2017 Health Benefit Options

CHARLES COUNTY
PUBLIC SCHOOLS
Active Employees
Retirees Under 65
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Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What’s covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- Vitality magazine with healthy recipes, preventive health care tips and a variety of articles.

Managing your health care budget just got easier

With CareFirst’s Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit [www.carefirst.com](http://www.carefirst.com) to learn more!
BlueChoice Opt-Out Plus Open Access

*A plan with predictable costs and the freedom to choose*

Your BlueChoice Opt-Out Plus Open Access plan offers HMO advantages, like predictable copays, along with something extra: the ability to see providers outside of the CareFirst BlueChoice network. Also unique to this plan is its Open Access feature, which means you don’t need to obtain a referral from your primary care provider (PCP) before seeing a participating CareFirst BlueChoice specialist.

**Take advantage of your benefits**

- Choose from more than 35,000 providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia
- Enjoy the freedom to visit providers outside of the BlueChoice network and still be covered, but with a higher out-of-pocket cost
- No PCP referral required to see a specialist
- Receive coverage for preventive health care services at no cost
- Avoid the unwelcome surprise of high medical costs with predictable copays and deductibles (if applicable)
- Protection against balance billing when you receive care from a CareFirst BlueChoice provider or national participating provider
- Receive out-of-network coverage when you travel across the country with the Blue Cross and Blue Shield national BlueCard® program
- Enjoy your plan benefits when you’re out of the area for 90 days with the Away From Home Care® program

**How your plan works**

Establishing a relationship with one provider is the best way for you to receive consistent, quality health care. When you enroll in this plan, you will select a PCP to manage your primary medical care. Make sure you select a PCP for not only yourself but each of your family members as well. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in either
BlueChoice Opt-Out Plus Open Access
A plan with predictable costs and the freedom to choose

family practice, general practice, pediatrics or internal medicine.

With this plan, you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP. However, to ensure you take advantage of the lower out-of-pocket costs, we encourage you to first call your PCP when you need care. Your PCP can:

- Provide basic medical care
- Prescribe any medications you need
- Maintain your medical history
- Work with you to determine when you should see a specialist
- Assist you in the selection of a specialist

If you do not select a PCP for you and any of your covered family members, you may be charged a higher copayment (copay) for covered services.

In-network vs. Out-of-network coverage

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you visit a CareFirst BlueChoice provider. However, the choice is entirely yours. That’s the advantage of this plan.

Out-of-network benefits are also available. If you receive care outside of the BlueChoice network, you’ll incur lower costs by using a participating national BlueCard provider. Your benefits will be paid at the out-of-network level, but you will be protected from balance billing. To find a national participating provider, visit www.bcbs.com.

You still have the option to opt-out of this network and see a non-participating provider, but will be subject to higher out-of-pocket expenses and could be balanced billed. If you receive services from a provider outside of the BlueChoice network (out-of-network), you may have to:

- Pay the provider’s actual charge at the time you receive care
- File a claim for reimbursement
- Satisfy a higher deductible and/or coinsurance amount

Important terms

Allowed benefit is the amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

Balance billing is billing a member for the difference between the allowed charge and the actual charge.

Copay is a fixed amount a member must pay for a covered service.

Coinsurance is a percentage of the provider’s charge or allowed benefit a member must pay for a covered service.

Hospital authorization/Utilization management

CareFirst BlueChoice providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by out-of-network providers and out-of-area admissions. Call toll-free at 866-PREAUTH (773-2884).

Your benefits

Step 1: Meet your deductible (if applicable)

If your plan requires you to meet a deductible, you will be responsible for the entire cost of your medical care up to the amount of your deductible. Once your deductible is satisfied, your full benefits will become available to you.

You will have a different deductible amount for in-network vs. out-of-network benefits. For example, when you see in-network providers, your expenses will only count toward your in-network deductible.

If more than one person is covered under your plan, once the total deductible amount is satisfied, the plan will start to make payments for everyone covered. Deductible requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Members should refer to their Certificate or Evidence of Coverage for detailed deductible information.
BlueChoice Opt-Out Plus Open Access
A plan with predictable costs and the freedom to choose

Step 2: Your plan will start to pay for services
After you satisfy your deductible, your plan will start to pay for covered services. The level of those benefits will depend on whether you see in-network or out-of-network participating or non-participating providers.

In general, out-of-network non-participating providers do not have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, you may be balance billed based on the provider’s actual charge. In addition, you may be required to pay the out-of-network provider’s total charges at the time of service and submit a claim to CareFirst for reimbursement. If you visit an out-of-network participating BlueCard provider, you will be responsible for the associated out-of-network cost share. These providers will accept our allowed amount as payment in full, which protects you against balance billing.

Depending on your particular plan, you may have to pay a copay or coinsurance when you receive care.

Step 3: Your maximum out-of-pocket
Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Should you reach your respective out-of-pocket maximum, CareFirst BlueChoice will then pay 100% of the allowed benefit for covered services for the remainder of the benefit period.

