



# Prescription Drug and Healthcare Spending (RxDC) Reports

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*Employer Portal Form Submission  
User Manual*

SELF-INSURED GROUP HEALTH PLANS

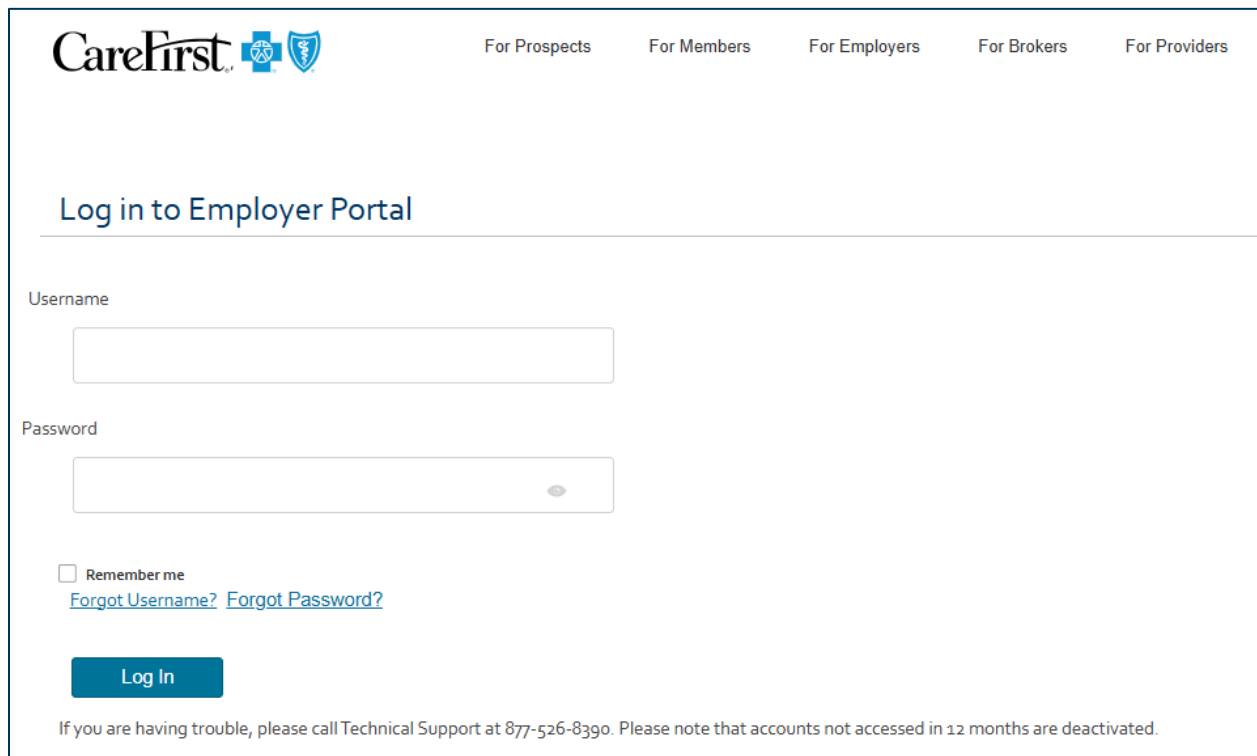
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# Locating the Annual RxDC Submission Form

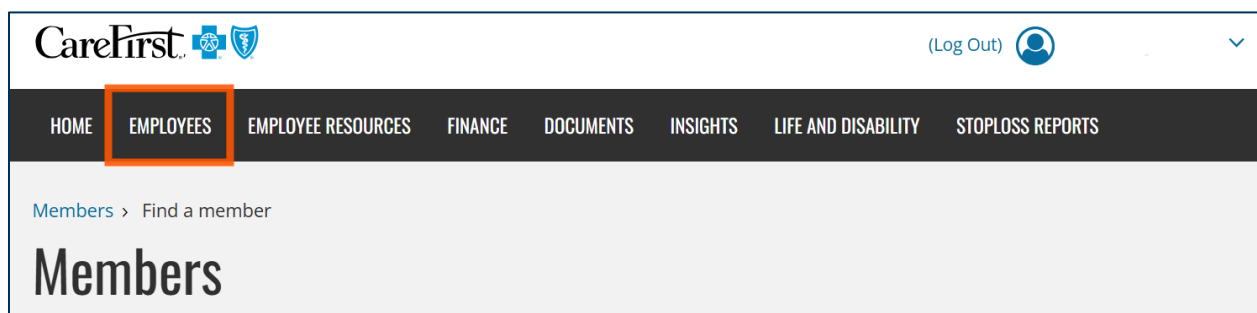
## 1. Log into the CareFirst Employer Portal.

