing directly from your member portal

Your documents

- Download forms for claim submissions, drug requests, authorizations and more

Manage premium payments

- Plan purchased directly through CareFirst or an Exchange have an auto bill pay section to manage/pay premium payments

Find care

- Choose or change your primary care provider (PCP) as applicable
- Find and select in-network:
  - Doctors, specialists, dentists and behavioral health providers
  - Hospitals, urgent care centers, labs and imaging facilities
- Read and write reviews of providers and facilities
- View cost estimates for treatments and services based on your plan's benefits**
- Schedule an appointment***

Drug and pharmacy resources

- Locate nearby pharmacies or access the Mail Order Pharmacy

Savings tools

- Compare hospitals to determine which is best for the care you need with our Provider Comparison tools
- Research drug and pharmacy information with our Drug Pricing tool

Help

- Send a secure message or question via the Message Center

How to register for My Account

Signing up is easy and only takes a few minutes.

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

To register, you'll need:

- Your member ID number or the last four digits of subscriber's social security number



To get started, download the new CareFirst My Account mobile app from your favorite app store.

* If applicable to your plan.

** 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.

*** Not available for all providers.

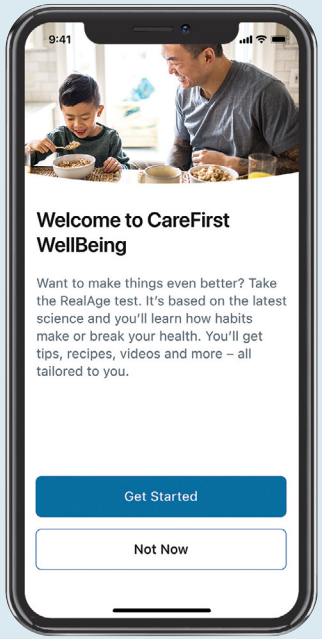
CareFirst WellBeing℠

CareFirst WellBeing is your personalized digital connection that offers motivating resources accessible anytime, plus specialized programs for extra support—**at no cost to you**.

Your health and well-being is not a single statistic or one-and-done goal. It's a product of everything in your daily life—family, friends, relationships, responsibilities, stressors, habits and more.

CareFirst WellBeing is here to help you navigate it all.

Our web- and app-based platform connects you to resources and programs designed to support your overall well-being—physical, emotional, social and financial.



Digital resources to keep you motivated

RealAge®: Age is nothing but a number. But your RealAge can tell you a whole lot about your overall health. Take the assessment to learn your body's RealAge and steps you can take to a healthier life.

Challenges: Stay motivated by joining a challenge to make achieving your health goals more entertaining.

Trackers: Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.

A personalized health timeline: Receive content based on your health and well-being goals, along with your motivation and interests.

Meditation, relaxation and more: Break free from stress with mindfulness tools, unwind at the end of the day or ease into a restful sleep with meditation, streaming music and videos—explore your options through CareFirst WellBeing and begin recharging yourself for better health.

CareFirst WellBeing

GET IT ON Google Play

Download on the App Store

To get started, download the CareFirst WellBeing app from your favorite app store.

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

Financial well-being

Whether you want to stop living paycheck to paycheck, get out of debt or send a child to college, our financial well-being program, SmartDollar, can help. With engaging videos, expert tips, easy-to-use tools and a step-by-step plan to help you reach your financial goals—you'll learn how to have better control over your money to make it work harder for you.

Tobacco cessation

Our voluntary and confidential 21-day program, Craving to Quit, teaches you how to recognize and avoid tobacco cravings and habits. Using the science of behavior change, the program provides the support you need to make quitting easier, including digital coaching, peer-to-peer support, and access to daily mindfulness activities and online tools.

To access these resources and enroll in any of the specialized programs, download the CareFirst WellBeing app or visit carefirst.com/wellbeing to log in or register for your account.



Blue Rewards

Earn incentives for taking steps to get and stay healthy.

Both you and your spouse or domestic partner can each earn rewards for completing the following healthy activities. **Dependents, regardless of age, are not eligible for Blue Rewards.** After you complete one or both of the activities, you'll receive your reward in the form of reimbursement of your copays, coinsurance or deductible expenses up to the amount earned.

Your reward funds will be added to your Blue Rewards account where they will automatically be used to pay your eligible medical expenses through Autopay. You or your provider will be paid directly, with no effort on your part.

Earn $50

Consent to receive wellness emails and take the RealAge assessment

RealAge is a simple assessment that will help you determine the physical age of your body compared to your calendar age.

Must complete within 180 days of your effective date.

Earn $100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 180 days of your effective date.

Learn more about the activities

RealAge

RealAge identifies the habits impacting your body's age so you can make targeted changes to improve your well-being.

Choosing a PCP

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health. PCPs play a huge role in keeping you healthy for the long run by helping you stay on top of preventive care like annual exams, coordinating the care you receive from other providers, and getting to know you, your medical history, your habits and any concerns.

Health screening

Health screenings help you understand your current health status, so you can take steps to improve it.

Start earning your rewards today. Download the CareFirst WellBeing app or visit carefirst.com/wellbeing to log in or register for your account.



CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides.

Behavioral health and addiction support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

Care navigation: A Behavioral Health Care Manager gives you a chance to be heard and can help you find a path forward. This service is available to everyone; call the CareFirst Support Line at **800-245-7013** for assistance.

CloseKnit Primary Care (closeknit.com): CloseKnit offers virtual behavioral health services, working alongside primary care to ensure whole-person health. Get support for anxiety, depression or other mental health concerns.

Provider network: CareFirst makes it easy to find and access services covered by individual medical plans. You can view real-time provider availability, see cost share up front and schedule appointments online (via **headway.co**) or use our provider directory tool for a broader search.

Substance use disorder support: CareFirst offers 24/7 clinical counseling and direct scheduling (within 48 hours) for adolescents and adults to improve access to substance use disorder treatment. Call the CareFirst Support Line at **800-245-7013** for assistance.

988 | SUICIDE & CRISIS LIFELINE

Get support today: If you or someone you know is in crisis, call or text 988 or contact the CareFirst Support Line at 800-245-7013.

Individual benefits vary. Members should log in to their My Account to see which programs are available through their health plan.

CloseKnit is the shared business name of Atlas Health, LLC, Comprehensive Primary Care and Associates, LLC, and CKNMG, LLC. Atlas Health, LLC and Comprehensive Primary Care and Associates, LLC provide in person and telehealth services to CareFirst members and are corporate affiliates within the CareFirst, Inc. corporate umbrella of companies. CKNMG, LLC is an independent company providing in person and telehealth services to CareFirst members.

Diabetes Virtual Care Program

For members who need help stabilizing their type 2 diabetes, our Diabetes Virtual Care Program provides personalized support with easy-to-use tools—all at no cost.

Eligible members will be contacted about joining the program

The program is appropriate for individuals aged 18 and older in moderate to high need of intervention while living with type 2 diabetes, as shown by their A1C, weight and diabetes distress level. Once enrolled, you'll receive a welcome kit, connected device and testing supplies. You will also have access to certified diabetes educators who can answer questions and help you meet your health goals through a personalized plan.

Learn more about the diabetes support CareFirst offers.



Pediatric dental

Coverage for your children under the age of 19 at no extra charge.

The health of your child's teeth also has a major impact on digestion, growth rate and many other aspects of overall health. That's why all CareFirst medical plans provide kids under age 19 with dental benefits at no extra charge. Choose from more than 4,700 dental providers in Maryland, Washington, D.C. and Northern VA and 135,000 dentists nationally.

Visit carefirst.com/findcare to access our provider search and cost transparency tool.



	In-Network You Pay	Out-of-Network You Pay
Individual Cost Per Pay*	Included in your medical plan premium—no additional monthly charge	
Deductible	$25 Individual per calendar year (Applies to Classes II, III & IV)	$50 Individual per calendar year (Applies to Classes II, III & IV)
Network	Over 4,700 providers in DC, MD and Northern VA. 135,000 dentists nationally.	
Preventive & Diagnostic Services (Class I) Oral exams, X-rays, fluoride treatments, sealants, palliative treatment	No charge	20% of Allowed Benefit** (no deductible)
Basic Services (Class II) Fillings, simple extractions, non-surgical periodontics	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
Major Services—Surgical (Class III) Surgical periodontics, endodontics, oral surgery	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
Major Services—Restorative (Class IV) Inlays, onlays, dentures, crowns	50% of Allowed Benefit** after deductible	65% of Allowed Benefit** after deductible
Orthodontic Services (Class V) When medically necessary	50% of Allowed Benefit** (no deductible)	65% of Allowed Benefit** (no deductible)

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

* The plan types may vary based on medical plan type

** CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) payments are based upon the CareFirst allowed benefit. Participating dentists accept 100% of the CareFirst allowed benefits as payment in full for covered services. Non-participating dentists may bill the member for any amount over the allowed benefit. Providers are not required to accept CareFirst's allowed benefits on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst allowed benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

Pediatric vision

These important vision benefits are offered to your family members up to age 19 through our network administrator—Davis Vision*—at no extra charge.



Our pediatric vision benefits include:**

- One no-charge in-network eye exam per calendar year, or up to $40 reimbursement for an out-of-network exam per calendar year
- No copay for Davis Vision collection frames and basic spectacle lenses or contact lenses (in network)
- Reimbursement for single vision lenses, up to $40, and frames, up to $70, from an out-of-network provider

For a routine eye exam, just call and make an appointment with one of the many Davis Vision providers. Remember, the pediatric vision benefits listed above are available to your family members up to age 19 for no additional charge to your monthly premium.

To locate a vision care provider, contact Davis Vision at **800-783-5602**.

Or visit **carefirst.com/findcare** and select *BlueVision, BlueVision Plus,* or *Pediatric Vision* (Davis Vision) network to access our provider directory. Online vision providers are not in network with Pediatric Vision.

Save on pediatric vision by staying in network. Use the Davis Vision Network when seeking care for your dependents under age 19.

* CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) members. Davis Vision is solely responsible for the services it provides.