You will have a different out-of-pocket maximum for in-network vs. out-of-network benefits.

If more than one person is covered under your plan, once the family maximum out of pocket is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family) as well as the specific plan selected. Your plan may have two separate out-of-pocket maximums for medical and prescription, or one combined medical and prescription out-of-pocket maximum. Members should refer to their Certificate or Evidence of Coverage for detailed out-of-pocket maximum information.

Laboratory services
To ensure you receive the maximum laboratory benefit from your plan, you must use a LabCorp® facility for any in-network laboratory services performed within the CareFirst BlueCross BlueShield service area. Services performed at a facility that is not part of the LabCorp network may not be covered under your plan. Also, any lab work performed in an outpatient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit [www.labcorp.com](http://www.labcorp.com).

Out-of-area coverage
You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard, a program from the Blue Cross and Blue Shield Association, allows you to receive out-of-network benefits when you visit a BlueCard participating provider while living or traveling outside of Maryland, Washington, D.C. and Northern Virginia. The BlueCard program includes more than 6,000 hospitals and 1 million professional providers nationally.

In addition, members and their covered dependents planning to be out of the service area for at least 90 consecutive days may be able to take advantage of a special program, called Away From Home Care. This program allows temporary benefits through another Blue Cross and Blue Shield plan. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart. For more information on Away From Home Care, please call Member Services at the phone number listed on your identification card.
Preferred Provider Organization

A referral-free go anywhere health plan

Designed for today’s health conscious and busy families, the Preferred Provider Organization (PPO) plan offers one less thing to worry about during your busy day. Your PPO plan gives you the freedom to visit any provider you wish—any time you wish. This means you can receive care from the provider of your choice without ever needing to select a primary care provider (PCP) or obtaining a PCP referral for specialist care.

Benefits of PPO

- Access to our network of more than 26,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- No primary care provider required, and no referrals to see a specialist.
- Take your health care benefits with you—across the country and around the world.
- Receive coverage for preventive health care visits at no cost.
- Avoid balance billing when you receive care from a preferred provider.
- Enjoy the freedom to visit providers outside of the PPO network and still be covered but with a higher out-of-pocket cost.

How your plan works

In-network vs. out-of-network coverage

The amount of coverage your PPO plan offers depends on whether you see a provider in the PPO network (preferred provider). You will always receive a higher level of benefits when you visit a preferred provider. However, the choice is entirely yours. That’s the advantage of a PPO plan.

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you choose a preferred provider. If you are out of the CareFirst BlueCross BlueShield (CareFirst) service area, you have the freedom to select any provider that participates with a Blue Cross and Blue Shield PPO plan across the country and receive benefits at the in-network level.
Preferred Provider Organization
A referral-free go anywhere health plan

**Out-of-network benefits** provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the PPO network (non-preferred provider), you may have to:

- Pay the provider’s actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

**In general, non-preferred providers do not have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from a non-preferred provider, you may be balance billed based on the provider’s actual charge.**

In addition, you may be required to pay the non-preferred provider’s total charges at the time of service and submit a claim to CareFirst for reimbursement.

Depending on your particular plan, you may have to pay a copay or coinsurance when you receive care.

**Step 3: Your out-of-pocket maximum**

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Should you reach your out-of-pocket maximum, CareFirst will then pay 100% of the allowed benefit for most covered services for the remainder of the benefit period. Any amount you pay toward your deductible and most copays and/or coinsurance will count toward your out-of-pocket maximum.

You will have a different out-of-pocket maximum for in-network vs. out-of-network benefits. However, deductible amounts applied to your in-network out-of-pocket maximum will also count toward your out-of-network out-of-pocket maximum and vice versa.

If more than one person is covered under your PPO plan, once the total out-of-pocket maximum is satisfied, no copays or coinsurance amounts will be required for anyone covered under your plan. Out-of-pocket maximum requirements vary based on your coverage level (e.g. individual, family) as well as the specific PPO plan selected. Members should refer to their Certificate or Evidence of Coverage for detailed out-of-pocket maximum information.

**Out-of-area coverage**

You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard® PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits when receiving care from a BlueCard® preferred provider while living or traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard® program includes more than 6,100 hospitals and 600,000 other health care providers nationally.
# Benefits Comparison Summary