- **URL:** <https://employer.carefirst.com/elogin/>
- A registered account is required to access the form.



The screenshot shows the CareFirst Employer Portal login page. At the top, the CareFirst logo is on the left, and navigation links for 'For Prospects', 'For Members', 'For Employers', 'For Brokers', and 'For Providers' are on the right. Below the logo, the text 'Log in to Employer Portal' is centered. Underneath, there are input fields for 'Username' and 'Password'. Below the password field, there is a checkbox for 'Remember me' and two links: 'Forgot Username?' and 'Forgot Password?'. A blue 'Log In' button is positioned below the links. At the bottom of the login section, a note states: 'If you are having trouble, please call Technical Support at 877-526-8390. Please note that accounts not accessed in 12 months are deactivated.'

## 2. Select the EMPLOYEES tab on the menu bar to go to the Member screen.



The screenshot shows the CareFirst portal interface. At the top, the CareFirst logo is on the left, and a '(Log Out)' button with a user icon is on the right. Below the logo, a dark navigation bar contains several tabs: 'HOME', 'EMPLOYEES', 'EMPLOYEE RESOURCES', 'FINANCE', 'DOCUMENTS', 'INSIGHTS', 'LIFE AND DISABILITY', and 'STOPLOSS REPORTS'. The 'EMPLOYEES' tab is highlighted with an orange box. Below the navigation bar, the text 'Members > Find a member' is displayed, followed by the large heading 'Members'.

### 3. Click the Annual RxDC Submission option under *Quick Links*.

[Members](#) > Find a member

## Members

In this section, you can view coverage details and make changes on behalf of your employees, such as requesting ID cards, changing primary care physicians, and more. Search for a specific employee below to get started.

### Find a Member

Find a member by first and last name or Member ID. If we have the SSN on file, you may enter SSN in place of Member ID.

Search by

Member Name ▼

First Name

Last Name

Search

### Quick Links

[Find a Member](#) →

[CareFirst Connect](#) →

[Annual RxDC Information Submission](#) →

### 4. The form that opens will look like this:

#### Annual RxDC Information Submission

PLEASE CLICK [HERE](#) TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the **D1 – Premium and Life Years** report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES  
SELECT STATE X

STOP LOSS ISSUER NAME  
ENTER THE NAME OF ISSUER

PBM NAME  
ENTER PBM NAME

PREMIUM PAID BY MEMBER  
ENTER AMOUNT PAID

PREMIUM EQUIVALENTS  
ENTER PREMIUM EQUIVALENT

ADMIN FEES  
ENTER AMOUNT PAID

STOP LOSS ISSUER EIN  
ENTER EIN NUMBER

PBM EIN  
ENTER PBM EIN NUMBER

PREMIUM PAID BY EMPLOYER  
ENTER AMOUNT PAID

STOP LOSS PREMIUM  
ENTER AMOUNT PAID

Forms must be completed by the due date to be included in CareFirst's RxDC – D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Submit

Opt-Out

# Opt Out

1. Review the text outlined in orange in the screenshot below before clicking the “Opt-Out” button at the bottom of the form.