** Please note: In accordance with the provisions of the Affordable Care Act (ACA), every CareFirst plan includes basic dental coverage and vision benefits for children up to age 19.

Blue365 Wellness Discount Program

Get great deals on premier items from national and local retailers.

With the Blue365 wellness discount program, great deals are yours for every aspect of your life—like discounted nutrition products or a gym membership for only $28 a month.

To take advantage of Blue365, register now at **carefirst.com/wellnessdiscounts**. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your CareFirst member ID card handy. If you have medical coverage, use your member ID number to register for Blue365. If you do not have CareFirst medical coverage, but instead only have wellness, vision, dental or disability benefits, enter *233* instead of a member ID number.

In a couple of minutes, you'll be registered and ready to shop. Every week, Blue365 will send a special deal straight to your email inbox.



Check out these top brands with discounts just for you:

Great Hearing Benefits · GARMIN · PHILIPS sonicare · fitness your way by Tivity Health · TruHearing

chewy · Google Fitbit · Nutrisystem · QualSight LASIK · Walt Disney World · Zeal TRIPS

Free CareFirst resources

CareFirst is dedicated to helping people in our shared communities live healthier lives, no matter their insurance status.

Here's how we support you:

- **Community Engagement Centers, located in Canton and West Baltimore**
  Get free, in-person help for billing, benefits, enrollment, eligibility, claims and other questions.
- **Free Fitness and Wellness Classes**
  Join classes to support your health at no cost.
- **Health Education and Events**
  Access resources and attend workshops and events to learn more about staying healthy.
- **Mobile Vans**
  Our vans travel to neighborhoods across the region, providing services like health screenings, vaccinations and diabetes checks.



To find an engagement center, make an appointment or see upcoming events, visit carefirst.com/cec.

Care where and when you need it

Options for care

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. Below is a chart with other choices for care, including some options that are available anytime, day or night.

Location	Cost	Needs or symptoms such as:	Virtual option	In-person option	24/7	Rx
24-Hour Nurse Advice Line Call **800-535-9700** for general questions about health issues or where to go for care	**No cost**	■ Cough, cold and flu ■ Rashes ■ Medication questions	✔	✘	✔	✘
CloseKnit Primary Care CloseKnit offers in-person or virtual primary care with 40+ locations across Maryland, Washington, D.C. and Northern Virginia *In-person care available when applicable; Primary care available to members and dependents ages 18+; Virtual urgent care available to members and dependents ages 2+*	**$**	■ Preventive health visits ■ Same- or next-day sick visits ■ Behavioral health care ■ Psychiatry for ages 2+ ■ Lactation consultation ■ Nutrition and diet support	✔	✔	✔	✔
PCP visit Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	**$**	■ Routine physical ■ Diabetic care ■ Cough, cold, flu, allergies ■ Bronchitis	Verify availability with your provider	✔	✘	✔
Convenience care centers Health screenings, vaccinations, minor illness or injury	**$$**	■ Cough and cold ■ Pink eye ■ Ear pain ■ Flu shot	✘	✔	✘	✔
Urgent care centers Non-life-threatening illness or injury requiring immediate care	**$$$**	■ Sprains ■ Cut requiring stitches ■ Minor burns ■ Sore throat	✘	✔	✘	✔
Emergency room visit Life-threatening illness or injury	**$$$$**	■ Chest pain ■ Difficulty breathing ■ Uncontrolled bleeding ■ Major burns	✘	✔	✔	✔

Plans with Virtual Connect Plus receive unlimited $0 primary care and mental health services through CloseKnit and select in-person providers. Check the plan's coverage information for full details.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Find care

The new Find Care portion of My Account combines two previous tools: Find a Doctor and the Treatment Cost Estimator. Search for doctors, hospitals, urgent care centers and other healthcare providers—nationwide.

Provider search

CareFirst has one of the world's largest networks of participating providers—over one million. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. With our online provider directory, you can search by name, location, specialty and other options. You can also:

- **Search by name or specialty**
- **Review provider highlights**—including specialties, locations, credentials and which CareFirst plans they accept
- **Access CloseKnit**—to find in-person and virtual providers for primary care, sick visits and behavioral health care
- **See estimated costs**—our enhanced resource allows you to view an estimated cost for care before you schedule your appointment
- **Schedule an appointment**—make an appointment after finding a provider.*

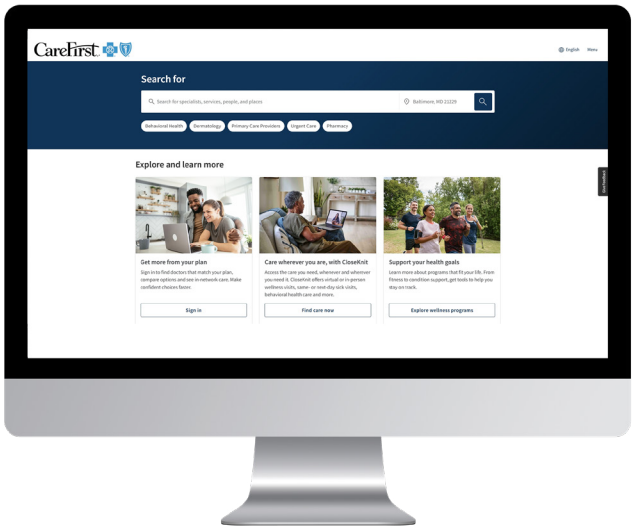
Try it for yourself at **carefirst.com/findcare**.