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Preferred Provider Organization</th>
<th>BlueChoice Opt-Out Plus Open Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>100% up to 365 days</td>
<td>80% after deductible up to 365 days</td>
</tr>
<tr>
<td>Inpatient Medical/Surgical</td>
<td>100% AB</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Accidental Emergency — Med Emerg —</td>
<td>Accident — 100% AB within 72 hours after $100 copay (waived if admitted)</td>
<td>Accident — 100% AB within 72 hours after $100 copay (waived if admitted); after 72 hours 80% AB after deductible</td>
</tr>
<tr>
<td>Maternity Care-Pre &amp; Postnatal</td>
<td>100% AB</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Diagnostic X-ray &amp; Lab</td>
<td>100% AB</td>
<td>Hospital – 100% AB Office – 80% AB</td>
</tr>
<tr>
<td>Well Child Care</td>
<td>100% AB</td>
<td>80% AB No deductible</td>
</tr>
<tr>
<td>Routine Physicals</td>
<td>100% AB</td>
<td>80% after deductible ($200 per person/year)</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100% AB</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>100% AB after copay, $30 copay hospital, $15 copay office</td>
<td>80% AB</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Carved out to CVS Caremark – See next page for benefits.</td>
<td></td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>100% up to 365 days</td>
<td>80% AB after deductible up to 365 days</td>
</tr>
<tr>
<td>Outpatient Psychiatric</td>
<td>$15 copay/visit</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Alcohol/Substance Abuse Rehabilitation</td>
<td>See Psychiatric Benefits</td>
<td>See Psychiatric Benefits</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>N/A</td>
<td>$200 Individual $400 Family Aggregate</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100%</td>
<td>80% after applicable copays</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$800 Individual/year $1,600 Family aggregate</td>
<td>$800 Individual/year $1,600 Family Aggregate</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Dependent Age Limit</td>
<td>To the end of the month in which they turn 26.</td>
<td>To the end of the month in which they turn 26.</td>
</tr>
</tbody>
</table>

*The above serves as a comparison only. Please consult each plan benefit guide for full details, particularly in regard to exclusions, limitations, and additional coverage. Benefits subject to the contract between CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. and Charles County Public Schools. AB = Allowed Benefit

*Benefits will be managed through Magellan Behavioral Health for BlueChoice Opt-Out Plus. All Psychiatric/Alcoholism treatment may require pre-authorization by Magellan Behavioral Health: (800) 245-7013.
## CVS Caremark Prescription Drug

<table>
<thead>
<tr>
<th></th>
<th>PPN/Comp Prescription Drug</th>
<th>BlueChoice Prescription Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail Benefit</strong></td>
<td>$10 Generic / $15 Brand 34-day supply 1 copay for a 90-day Maintenance supply</td>
<td>$10 Generic / $15 Brand 34-day supply 2 copays for a 90-day Maintenance supply</td>
</tr>
<tr>
<td><strong>Mail Order Benefit</strong></td>
<td>$10 Generic / $15 Brand 34-day supply  $5 Generic – 90-day Maintenance supply  $10 Brand – 90-day Maintenance supply</td>
<td>$10 Generic / $15 Brand 34-day supply  $5 Generic – 90-day Maintenance supply  $10 Brand – 90-day Maintenance supply</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,800 Individual/year  $11,600 Family aggregate</td>
<td>$4,600 Individual/year  $7,200 Family aggregate</td>
</tr>
</tbody>
</table>
Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It’s important to understand your options so you can make the best decision when you or your family members need care.*

**Primary care provider (PCP)**
Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

**FirstHelp—free 24-hour nurse advice line**
Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

**CareFirst Video Visit**
See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit [www.carefirst.com/needcare](http://www.carefirst.com/needcare) for more information.

**Convenience care centers (retail health clinics)**
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

**Urgent care centers**
Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

**Emergency room (ER)**
An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.*
When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Sample cost</th>
<th>Sample symptoms</th>
<th>Available 24/7</th>
<th>Prescriptions?</th>
</tr>
</thead>
</table>
| Video Visit                          | $20         | • Cough, cold and flu  
• Pink eye  
• Ear infection | ✔              | ✔                                         |
| Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic) | $20         | • Cough, cold and flu  
• Pink eye  
• Ear infection | ✘              | ✔                                         |
| Urgent Care (e.g., Patient First or ExpressCare) | $60         | • Sprains  
• Cut requiring stitches  
• Minor burns | ✘              | ✔                                         |
| Emergency Room                       | $200        | • Chest pain  
• Difficulty breathing  
• Abdominal pain | ✔              | ✔                                         |

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

To determine your specific benefits and associated costs:

- Log in to My Account at www.carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit www.carefirst.com/needcare.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are 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.
Get a fast start!

Starting mail service is easy with FastStart®! Order your prescriptions online, by phone, by mail or ask your doctor to order it for you. Once your prescription is on file, ordering refills online is convenient, fast and a great way to manage your long-term medications! Click on the refill link to get the fastest refills or even select automatic refills and renewals of your common, long-term drugs. CVS Caremark will automatically refill eligible drugs or request a new prescription from your doctor when an eligible prescription expires or runs out of refills.

Log on to Caremark.com to:

- Start a new prescription with FastStart®
- Get the fastest refills
- Sign up for automatic refills and renewals
- Check order status
- Set up alerts

Explore ways to save

At Caremark.com, you can explore the lowest cost options before you order, or see how you can save on your existing prescriptions. Click on Check Drug Cost or the Savings Center to compare the price of retail vs. mail service, and brand name vs. generic drugs.