Annual RxDC Information Submission

PLEASE CLICK [HERE](#) TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if **CareFirst should not include RxDC data for this account** in its carrier submission of the **D1 – Premium and Life Years** report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

SELECT STATE  X

STOP LOSS ISSUER NAME

ENTER THE NAME OF ISSUER

PBM NAME

ENTER PBM NAME

PREMIUM PAID BY MEMBER

ENTER AMOUNT PAID

PREMIUM EQUIVALENTS

ENTER PREMIUM EQUIVALENT

ADMIN FEES

ENTER AMOUNT PAID

STOP LOSS ISSUER EIN

ENTER EIN NUMBER

PBM EIN

ENTER PBM EIN NUMBER

PREMIUM PAID BY EMPLOYER

ENTER AMOUNT PAID

STOP LOSS PREMIUM

ENTER AMOUNT PAID

Forms must be completed by the due date to be included in CareFirst's RxDC – D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

2. To retain a record of the opt-out, take a screen shot of the pop-up confirming the selection was successful.

PLEASE CLICK [HERE](#) TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if **CareFirst should not include RxDC data for this account** in its carrier submission of the **D1 – Premium and Life Years** report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

AS  X

ADMIN FEES

\$876

STOP LOSS ISSUER NAME

HARRY

PBM NAME

KARJ

PREMIUM PAID BY MEMBER

\$654

PREMIUM PAID BY EMPLOYER

\$45

PREMIUM EQUIVALENTS

\$456

STOP LOSS PREMIUM

\$23

Forms must be completed by the due date to be included in CareFirst's RxDC – D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

You have opted out successfully

**Note:** The Opt-Out button can still be used even if data was entered into the form fields before selecting to opt out.

# Completing the Form

Clients that had a Market Segment Change upon renewal with CareFirst during the calendar year (*after January 1<sup>st</sup>*) should review the **Mid-Year Market Segment Changes** section before continuing.

**Annual RxDC Information Submission**

PLEASE CLICK [HERE](#) TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the **D1 – Premium and Life** Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

NATIONAL X

ADMIN FEES

ENTER AMOUNT PAID

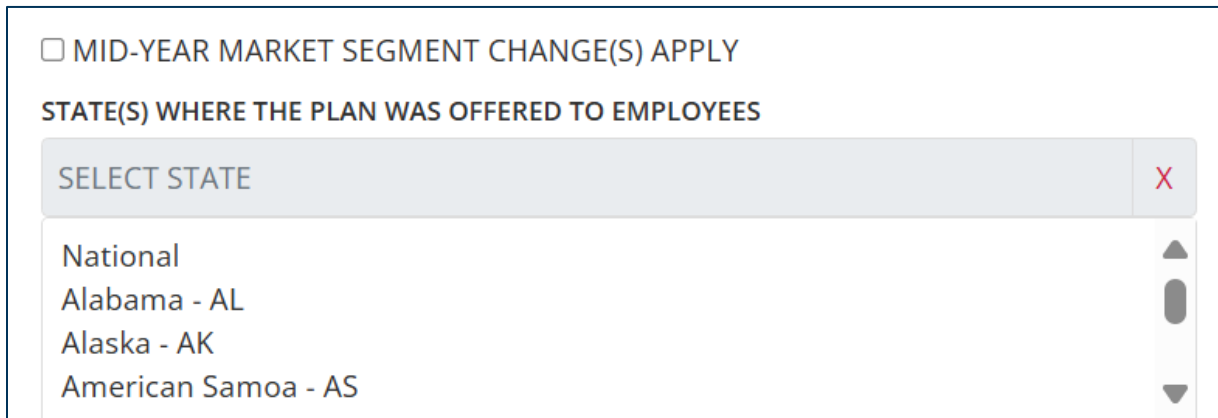
If there were no applicable market segment changes during the calendar year, leave the checkbox blank.

## Important Reminders

- Review the information in the RxDC Instructional Guide for Self-Insured Clients that contains important detail about the information being requested before attempting to complete the form.
- A brief definition of the required data can be viewed in the form by hovering over a specific field.
- Clients that wish to retain a record of their submission(s) should use print screen or screen shot capabilities to capture a view of the data before clicking submit and/or the pop-up that appears to indicate a submission was successful.