Cost estimates

Quickly estimate your costs for medical treatments and procedures beforehand.

Cost estimates are now shown when you search for a provider or procedure. This new resource shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises. With it, you can compare costs from different doctors and facilities and receive personalized estimates based on your plan.

Get started by logging in to My Account at **carefirst.com/myaccount.** If you haven't set up your account yet, it just takes your member ID card and a few minutes to register. Once you're logged in, select *Find Care* in the menu, then *Find Care*. This will redirect you to our combined provider search and cost transparency tool.



24-Hour Nurse Advice Line

Experienced registered nurses are available 24 hours a day, 7 days a week, 365 days a year. The nurse will ask a few questions and give you information to help you:

- Decide when to visit your doctor or go to a convenience clinic, urgent care center or the emergency room
- Understand your medications
- Find network doctors and prepare for an appointment
- Learn about preventive care

To speak to a registered nurse, call **800-535-9700**.

* Not available for all providers.

CloseKnit Primary Care

CloseKnit offers high-quality, personalized care whenever and wherever you need it.

With CloseKnit, you have access to care in-person at 40+ locations across Maryland, Washington, D.C. and Northern Virginia, as well as virtual care right from your phone or computer.



Primary Care

In-person and virtual (adults age 18+)

- Preventive and wellness care, including chronic condition management
- Access to a dedicated Care Team

Sick Visits

In-person and virtual (adults and children age 2+)

- Same- and next-day appointments available
- Great for common illnesses and minor injuries

Behavioral Health Support

Virtual (adults and children age 2+)

- Support for depression, anxiety, chronic stress and other concerns
- Appointments built around your schedule and specific needs

Additional Services

- New parent support including lactation consultation, feeding support and more.
- Nutrition services offering guidance for healthy eating, weight loss and more.

Learn more and register at closeknit.com.

[1] Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

CloseKnit is the shared business name of Atlas Health, LLC, Comprehensive Primary Care and Associates, LLC, and CKNMG, LLC. Atlas Health, LLC and Comprehensive Primary Care and Associates, LLC provide in person and telehealth services to CareFirst members and are corporate affiliates within the CareFirst, Inc. corporate umbrella of companies. CKNMG, LLC is an independent company providing in person and telehealth services to CareFirst members.

Care Management program

Whether you're facing a temporary setback or a long-term health condition, our care managers are here to help.

Sometimes, we all need a little extra support with our health.

If you're facing health challenges, including cancer, heart failure, diabetes, at-risk pregnancy or a behavioral health condition—our Care Management team can help reduce the frustration of complex care and get you back to your optimal health.

Care Management is a benefit included in your CareFirst plan. When you agree to participate, a care manager will:

- Call you for an initial review of your medical history to identify the factors that may affect your health.
- 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 healthcare team to coordinate the services you need.

Your care manager is a key source of support. They work closely with you to understand your goals and design a plan to take control of your health.



To learn more, visit carefirst.com/1on1support or call 833-536-2004.

Care outside the service area

Find doctors, hospitals and specialists to help you stay safe and healthy around the country and the globe.

BlueCard

If you choose a PPO CareFirst plan, you are automatically enrolled in the BlueCard program. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home, outside our service area.

More than 93% of all doctors, specialists and hospitals throughout the United States contract with Blue Cross Blue Shield Association plans. With your CareFirst member ID card, you can access providers and hospitals almost anywhere.

Within the United States

- Always carry your current member ID card for easy reference and access to services.
- To find names and addresses of nearby providers and hospitals, visit **carefirst.com/doctor** or call BlueCard Access at **800-810-BLUE (2583)**.
- Call Member Services for precertification or prior authorization, if necessary. Refer to the phone number on your member ID card because it's different from the BlueCard Access number.
- Present your member ID card at the participating provider's office.
- You should not have to complete any claim forms or pay upfront for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete Explanation of Benefits (EOB).

Away From Home Care

When you're away from home for 90 consecutive days or more, your HMO coverage goes with you.

The Away From Home Care program allows eligible members without out-of-area benefits to get coverage for medical care when temporarily living outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). You will have access to participating providers and facilities of an affiliated Blue Cross Blue Shield HMO (Host HMO).

If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So, your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

With your CareFirst member ID card, you can access providers and hospitals almost anywhere.



* Source: https://bcbsglobalsolutions.com/about-us/why-us/global-network/

Blue Cross Blue Shield Global Core

Just like your passport, you should always carry your CareFirst member ID card when traveling outside the United States. Our Global Core program—**included in every CareFirst plan**—ensures you can get medical assistance services and access to providers, hospitals and other healthcare professionals in nearly 200 countries.