Know your options

Caremark.com helps you make informed decisions. You can check pricing and coverage on your plan, find a local pharmacy or even check for drug interactions. With your prescription benefits information online, you can find ways to maximize your prescription benefits.
Caremark.com puts the power in your hands

Caremark.com is designed to help you explore ways to save, keep track of your prescription benefits and manage your own alerts. You can even give family members permission to manage prescriptions online, if they are on your benefit plan. We put the power in your hands, so you can maximize your prescription benefits.

At Caremark.com, you can:
- Order new prescriptions online with FastStart®
- Get the fastest refills
- Sign up for automatic refills and renewals
- Check drug cost
- Find a local pharmacy
- View prescription history
- Receive alerts by e-mail, phone or text message
- Check drug interactions
- Ask-A-Pharmacist

The power is yours!
Visit Caremark.com to manage your prescriptions and get the most from your prescription benefits. If you have any questions, please visit us at Caremark.com or ask your benefits manager for more information.

Registration is easy!

1. Go to Caremark.com/register
2. Enter the required information and click Continue.
3. Create a username and password.
Your CVS Caremark prescription benefit

Helping you manage your health is essential to what we do at CVS Caremark. It is our goal that you receive the medicine you need to support your health and well-being. Use your CVS Caremark prescription benefit to receive the best in pharmacy care, drug safety and savings.

Using your benefit ID card is easy

1. Visit a participating retail pharmacy.
2. Present your benefit ID card and prescription to the pharmacist.
3. Pay your portion of the medicine cost. Your pharmacist will tell you the amount you owe depending on your specific prescription benefit plan.

If you do not have your benefit ID card with you, or if you use a non-participating retail pharmacy, you will have to pay the full medicine price and submit a claim for reimbursement.

Finding a participating retail pharmacy.

You can log on to Caremark.com to find participating retail pharmacies in your area. You can also call the pharmacy directly.

Your safety matters

Each time you fill a prescription at a participating retail pharmacy or through our mail service pharmacy, CVS Caremark checks your personal medicine profile for possible drug interactions, allergic reactions and other safety concerns. If there is a potential problem, we will let the pharmacist know and then, if necessary, we will contact your doctor to discuss the issue.

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine
- Enjoy convenient delivery to the location of your choice, with free shipping
- Speak to a registered pharmacist 24 hours a day, seven days a week
- Contact a pharmacist with your questions online at Caremark.com
- Order prescription refills online or by phone any time, day or night
The CVS Caremark Mail Service Pharmacy

Your prescription benefit plan administered by CVS Caremark includes the use of a mail service pharmacy. If you take one or more maintenance medicines, you may save time and money with mail service.

Getting started is easy!
1. **Ask your doctor for a 90-day prescription.**
   Note: If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:
   - □ The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy
   - □ The second for the maximum day supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark.

2. **Complete a mail service order form.** You can fill out and print the form online at [Caremark.com](http://www.caremark.com) by clicking on New Prescriptions. Fill out the online form completely to ensure your order is processed promptly.

3. **Mail your order form** along with your prescription(s) and payment in the envelope provided (you may also use your own envelope to mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form). You can pay using an electronic check, Bill Me Later®, or a credit card (VISA®, MasterCard®, Discover® or American Express®). You also can pay by check or money order. Do not send cash.

4. **Allow up to 10 days from the day you submit your order for delivery of your medicine.**

Convenient mail service refill options

The information you receive with your medicine will show the date that you can request a refill and the number of refills you have remaining.

3 ways to refill:
1. **Online**—Ordering refills at [Caremark.com](http://www.caremark.com) is convenient, fast and easy! Have your benefit ID card handy to register.

2. **By Phone**—Call the toll-free Customer Care number on your prescription label for fully automated refill service. Have your benefit ID number ready.

3. **By Mail**—Send your refill request to CVS Caremark at the address listed on the order form.

Allow up to 10 days from the day you submit your order for delivery of your medicine. Regular delivery is free. Overnight or second-day delivery is available for an additional charge.

Tips for saving time and money

- Ask your doctor about generic medicines. Research shows that you can save an average of 30% to 80%* when you fill your prescription with a generic instead of a brand-name medicine.

- If your prescription benefit program has a Preferred Drug List, print a copy of the list from [Caremark.com](http://www.caremark.com) and take it with you to your doctor’s office. Using medicines on this list may save you and your prescription plan money.

- Make sure the prescription you receive from your doctor is legible. It should include the patient’s full name, the prescribing doctor’s contact information, the date the prescription was written, and the prescription details.

* The amount of your savings will be based on your benefit plan. Source: Generic Pharmaceutical Association Web site: www.gphaonline.org. ©2008 Caremark. All rights reserved. 106-13584 09.08 [PP] www.caremark.com
Packaged for safety
Your medicine will be mailed to you in plain, tamper-proof packaging. An order form and a return envelope are included with every delivery. All items in your order typically arrive in one package. If an item is not available, CVS Caremark will contact you to determine if you want the available items shipped or held until all items are ready.