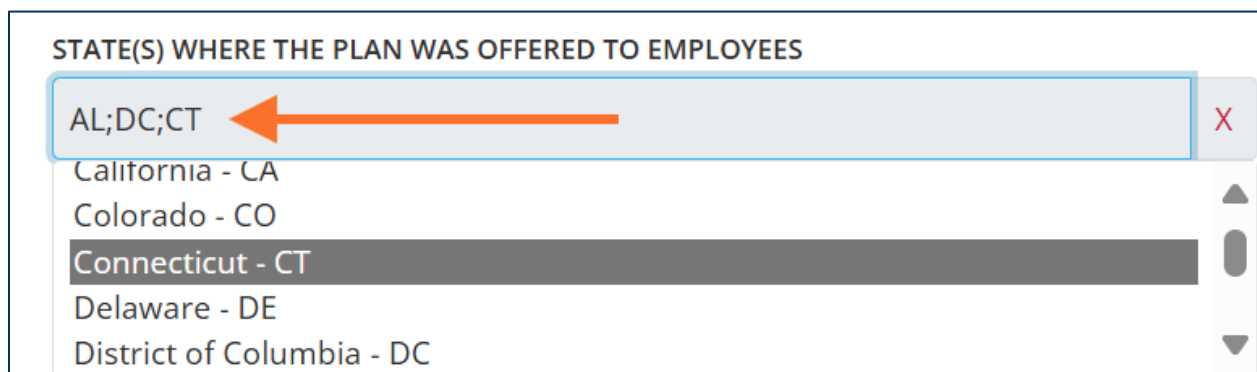
# States Where the Plan is Offered

Click the gray box labeled “SELECT STATE” to reveal the dropdown for making selections.



A screenshot of a web form. At the top, there is a checkbox labeled "MID-YEAR MARKET SEGMENT CHANGE(S) APPLY". Below it is a section header "STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES". Under this header is a gray box with the text "SELECT STATE" and a red "X" icon on the right. The dropdown menu is open, showing a list of options: "National", "Alabama - AL", "Alaska - AK", and "American Samoa - AS". A vertical scrollbar is visible on the right side of the list.

- Use the scroll bar to navigate through the list of options available.
- Multiple states and/or U.S. territories can be selected without needing to hold down the ctrl key.
- If “National” is selected, only U.S. territories can be added as selections.
- Selections will appear in the gray box, separated by semicolons when there is a list of more than one selection.
- State and/or U.S. territory selections will be represented in the list of selections by the corresponding 2-digit abbreviation.



A screenshot of the same web form, but now the gray box displays "AL;DC;CT" with an orange arrow pointing to it. The dropdown menu is open, showing a list of options: "California - CA", "Colorado - CO", "Connecticut - CT", "Delaware - DE", and "District of Columbia - DC". The "Connecticut - CT" option is highlighted with a dark gray background. A vertical scrollbar is visible on the right side of the list.

# Stop Loss Issuer Name & EIN

Identify the carrier that provided the client's Stop Loss coverage.

STOP LOSS ISSUER NAME ENTER THE NAME OF ISSUER	STOP LOSS ISSUER EIN ENTER EIN NUMBER
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- For clients that did not have Stop Loss for any portion of the calendar year, enter "NONE" as the issuer name.

STOP LOSS ISSUER NAME NONE	STOP LOSS ISSUER EIN ENTER EIN NUMBER
-------------------------------	--

- For clients that had CareFirst Stop Loss for the entire calendar year, enter "CAREFIRST" as the issuer name.

STOP LOSS ISSUER NAME CAREFIRST	STOP LOSS ISSUER EIN ENTER EIN NUMBER
------------------------------------	--

The EIN field is not required if the Stop Loss Issuer Name is entered as "NONE" or "CAREFIRST".

- For clients that had Stop Loss through another carrier for any portion of the calendar year, enter the issuer name. **The corresponding 9-digit employer identification number (EIN) is required for other carriers.**

STOP LOSS ISSUER NAME SYMETRA	STOP LOSS ISSUER EIN ENTER EIN NUMBER <i>*Enter Issuer EIN</i>
----------------------------------	--

- Enter the 9-digit EIN without any dashes.

STOP LOSS ISSUER NAME SYMETRA	STOP LOSS ISSUER EIN 520559323
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# PBM Name & EIN

Clients that had their pharmacy benefits through CareFirst for the entire calendar year should leave these fields blank.

<b>PBM NAME</b> <input type="text" value="ENTER PBM NAME"/>	<b>PBM EIN</b> <input type="text" value="ENTER PBM EIN NUMBER"/>
--	---

Enter the name and corresponding 9-digit EIN for the Pharmacy Benefits Manager if a client pharmacy benefits that were not through CareFirst for any part of the calendar year.