The process is the same as if you were in the United States, with the following exceptions:

- In most cases, you shouldn't have to pay upfront for inpatient care at Global Core hospitals; the hospital should submit your claim. You are responsible for the usual out-of-pocket expenses.
- At non-Global Core hospitals, you pay the provider or hospital for inpatient care, outpatient hospital care and other medical services. To be reimbursed, you'll need to complete an international claim form and send it to the Global Core Service Center. The claim form is available online at **bcbsglobalcore.com**.
- To find a BlueCard provider outside the United States, visit **bcbs.com**, select *Find a Doctor.*



Medical assistance when outside the United States

Call **800-810-BLUE (2583)** for information on doctors, hospitals and other healthcare professionals or to receive medical assistance services. A medical assistance vendor, in conjunction with a medical professional, will make an appointment with a provider or arrange hospitalization if necessary.

Blue Cross Blue Shield Global Core mobile app

With the Global Core mobile app, you have help in the palm of your hand and convenient access to doctors, hospitals and resources worldwide. At a glance, you can find doctors, translate medical terms and access local emergency information. To learn more, visit **bcbsglobalcore.com/Home/MobileApp**.

Managing your healthcare plan

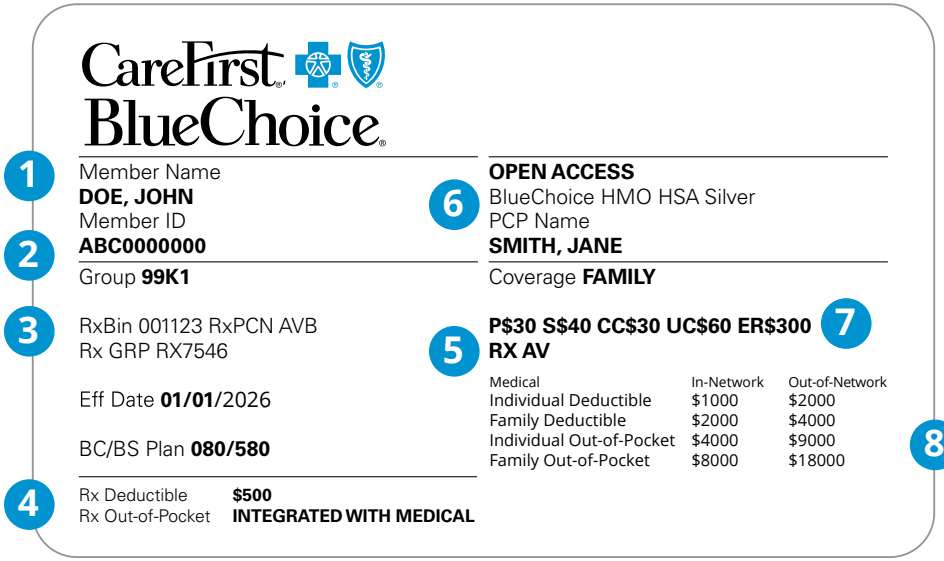
Understanding your member ID card

Your member ID card identifies you as a CareFirst member and shows important information about you and your covered benefits.

Each family member on your plan should have a card—like the example shown here—with their name on it. Make sure to always present your ID card when receiving services. If you don't have your physical card, you can view it on your smartphone through My Account.

This graphic shows the most requested information when you receive care. **In addition, you will find important telephone numbers on the back.**

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



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

3 Codes—pharmacies use these to route claims for payment

4 Prescription deductible and out-of-pocket maximums

5 Additional coverage—
RX=drug
AV=adult vision

6 Plan and PCP name—your plan and primary care provider's name

7 Copay amounts—abbreviations correspond to your plan copays:
P=primary care provider S=specialist
CC=convenience care
UC=urgent care
ER=emergency room

8 Medical deductible and out-of-pocket maximums
All Family cards will include both Individual and Family deductibles.

Abbreviations and other terms

AV—Adult Vision
C—Clinic
CC—Convenience Care
D—Dental
- **DP**—Dental Preferred
- **DT**—Dental Traditional
- **DE**—Dental EPR, PPT

ER—Emergency Room
FAM—Family or Parent & Child
IND—Individual
Open Access—No referrals are needed
P—Primary Care
PD—Pediatric Dental
PV—Pediatric Vision
P&C—Parent & Child
RX—Pharmacy
RxBIN, RxPCN, RxGrp—Codes pharmacies use to route claims for payment
S or SPEC—Specialist
S&S—Subscriber & Spouse
UC—Urgent Care
V or VC—Vision
VU—BlueVision Plus

Can't locate your CareFirst member ID card? You can always view or print it via My Account.