Special handling
Certain items require special handling and may be shipped by a faster method at no additional cost. In such cases, you may receive a call letting you know your order is being shipped.

- Controlled substances and orders exceeding $1,200 in value—shipped via two-day delivery service. An adult signature is required for delivery.
- Temperature-sensitive items—packaged and sent using special procedures, including ice packs, coolers and/or express delivery when necessary.

Commonly asked questions about Mail Service Pharmacy

Q: What will I pay for my prescriptions?
A. Your benefit materials typically include information on what you will pay for prescriptions. If you are unsure of your cost, get in touch with your benefit provider or call Customer Care.

Q. The pharmacist said my prescription was not covered. Why?
A. Your prescription benefit program may have certain coverage limits. Check your benefit materials for specific coverage information or call Customer Care.

Q. Why do my pills look different than before?
A. There may be times when a cost-saving generic drug is available to treat your condition. In this situation, you may receive the generic, unless your doctor tells us you must receive the brand-name medicine. A generic drug may look different, but all generic drugs are approved by the U.S. Food and Drug Administration (FDA) and have the same active ingredients as the brand-name medicines.

Protecting your health

- Keep an updated list of your medicines, drug allergies and emergency contact numbers in your purse or wallet. Go online at Caremark.com to print a report of medicines you have received through your prescription benefit program.
- Check for possible interactions by reviewing the medicines you are taking with your doctor or pharmacist on a regular basis, including herbal and nutritional supplements. Go to Caremark.com and click on the Health Resources tab to check for possible interactions with other prescriptions, food or over-the-counter medicines.
- Read and follow the safety instructions included with your medicines. For more information, visit Caremark.com to learn about common medicine uses, possible side effects, proper storage and much more.
- Only take prescription medicines that are prescribed for you.
- Do not take expired medicines.

Q. Where can I learn more about my medicine?
A. Important information on common medicine uses, specific instructions and possible side effects is included with your prescriptions. If you need additional information, visit Caremark.com or call Customer Care.

Q. I have questions about my prescription benefit program. Who can I contact for more information?
A. Visit Caremark.com to connect with Customer Care or Ask-A-Pharmacist online. You can also call the toll-free number on your benefit ID card or in your Welcome Kit or talk to your benefit provider.

Q. What if I need medicine while I am traveling?
A. If you need your medicine shipped to a temporary address, you can let us know by phone, on your order form, or by updating your profile on Caremark.com. If you need more medicine while traveling than the amount allowed by your prescriber or benefit plan (i.e., more than a 90-day supply), contact your benefit office for approval at least 30 days before you need a refill.
CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)\(^1\) offer Traditional Dental coverage, which allows you the freedom to see any dentist you choose.

### Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It’s your choice!

- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children).

- **Nationwide access to participating dentists**—You have access to one of the nation’s largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

### Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst’s allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance.

- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

### Frequently asked questions

**How do I find a preferred dentist?**
You can access an online directory 24 hours a day at [www.carefirst.com/doctor](http://www.carefirst.com/doctor). Click on the Dental tab, followed by Preferred Dental (PPO).

**How much will I have to pay for dental services?**
The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

**Is there a lot of paperwork?**
There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

**Who can I call with questions about my dental plan?**
Call Dental Customer Service toll free at: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

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\(^1\) The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.
## Summary of Benefits

<table>
<thead>
<tr>
<th>Service Description</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE (CLASSES II, III &amp; IV)</strong></td>
<td>$30 Individual / $80 Family</td>
<td>$1,400</td>
</tr>
<tr>
<td><strong>CALENDAR YEAR MAXIMUM (CLASSES I-IV)</strong></td>
<td></td>
<td>$1,400</td>
</tr>
<tr>
<td><strong>LIFETIME MAXIMUM: CLASS V</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREVENTIVE &amp; DIAGNOSTIC SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral Exams (two per benefit period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prophylaxis (two cleanings per benefit period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bitewing X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</td>
<td>80% of Allowed Benefit¹, no deductible</td>
<td>80% of Allowed Benefit¹, no deductible</td>
</tr>
<tr>
<td>• Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Space maintainers (once per 60 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Palliative emergency treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BASIC SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Direct placement fillings using approved materials (one filling per surface per 12 months)</td>
<td>80% of Allowed Benefit¹, after deductible</td>
<td>80% of Allowed Benefit¹, after deductible</td>
</tr>
<tr>
<td>• Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Simple extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAJOR SERVICES – SURGICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</td>
<td>80% of Allowed Benefit¹, after deductible</td>
<td>80% of Allowed Benefit¹, after deductible</td>
</tr>
<tr>
<td>• Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</td>
<td>80% of Allowed Benefit¹, after deductible</td>
<td>80% of Allowed Benefit¹, after deductible</td>
</tr>
<tr>
<td>• Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General anesthesia rendered for a covered dental service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAJOR SERVICES – RESTORATIVE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full and/or partial dentures (once per 60 months)</td>
<td>80% of Allowed Benefit¹, after deductible</td>
<td>80% of Allowed Benefit¹, after deductible</td>
</tr>
<tr>
<td>• Fixed bridges, crowns, inlays and onlays (once per 60 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Denture adjustments and relining (limits apply for regular and immediate dentures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recementation of crowns, inlays and/or bridges (once per 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</td>
<td>80% of Allowed Benefit¹, after deductible</td>
<td>80% of Allowed Benefit¹, after deductible</td>
</tr>
<tr>
<td>• Dental implants, subject to medical necessity review (once per 60 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ORTHODONTIC SERVICES</strong></td>
<td>60% of Allowed Benefit¹, no deductible</td>
<td>60% of Allowed Benefit¹, no deductible</td>
</tr>
</tbody>
</table>