<b>PBM NAME</b> <input type="text" value="OPTUM"/>	<b>PBM EIN</b> <input type="text" value="631157085"/>
---	--

A 9-digit EIN is required if anything is entered into the PBM Name field.

<b>PBM NAME</b> <input type="text" value="CVS"/>	<b>PBM EIN</b> <input type="text" value="ENTER PBM EIN NUMBER"/> <i>*Enter PBM EIN</i>
---	--

# Entering Paid Amounts

**An entry is required for each of the following fields:**

- ☐ Premium Paid by Member
- ☐ Premium Paid by Employer
- ☐ Premium Equivalents
- ☐ Stop Loss Premium
- ☐ Admin Fees

## Requirements for Entering Paid Amounts:

- All amounts should be total dollar amounts.
- Include the decimal point if entering amounts that are not even dollar amounts.
- Paid amount fields cannot be left blank. If no amount was paid, enter 0.
- If the client pays 100% of the cost of coverage with no contribution from the member:
  - ☐ Enter 0 for the Premium Paid by Member.
  - ☐ Premium Paid by Employer and Premium Equivalents should be entered as the same amount.

## Example of a form ready for submission

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES NATIONAL X	ADMIN FEES \$40,524
STOP LOSS ISSUER NAME NONE	STOP LOSS ISSUER EIN ENTER EIN NUMBER
PBM NAME ESI	PBM EIN 431420563
PREMIUM PAID BY MEMBER \$143569.70	PREMIUM PAID BY EMPLOYER \$523124.99
PREMIUM EQUIVALENTS \$666694.69	STOP LOSS PREMIUM \$0

# Submitting the Form

1. After entering the required information, click the “Submit” button at the bottom of the form.

Annual RxDC Information Submission

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2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES  
NATIONAL X

STOP LOSS ISSUER NAME  
NONE

PBM NAME  
ESI

PREMIUM PAID BY MEMBER  
\$143569.70

PREMIUM EQUIVALENTS  
\$666694.69

ADMIN FEES  
\$40524

STOP LOSS ISSUER EIN  
ENTER EIN NUMBER

PBM EIN  
431420563

PREMIUM PAID BY EMPLOYER  
\$523124.99

STOP LOSS PREMIUM  
\$0

Forms must be completed by the due date to be included in CareFirst's RxDC – D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Clients that want a record of the information provided should take a print screen or screenshot before submitting the form.

2. A pop-up will appear to confirm a successful submission.

FLORINA 891693153

PREMIUM PAID BY MEMBER \$891 PREMIUM PAID BY EMPLOYER \$9013

PREMIUM EQUIVALENTS \$9181 STOP LOSS PREMIUM \$901

Forms must be completed by the due date to be included in CareFirst's RxDC – D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Form submitted successfully

Okay

Clients that want a record of a successful submission should take a print screen or screenshot before clicking the “Okay” button.

# Mid-Year Market Segment Changes

Clients that had an applicable mid-year market segment change as outlined in the RxDC Instructional Guide(s) need to provide two sets of data that will be stored and reported separately.

Annual RxDC Information Submission

PLEASE CLICK [HERE](#) TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

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Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

☐ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES  

SELECT STATE

X

ADMIN FEES  

ENTER AMOUNT PAID

Check the box to confirm at least one of the outlined criteria is true and mid-year market segment changes apply. This will reveal additional data fields.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)  

ENTER GROUP ID

PLAN YEAR EFFECTIVE DATE  

MM/DD/YYYY

MARKET SEGMENT ☐ Jumbo(1000+) ☐ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☐ YES ☐ NO


The submissions can be completed in any order, as long as the information provided in each submission is specific to the time period either before or after the change in market segment.

We recommend that the information for the most recent market segment be the first submission, and the following instructions take that approach.


1. Enter the current Group ID assigned by CareFirst. This ID is either a 5-digit number or a 4-digit ID that could be either numeric or alphanumeric.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)



PLAN YEAR EFFECTIVE DATE



MARKET SEGMENT ☐ Jumbo(1000+) ☐ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)



SELF-FUNDED DATA SUBMISSION ☐ YES ☐ NO

2. Enter the Plan Year Effective Date for the market segment change.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT ☐ Jumbo(1000+) ☐ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☐ YES ☐ NO

**This should be for the plan year that started in the calendar year being reported.**

3. Select the market size applicable to the client after the renewal and confirm that they are currently self-insured.

MARKET SEGMENT ☐ Jumbo(1000+) ☒ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☒ YES ☐ NO

4. Complete the form as outlined in the previous sections of this manual with the information for the applicable portion of the calendar year.