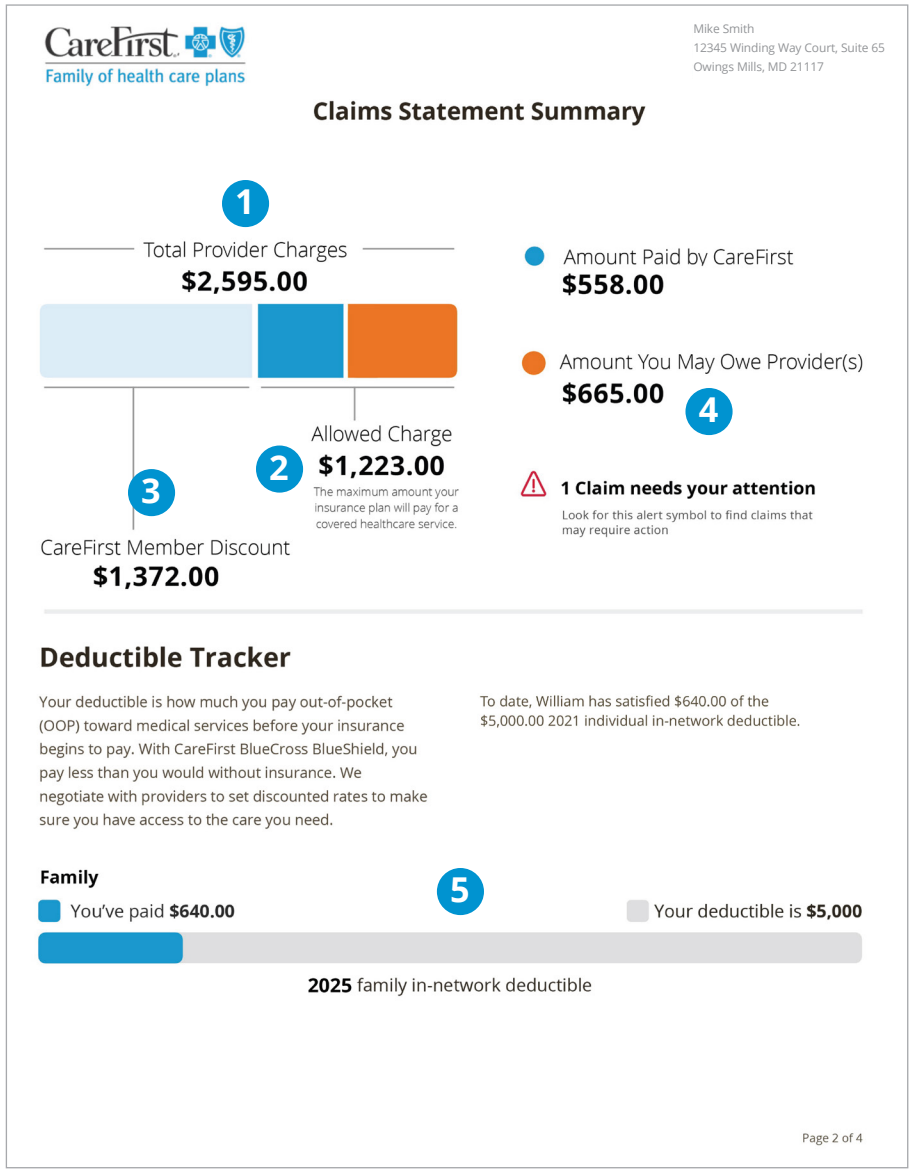
Understanding your Explanation of Benefits (EOB)

Your Explanation of Benefits is a statement you receive from CareFirst after you receive medical care. It is not a bill. It summarizes the charges and payments related to your care, including the amount you may owe. If you owe anything, your doctor and healthcare providers will send you a bill.

Reviewing your EOBs can help you better understand how your CareFirst plan covers the services you receive.

1. **Total Provider Charges**—the amount you would pay if you didn't have medical insurance
2. **Allowed Charges**—the total price that CareFirst has negotiated for a covered service from in-network providers
3. **CareFirst Member Discount**—the amount you saved just by being a CareFirst member
4. **The Amount You May Owe**—the expected amount your doctor or other healthcare provider will bill you
5. **Deductible Tracker**—not all EOBs include this bar graph, but if your EOB does, it can help you quickly see how much you've spent toward your annual deductible

For an interactive tour on how to read your EOB—including how to access yours online—visit carefirst.com/eob.



Prescription drug coverage

Taking medications as prescribed by your doctor is essential to staying or getting healthy.

Online tools and resources

To get the most from your prescription drug plan, it's important to stay informed. Our easy-to-use tools and resources are available 24/7 to help you find a pharmacy, check if your medicine is covered, look up your health plan's formulary, search for lower-cost drugs with the Drug Pricing Tool, and more.

Explore all the ways you can easily manage your prescription benefits and save money:

- **Via the CareFirst website**—visit **carefirst.com/rx** and then click Drug Tools on the left navigation.
- **Via My Account**—log in to My Account at **carefirst.com/myaccount** or through the CareFirst app and click *Drug & Pharmacy Resources* from the quick links.

Two ways to fill prescriptions

Retail pharmacies

With access to more than 60,000 pharmacies across the country, you can use our **Find a Pharmacy** tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card when filling prescriptions.

Mail order pharmacy

Mail order is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently. You can register online through **My Account**. Once you register, you'll be able to:

- Fill prescriptions online, by phone or by email
- Schedule automatic refills
- Consult a pharmacist by phone 24/7
- Choose your delivery location
- Receive email notification of order status
- Choose from multiple payment options

Ways to save



Here are some ways to help you save on your prescription drug costs. Select Generic drugs are available at a zero-dollar cost share on qualifying high-deductible health plans.