¹ Note: CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

You are responsible for having your practitioner submit a plan of treatment for our review. We must approve your plan of treatment before we will pay for any covered services on the plan of treatment.
BlueVision Plus
A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?
To find a provider, go to www.carefirst.com and utilize the Find a Doctor feature or call Davis Vision at 800-783-5602 for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?
Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?
Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to www.carefirst.com, locate For Members, then click on Forms, Vision, Davis Vision.

Can I get contacts and eyeglasses in the same benefit period?
With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

Mail order replacement contact lenses
DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.

Need more information?
Please visit www.carefirst.com or call 800-783-5602.
**BlueVision Plus**
*A plan for healthy eyes, healthy lives*

## Summary of Benefits (12-month benefit period)

### In-Network

<table>
<thead>
<tr>
<th>EYE EXAMINATIONS</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Examination with dilation (per benefit period)</td>
<td>$15 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRAMES</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis Vision Frame Collection</td>
<td>No copay for approximately 400 frames</td>
</tr>
<tr>
<td>Non-Collection Frame</td>
<td>Plan pays $45 towards wholesale price (or equivalent allowance at a retailer), you pay balance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECTACLE LENSES</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Single Vision (including lenticular lenses)</td>
<td>No copay</td>
</tr>
<tr>
<td>Basic Bifocal</td>
<td>No copay</td>
</tr>
<tr>
<td>Basic Trifocal</td>
<td>No copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT LENSES (INITIAL SUPPLY)</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Necessary Contacts</td>
<td>No copay with prior approval</td>
</tr>
<tr>
<td>Davis Vision Contact Lens Collection</td>
<td>No copay with evaluation if Collection lenses are dispensed</td>
</tr>
<tr>
<td>Other Single Vision Contact Lenses</td>
<td>Plan pays $97, you pay balance</td>
</tr>
<tr>
<td>Other Bifocal Contact Lenses</td>
<td>Plan pays $127, you pay balance</td>
</tr>
</tbody>
</table>

### Lens Options (ADD TO SPECTACLE LENS PRICES ABOVE)

<table>
<thead>
<tr>
<th>Lens Option</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Progressive Lenses</td>
<td>$50</td>
</tr>
<tr>
<td>Premium Progressive Lenses (Varilux®, etc.)</td>
<td>$90</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$75</td>
</tr>
<tr>
<td>High Index Lenses</td>
<td>$55</td>
</tr>
<tr>
<td>Blended Segment Lenses</td>
<td>$20</td>
</tr>
<tr>
<td>Polycarbonate Lenses for children, monocular and high prescription</td>
<td>No copay</td>
</tr>
<tr>
<td>Polycarbonate Lenses for all other patients</td>
<td>$30</td>
</tr>
<tr>
<td>Transition Lenses</td>
<td>$65</td>
</tr>
<tr>
<td>Intermediate Vision Lenses</td>
<td>$30</td>
</tr>
<tr>
<td>Photochromic Lenses</td>
<td>$20</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$20</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$35</td>
</tr>
<tr>
<td>Premium AR Coating</td>
<td>$48</td>
</tr>
<tr>
<td>Ultra AR Coating</td>
<td>$60</td>
</tr>
<tr>
<td>Ultraviolet (UV) Coating</td>
<td>$12</td>
</tr>
<tr>
<td>Tinting</td>
<td>No copay</td>
</tr>
<tr>
<td>Oversized Lenses</td>
<td>No copay</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses</td>
<td>$65</td>
</tr>
</tbody>
</table>

### In-Network (MAIL ORDER)

<table>
<thead>
<tr>
<th>CONTACT LENSES</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>DavisVisionContacts.com Mail Order Contact Lens Replacement Online</td>
<td>Discounted prices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LASER VISION CORRECTION</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP TO 25% OFF ALLOWED AMOUNT OR 5% OFF ANY ADVERTISED SPECIAL</td>
<td></td>
</tr>
</tbody>
</table>