**5. After submitting the first form, repeat the steps in this section with the information from before the change.**

- The Group ID may or may not be the same.
- The Plan Year Effective Date should be in the calendar year before the year being reported.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE




**For the Market Segment size and the Self-Insured indicator, at least one will be different – or possibly both.**

- For clients that were self-insured both before and after the effective date of the change, and only the market segment was different, the form will have all the same fields to be completed as the previous submission.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)


PLAN YEAR EFFECTIVE DATE



MARKET SEGMENT ☒ Jumbo(1000+) ☐ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☒ YES ☐ NO

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES



ADMIN FEES

STOP LOSS ISSUER NAME

STOP LOSS ISSUER EIN

PBM NAME

PBM EIN

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

PREMIUM EQUIVALENTS

STOP LOSS PREMIUM

- For clients that did not have a change in market size, but was not previously self-insured, the form will have only the fields required for fully insured Large Group health plans.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT ☐ Jumbo(1000+) ☒ Large(200-999) ☐ Medium(51-199) ☐ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☐ YES ☒ NO

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

PBM NAME

PBM EIN

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

- For clients that were not previously self-insured and came from the Small Group market where pharmacy benefits are always provided through the insurer, the form will remove the PBM fields.

☒ MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT ☐ Jumbo(1000+) ☐ Large(200-999) ☐ Medium(51-199) ☒ Small(2-50)

SELF-FUNDED DATA SUBMISSION ☐ YES ☐ NO

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

# FAQs

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## **Q: Is there a different way for current clients to provide the data to CareFirst?**

A: No. In the interest of data security and governance, all current client data must be provided using the form created in the secure portals, either by the client directly, or by their broker/consultant, if applicable.

## **Q: How do I know if my submission was successful?**

A: If a popup appears with the message “Form submitted successfully” and there is no error message that appears at the same time, the submission was successful.

## **Q: Can I check the status of my submission?**

A: This is not currently an option.

## **Q: Can I get a copy of the data I submitted?**

A: This is not currently an option. Clients that want to retain a copy of the data they submit should capture the screen with the completed form before clicking the submit button.

## **Q: If an error message appears at the same time as the confirmation of successful submission, was the data received?**

A: There is a chance that the data did not save. The troubleshooting tips in the next section should be used to attempt the submission again.

## **Q: Can I change my data after I have clicked submit?**

A: The form can be filled out again with all the required data, including any corrections, and submitted as many times as needed prior to the due date. CareFirst will use the data submitted closest to the due date.

## **Q: What do I do if I am not sure that my submission was successful?**

A: It's always a good idea to submit again if the successful submission message was not received. The subsequent successful mission will simply replace the original submission if it was successful.



# Troubleshooting Tips

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**In the event of an error message or technical issue in completing the submission, try the tips below before attempting the submission again.**

## **Suggestion #1**

1. Log out of the portal.
2. Clear your browser's cache.
3. Log into the portal and try again.

## **Suggestion #2**

1. Log out of the portal.
2. Clear your browser's cache.
3. Open a new browser tab.
4. Log into the portal and try again.

## **Suggestion #3**

1. Log out of the portal.
2. Open a private or incognito window in your browser.
3. Log into the portal and try again.

## **Suggestion #4**

1. Log out of the portal and close your browser.
2. Open a different browser.
3. Log into the portal and try again.

## **Suggestion # 5**

It's possible that scheduled maintenance, an unplanned network outage, or other technical issue may be temporarily impacting your ability to submit the form.

1. Log out of the portal.
2. Try again another day.

**If you are unable to successfully troubleshoot the issue, please contact Portal Support at [SBUPortalSupport@carefirst.com](mailto:SBUPortalSupport@carefirst.com). Please include a detailed description of the issue, including screenshots of the data you are entering and any errors you are receiving.**



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.