- **Use generic drugs**—Generic drugs can cost significantly less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs covered under your plan**—Your formulary contains your list of generic, preferred and non-preferred medications.
- **Use the Drug Pricing Tool**—This tool allows you to compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order, as well as view generic drugs available at a lower cost.
- **Use mail order**—Using our Mail Order Pharmacy gives you the added convenience of having your 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.

Lower prices for non-specialty generic drugs

Rx Cost Saver offers automatic access to lower pricing (where available) on commonly prescribed non-specialty generic drugs that also have automatic access to pricing available through other prescription discount programs. Automatically applies 100% of your cost to your deductible (if applicable) and out-of-pocket maximum. To start saving, you only need to show your CareFirst member ID card.

Understanding your formulary

A formulary (or drug list) is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other healthcare professionals who ensure the drugs on the formulary are safe and clinically effective.

The prescription drugs found on the CareFirst formulary are divided into tiers. These tiers include zero-dollar cost share, generics, preferred brand, non-preferred brand, preferred specialty, and non-preferred specialty drugs. Your cost share is determined by the tier the drug falls into.

You can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your healthcare and out-of-pocket costs.

To see your formulary, go to carefirst.com/rx.

Please note: If the cost of your drug is less than your copay or coinsurance, you only pay the cost of the drug. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance for drugs depending on the drug tier. Some drugs may not be covered based on your plan. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Check your benefits summary or enrollment materials for specific plan information. You can also view specific cost-share information in My Account.

Drug Tiers	Description
Tier 0: **$0 Drugs**	Preventive drugs (e.g., statins, aspirin, folic acid, fluoride, iron supplements, HIV PrEP, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. Oral chemotherapy drugs, opioid overdose reversal agents and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share. Deductible may apply.
Tier 1: **Generic Drugs $**	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 Drugs $$**	Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: **Non-Preferred Brand Drugs $$$**	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost share will be lower.
Tier 4: **Preferred Specialty Drugs $$$$**	Preferred specialty brand drugs are specialty brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred specialty brand drugs. If a generic drug becomes available, the preferred specialty brand drug may be moved to the non-preferred specialty brand category.
Tier 5: **Non-Preferred Specialty Drugs $$$$$**	Non-preferred specialty drugs often have a preferred or generic specialty drug option where your cost share will be lower.

Questions about your prescription benefits?
Contact CareFirst Pharmacy Services at 800-241-3371.



Helpful resources

Online member resources

Need care?

- CloseKnit Primary Care: **closeknit.com**
- Find care (provider search and cost estimates): **carefirst.com/findcare**
- 24-Hour Nurse Advice Line: **800-535-9700**

Understanding and managing your plan

- My Account (member portal): **carefirst.com/myaccount**
- CareFirst My Account mobile app: **carefirst.com/mobileaccess**
- Prescriptions: **carefirst.com/rx**
- Frequently Asked Questions (FAQ) Hub: **carefirst.com/faq**
- Explanation of Benefits (EOB): **carefirst.com/eob**

Health, wellness and member discounts

- Your Guide to a Healthy Pregnancy and Newborn: **carefirst.com/pregnancy**
- Wellness Programs Overview: **carefirst.com/wellnessprograms**
- CareFirst WellBeing: **carefirst.com/wellbeing**
- Additional mental health services: **carefirst.com/mentalhealth**
- If you or someone you know is in crisis, call or text **988** or contact the CareFirst Support Line at **800-245-7013**
- Health information, tips and tools: **carefirst.com/livinghealthy**
- Blue365 Wellness Discount Program: **carefirst.com/wellnessdiscounts**

Coverage outside the U.S.

- Global Core mobile app: **bcbsglobalcore.com/Home/MobileApp**
- Call **800-810-BLUE (2583)** for information on doctors, hospitals, and other healthcare professionals or to receive medical assistance services

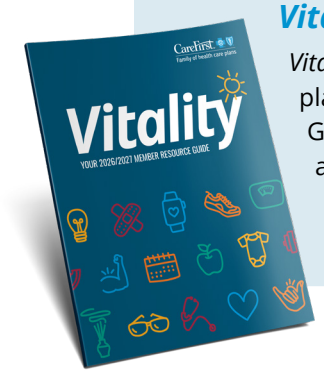
Go paperless

To choose electronic delivery for alerts, reminders, EOBs and other communication from CareFirst, provide your consent by following these steps:

- Log in to **carefirst.com/myaccount**
- Click on your name at the top, then select *Communications Preferences*
- Click on *Edit* next to *Electronic Communications*
- Check the boxes for the information you want and hit *Save*

Follow us on social media

- Facebook: **carefirst.com/facebook**
- Instagram: **instagram.com/carefirstbcbs**
- YouTube: **carefirst.com/youtube**
- LinkedIn: **carefirst.com/linkedin**



Vitality—your Member Resource Guide

Vitality brings important information about your plan in one place. Learn more about our online resources and services. Get helpful tips on accessing care, prescription medications and coverages that'll help you get more from your plan. Digital versions are available for download in English and Spanish at **carefirst.com/vitality**.

Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 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 protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to **carefirst.com** and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices*. 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 their Notice of Privacy Practices. If you don't know whether your employer is self insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

1. If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
2. If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can send an email to: **quality.care.complaints@carefirst.com**
3. Fax a written complaint to: **301-470-5866**
4. Write to: CareFirst BlueCross BlueShield Quality of Care Department, P.O. Box 17636, Baltimore, MD 21297

If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

For assistance in resolving a billing or payment dispute with the health plan or a healthcare provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at **877-261-8807**.

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: **800-735-2258**; National Capital Area TTY: **202-479-3546**. Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your healthcare, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and healthcare operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policyholders upon enrollment.

Your rights

You have the following rights regarding your own protected health information. You have the right to:

1. Request that we restrict the PHI we use or disclose about you for payment or healthcare operations.
2. 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 PHI may endanger you.
3. Inspect and copy your PHI that is contained in a designated record set including your medical record.
4. Request that we amend your information if you believe that your PHI is incorrect or incomplete.
5. An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or healthcare operations.
6. Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at **800-853-9236** or send an email to **privacy.office@carefirst.com**.

Members' rights and responsibilities statement

Members have the right to:

1. Be treated with respect and recognition of their dignity and right to privacy.
2. Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
3. Participate with practitioners in decision-making regarding their healthcare.
4. Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. Make recommendations regarding the organization's members' rights and responsibilities.
6. Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

1. Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
2. Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
3. Follow the plans and instructions for care that they have agreed on with their practitioners.
4. Pay copayments or coinsurance at the time of service.
5. Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

1. Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
2. Decline participation or disenroll from wellness and health promotion services offered by the organization.

3. Be treated courteously and respectfully by the organization's staff.
4. Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

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

Please note: Any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or 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 applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

1. All stages of reconstruction of the breast that underwent the mastectomy.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. 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 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:

1. 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
2. 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:

1. A home visit if prescribed by the attending physician.
2. 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.

Defending Access to Women's Healthcare Services Revision Act of 2018

For our Washington, D.C. groups

The services set forth below mirror preventive services under the Patient Protection and Affordable Care Act. These preventive and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums.

Children

Well child visits (to age 21) to include:

- Autism screening
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Depression screening
- Developmental screenings—under age 3
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- HIV screening
- Lead testing
- Obesity screening
- Vision screening
- Health, diet and weight counseling
- Alcohol and drug assessments for older children
- Tobacco use screening and cessation counseling

Immunizations for children:

- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Preventive drugs for children:

- Fluoride—preschool age (P)
- Iron—6–12 mo. risk of anemia (OTC*)

Adults

Preventive care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon cancer (colonoscopy)
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC*) supplementation to prevent falls incommunity-dwelling adults (those who are not inassisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives and counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifyingadults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infectionscreenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oralcontraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection[1] (generic only) (P)
- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults

- Hepatitis A and B
- Herpes Zoster
- HPV

- Influenza
- Measles, mumps and rubella
- Diphtheria, Tetanus, Pertussis
- Meningococcal
- Pneumococcal
- Varicella

Breastfeeding supplies (provided under the Durable Medical Equipment (DME) benefits of the contract)

Coverage is provided for:

- Electric breast pump (rental and/or purchase)
- Hospital grade electric breast pump (rental)
- Manual breast pumps (rental and/or purchase)
- Replacement supplies include:
  - Adapter for breast pump
  - Breast pump replacement tubing
  - Breast shield and splash protector for use withbreast pump
  - Cap for breast pump bottle
  - Locking ring for breast pump
  - Polycarbonate bottle for use with breast pump

Prenatal care

- Routine prenatal obstetrical office visits
- Lactation consultations which may include comprehensive breastfeeding education, support,counseling, clinical management and interventions provided to women during the antenatal,perinatal, and postpartum period to support the initiation, maintenance and continuation ofbreastfeeding, including when provided to womenwho encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.
- Perinatal depression screening and counseling

Preventive drugs for adults

- Aspirin (81mg) (OTC*)
- Colon Preparations—age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)
- Statins (generic low to moderate intensity)—adults age 40–75 (P)
- Generic antiretroviral therapy (Rx)—Emtricitabine/tenofovir disoproxil fumarate200 mg–300 mg

Breast cancer drugs

- Tamoxifen, Raloxifene, Exemestane and Anastrozole for women 35 and older at anincreased risk for invasive breast cancer.Preauthorization required.

Abortion and abortion care services

- Including follow-up care

Infertility

- Diagnosis and treatment**

* Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

** May be subject to cost-share.

[1] Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required

(OTC) Over the Counter

Information on preventive services are available at healthcare.gov/coverage/preventive-care-benefits

To verify your benefits, check your benefits contract, your enrollment materials or log into My Account at carefirst.com/myaccount.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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 14858
Lexington, KY 40512

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

Language Assistance Available

English	Chinese	Hindi	Diné Bizaad	Samoa	Urdu
Amharic	Farsi	Igbo	Nepali	Serbian	Vietnamese
Arabic	Français	Italian	Português	Español	
Bengali	Deutsch	Korean	Russian	Tagalog	

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Family of health care plans

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Individual Member Health Plan Guide ■ SUM7107-1E (8/26)