### Out-of-Network

<table>
<thead>
<tr>
<th>EYE EXAMINATIONS</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Examination with dilation (per benefit period)</td>
<td>Plan pays $45, you pay balance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRAMES</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frames</td>
<td>Plan pays $45, you pay balance</td>
</tr>
<tr>
<td>Single Lenses</td>
<td>Plan pays $52, you pay balance</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>Plan pays $82, you pay balance</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>Plan pays $101, you pay balance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LENSES</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenticular (post-cataract) Eyeglass Lenses</td>
<td>Plan pays $181, you pay balance</td>
</tr>
<tr>
<td>Medically Necessary Contacts</td>
<td>Plan pays $285, you pay balance</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>Plan pays $97, you pay balance</td>
</tr>
<tr>
<td>Elective Bifocal Contact Lenses</td>
<td>Plan pays $127, you pay balance</td>
</tr>
</tbody>
</table>

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1. These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland may no longer provide these discounts.

2. Some providers have flat fees that are equivalent to these discounts.

### Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What’s Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What’s Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-riding/Freestanding: MD: MD/CF/GC (R. 10/07) • MD/CF/EOC/D-V (10/08) • MD/CF/DVC-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (R. 1/08) • CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (7/09) • CFMI/VISION DOCS (7/09) • CFMI/VISION SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

DC: DC/CF/GC (R. 1/09) • DC/CF/COC-V (9/04) • DC/CF/DVC-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04) • VA: VA/CF/GC (R. 1/09) • VA/CF/COC-V (9/04) • VA/CF/DVC-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

Riders: CFMI/51+/VISION (4/09) • MD/BCOO/VISION (R. 1/06) • MD/CF/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) • VA/CF/VISION (R. 1/06).
Getting the Most from Your Plan
*There’s more to your health plan than you might think*

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at [www.carefirst.com](http://www.carefirst.com) to learn more about the following member benefits.

---

**Find a doctor**
Quickly search for the type of doctor you need in your area.

**Check claims and benefits**
Manage many aspects of your CareFirst plan online, day or night.

**Compare plans**
Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

**Get discounts**
Access wellness discounts on fitness gear, gym memberships, healthy eating options, and more.

**Read up about your health**
Find a variety of health education articles, nutritious recipes, interactive health tools and more on the *Health and Wellness* section of our website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.
Whether you’re looking for health and wellness tips, discounts on health-related services, or support to manage a health condition, we have the resources to help you get on the path to better well-being.

With our Health & Wellness program you can

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle issues.
- Access online tools to help you get and stay healthy.
- Manage chronic conditions and deal with unexpected health issues.

15 minutes can help improve your well-being

When it comes to your health, it’s important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment. 24 hours after you complete the survey, you’ll receive your personalized well-being score, along with a link to create your own personal well-being plan.

Take your well-being assessment today—these may be the most important questions you’ll ever answer! Get started by logging in to My Account at www.carefirst.com/myaccount. Next, click on Health Assessment and Online Coaching under Quick Links.

Getting healthy

Based on your results after completing the well-being assessment, a health coach may contact you to discuss your results. The health coach will refer you to the appropriate resources, tools and programs that can guide you toward better health.

Health Coaching

Participate in confidential lifestyle and health coaching programs to help improve your health. Your coach will monitor your progress and provide support with programs like tobacco cessation, weight loss and disease management for conditions like diabetes or chronic obstructive pulmonary disease.

Don’t forget to take your well-being assessment to get an immediate picture of your health.
Online health and wellness tools

Looking for tools and resources that empower you to take action, stay connected and get inspired? Log in to My Account at www.carefirst.com/myaccount to take advantage of Well-Being Connect™, our wellness portal:

- **Well-Being Plan**—A personalized, easy-to-navigate interactive plan including recommendations and focus areas to help keep you on track.
- **Resource Center**—Find a library of articles, videos and other resources specific to your interests and focus areas.
- **Trackers**—Record daily behaviors and check your progress for weight, exercise, medication, tobacco use, healthy eating and more. Share within your community group or on Facebook.
- **Social Networking**—Join chat sessions, update group activities and share information, personal stories, tips and successes even on Facebook.
- **Recipe Center**—Search thousands of healthy meal ideas, including cuisine-specific recipes and menus that map out calories and nutrition.
- **Message Center**—Receive health tips, activity tracker reminders and encouraging emails.

**Vitality magazine**

*Vitality* provides information about your health plan and includes articles on health and wellness topics, including nutrition, physical fitness and preventive health.

**Wellness discount program**

Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more.

Coordinating your care

Whether you’re trying to get healthy or stay healthy, you need the best care. CareFirst has programs to help you take an active role in your health, address any health care issues and enjoy a healthier future.

**Patient-Centered Medical Home (PCMH)**

PCMH was designed to provide your primary care provider (PCP) with a more complete view of your health needs, as well as the care you receive from other providers. When you participate in this program, you are the focus of an entire health care team whose goal is to keep you in better health and manage any current or potential health risks.

If you have a chronic condition, or are at risk for one, your PCP may:

- Create a care plan based on your health needs with specific follow-up activities to help you manage your health.
- Provide access to a care coordinator, who is a registered nurse, so you have the support you need, answers to your questions and information about your care.

Find a participating PCMH provider in our provider directory at www.carefirst.com/doctor.

**Case Management**

If you have a serious illness or injury, our Case Management program can help you navigate the health care system and provide support along the way. Our case managers are registered nurses who will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Answer any of your questions.

Our Case Management program is voluntary and confidential. For more information, or to enroll, call 888-264-8648.
View your personalized health insurance information online with My Account. Simply log on to www.carefirst.com from your computer, tablet or smartphone for real-time information about your plan.

**My Account at a glance**

1. **Home**
   - Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
   - Use Settings to manage your password and communications preferences
   - Access the Message Center

2. **My Coverage**
   - Access your plan information, including who is covered
   - Update your other health insurance info
   - View/order ID cards

**Signing up is easy**

Information included on your member ID card will be needed to set up your account.

- Visit www.carefirst.com
- Select Register Now
- Create your User ID and Password
My Account
Online access to your health care information

3. Claims
■ Check your paid claims, deductible and out-of-pocket totals
■ Research your Explanation of Benefits (EOBs) history
■ Review your year-end claims summary

4. Doctors
■ Select or change your primary care provider (PCP)
■ Search for a specialist

5. My Health
■ Learn about your wellness program options*
■ Locate an online wellness coach*
■ Track your Blue Rewards progress

6. Plan Documents
■ Look up your forms and other plan documentation*
■ Review your member handbook*

7. Tools
■ Treatment Cost Estimator
■ Hospital comparison tool*

* These features are available only when using a computer at this time.
BlueCard®

Wherever you go, your health care coverage goes with you

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you’ll always have the care you need when you’re away from home.

Your membership gives you a world of choices. More than 85% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you’ll have access to health care in more than 190 countries.

When you’re outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you’ll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn’t have to pay any amount above these negotiated rates. Also, you shouldn’t have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you’d pay anyway.

Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at www.bcbs.com, or call BlueCard Access at 800-810-BLUE (2583).
3. Call Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it’s different from the BlueCard Access number listed in Step 2.
4. When you arrive at the participating doctor’s office or hospital, simply present your ID card.
5. After you receive care, you shouldn’t have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

As always, go directly to the nearest hospital in an emergency.
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Around the world
Like your passport, you should always carry your ID card when you travel or live outside the U.S. The BlueCard Worldwide program provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

■ At BlueCard Worldwide hospitals, you shouldn’t have to pay up front for inpatient care, in most cases. You’re responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.

■ At non-BlueCard Worldwide hospitals, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BlueCard Worldwide Service Center. The claim form is available online at www.bcbs.com.

■ To find a BlueCard provider outside of the U.S. visit www.bcbs.com, select Find a Doctor or Hospital.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.
Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.

Visit www.bcbs.com to find providers within the U.S. and around the world.
Away From Home Care®
Your HMO coverage goes with you

We’ve got you covered when you’re away from home for 90 consecutive days or more. Whether you’re out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you’re away
You’re covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, DC and Northern Virginia). 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.

Enrolling in Away From Home Care
To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. If there are no participating affiliated HMOs in the area, the program will not be available to you.
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.
- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.

Always remember to carry your ID card to access Away From Home Care.

- Complete these steps annually as long as Away From Home Care benefits are needed.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs
Once you are enrolled in the program and receive care, you don’t have to complete claim forms, so there is no paperwork. And you’re only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.
Find a Doctor, Hospital or Urgent Care
www.carefirst.com/doctor

It’s easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor, nurse practitioner or health care facility, www.carefirst.com/doctor can help you find what you’re looking for based on your specific needs.

You can search and filter results by:
- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Accepting new patients
- Language
- Group affiliations
- Gender

To view personalized information on which doctors are in your network, log in to My Account on your computer, tablet or smartphone and click Find a Doctor from the Doctors tab or the Quick Links.

Find a Doctor

What type of care are you looking for?

<table>
<thead>
<tr>
<th>Medical</th>
<th>Mental Health</th>
<th>Dental</th>
<th>Vision</th>
<th>Pharmacy</th>
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</thead>
<tbody>
<tr>
<td>Search for a doctor or facility by name or provider type</td>
<td>Search for a behavioral health/substance abuse provider or facility</td>
<td>Search for a dentist or facility for dental care</td>
<td>Search for a provider or facility for vision care</td>
<td>Locate a pharmacy near you home or office</td>
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Health benefits administered by:

CareFirst of Maryland, Inc.
First Care, Inc.
CareFirst BlueChoice, Inc.

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CareFirst MedPlus is the business name of First Care, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., First Care, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

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